

# PREGNANT AND PARENTING YOUTH IN FOSTER CARE:

WHAT MINNESOTA YOUTH AND PROFESSIONALS SAY THEY NEED

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## ABSTRACT

This paper explores the needs of pregnant and parenting youth in foster care, in Minnesota. Pregnant and parenting youth in or transitioning out of foster care were interviewed, along with professionals who work with them. Common themes, experiences, and recommendations were pulled out of interviews and are explored in this paper. The main themes explored in this paper are: (a) the lack of approved and licensed foster homes available that will take a minor foster youth and her child, and how that contributes to these young mothers experiencing homelessness, gaps in education, inappropriate placement, and feelings of isolation; and (b) the lack of support these youth receive when it comes to accessing medical and reproductive healthcare, and supporting a child of their own while in foster care. The paper also explores recommendations based off of interviews, and how we can begin to address some of the challenges and barriers these youth face so that we can prevent them from experiencing homelessness, gaps in education, being institutionalized, running, and possibly even preventing intervention by child protection from becoming an intergenerational pattern.

Key words: pregnant, parenting youth; foster care; barriers; child protection.

## INTRODUCTION

In 2015 more than 425,000 children were in foster care in the United States and more than half of the children in care were youth of color (U.S. Department of Health and Human Services, 2016). Recent studies have found that youth in foster care are two-and-a-half times more likely than their non-system-involved peers to become pregnant (Svoboda, Shaw, Barth, & Bright, 2012). Placement within the child welfare system alone is associated with earlier age of first pregnancy, and research tells us that youth in foster care are already facing multiple and complex barriers that include higher rates of substance use, victimization, maltreatment, psychological distress & internalizing and externalizing behaviors (Coleman-Cowger, Green & Clark, 2011). Research also shows that youth in foster care, specifically girls, experience trauma and maltreatment at high rates (Connolly et al., 2012). Studies have already made the connection between trauma and teen pregnancy, in fact gender and internal mental distress were two of the top predictors of past pregnancy for youth in care (Coleman-Cowger et al., 2011).

Many studies have devoted time to understanding why this population, girls in foster care, seems to be especially at risk for early pregnancy. The experience of teen pregnancy for youth in care can vary when

looking at placement stability, placement type (i.e. kinship, guardian homes, foster homes, etc.), and race. For example, King, Putnam-Hornstein, Cederbaum, & Needell (2014) found that nine or more placements were correlated with higher pregnancy rates and that guardian home placement was associated with the lowest rate of pregnancy (followed by kinship placements). Some studies have explored the lack of comprehensive sex education particularly as it relates to access: “Multiple placements and frequent changes in schools are associated with less access to sex education and family planning classes . . . youth in foster care might not receive comprehensive sex education from foster parents” (Hudson, 2012, p.444). Yet others have discussed the higher rates of mental health and internalizing/externalizing behaviors and the increased likelihood of risk behavior as important predictors of teen pregnancy for girls in care (Coleman-Cowger et al., 2011; Wilson, Glebova, Davis & Seshadri, 2017). While the reasons behind youth in care experiencing higher rates of pregnancy are complex, this research paper recognizes multiple factors, and focuses on understanding the complex needs of young mothers in and aging out of care. This paper explores the challenges that pregnant/parenting youth in foster care experience, and how we can better support them while in and transitioning out of care.

## CURRENT STUDY

There is a lack of research that focuses on the unique needs of pregnant and parenting youth in foster care. There is also a lack of research that highlights youth voice and the way they describe their own experiences as young parents in or aging out of care. The purpose of the present study is to hear from pregnant and parenting youth in and out of care and from a variety of professionals who work with these youth in Minnesota, in hopes of highlighting the needs of this population and where resources are lacking. In order to do this, youth and professionals were asked to participate in confidential interviews that asked questions about either (a) their experience as a pregnant/parenting youth in or aging out of care, or (b) their experiences supporting and providing services to pregnant/parenting youth in or out of care. Youth interviewed included four female-identified parenting youth, three of whom were in extended foster care at the time of interviews, and one who had already aged out of extended foster care. Six professionals were interviewed including two juvenile probation officers, one guardian ad litem, and three youth workers/mentors. I had hoped to also include interviews with child protection/child welfare social workers and foster parents in this study, but was not able to do so.

## YOUTH VOICE: FINDINGS OF THE STUDY

### PLACEMENT INSTABILITY

One of the main goals of this paper is to highlight youth voice. Youth were asked multiple questions related to their experiences in foster care, and in particular, their experience of becoming mothers while in or transitioning out of care. After all the youth interviews were conducted, they were reviewed extensively and common themes, experiences, and answers were extracted for exploration in this paper. The first theme that was highlighted by youth was the *instability in their placement(s)*. Multiple youth connected their placement disruption and instability with a number of issues:

1. Not being able to finish high school or catch up on credits, often due to not being enrolled in school in a timely fashion, having to change schools with each placement change, and school records including IEP and 504 plans being lost or not transferring to their next school.
2. Not having an established medical provider and not getting physical and mental health needs met.
3. Experiencing periods of homelessness, due to either the youth running from placement or the placement being disrupted for other reasons.
4. Feelings of isolation, not belonging, and lacking the ability to express what they wanted in a placement or foster home.
5. The lack of foster home placements, or the lack of foster homes willing to take in youth due to their history, leading to placements in inpatient mental health facilities, correctional placements or far away placements.

Placement instability has been associated with an increased risk of teenage pregnancy among youth in foster care (Wilson et al., 2017; King et al, 2014; King & Van Wert, 2017). Research has also identified gaps in education and lack of access to medical and reproductive health care as risk factors for pregnancy amongst youth in care (Hudson, 2012). In addition, the vulnerabilities that come with experiencing homelessness and placement instability have been identified by youth and professionals as a risk factor for teenage pregnancy.

Youth reflected on their histories of placement instability and how that impacted their experiences in care, especially their experience of motherhood. One youth recalled being in five different foster homes before she was 13 years old, and said that after the age of 13 she was moved around to different correctional and inpatient mental health centers outside of her home city, due to the lack of foster homes that would take her after reviewing her “placement and behavior history.” She reflected on how being in correctional and mental health placements impacted her mental health: “My behavior problems came from being placed in those treatment centers when I didn’t need that level of mental health care, but all they [social services] needed was a place for me to stay.” This same youth recalled that when she was younger, she was “dropped off” at a foster home hours outside of the city, and although she spoke of that foster mother as one of the better ones, she also discussed the feelings of isolation that came from being so far away and “not seeing anyone around that look[ed] like me.” She recounted “being bullied for the color of my skin, and not being able to get the proper [culturally appropriate] hygiene products for my hair.” This youth particularly recalled finding out she was pregnant at the age of 14, when she was in one of the various inpatient mental health centers:

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*I think I got pregnant when I was considered on run, and when I found out I was pregnant I told them [facility staff] that I wasn't physically or emotionally ready for a baby, and I asked to hear all my options and told them I wanted to have an abortion, but they denied me because they said my insurance would not cover the cost because I was in a different state and my insurance was from Minnesota.*

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Another youth told of being in more than six placements, and often feeling that each placement tried to control her normalcy:

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*My first foster home it was nice, it was cool, but they wasn't really for me. A lot of my problems with them foster homes was because of the Normalcy Act—when I was in care*

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*we didn't have that Normalcy Act,<sup>1</sup> so I didn't get to live my life like a young kid at the time or my appropriate age. I felt like I was locked up even though I wasn't behind bars because I didn't have freedom.*

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When youth were asked if they felt they had a voice in choosing their placements or what they wanted in a foster home, they all said no.

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*All my social worker cared about was making sure I was in a placement, making sure I was in school and off the radar as far as truancy and not running away. No one ever asked me why did I run so much, all they had to do was ask.*

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## **MENTAL HEALTH**

When asked about mental health, youth talked about not receiving sufficient support and resources or feeling labeled by their diagnosis. One youth stated that even though she had been in care since the age of 13, and was diagnosed with an attention deficit hyperactivity disorder, post-traumatic stress disorder, and major depressive disorder while in care, she did not begin taking medications until the age of 22. She also connected her mental health to her inability to “stay in one place for too long.”

## **LACK OF PLACEMENTS**

In addition to placement instability, another theme highlighted by youth interviewed was the lack of placements for both mother and baby. Foster homes that will take a pregnant or parenting youth are few and far between, and finding group home settings that are appropriately licensed as foster placements is even rarer. Minnesota youth who are in care and become pregnant have a weird and often misunderstood status: while the state is responsible for them, they are responsible for their own children. The law reads:

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**Minor parent.** *A child who is a minor parent in placement with the minor parent's child in the same home is eligible for foster care benefits under this section. The foster care benefit is limited to the minor parent, unless the legally responsible agency has separate legal authority for placement of the minor parent's child.<sup>2</sup>*

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This means that the state is not providing financial support to foster parents or parenting youth for that youth's child, unless of course that youth's child also ends up with their own child protection case.

The status of parenting youth in care is also problematic with respect to funding from the county. The Minnesota Family Investment Program is a program through the counties that helps fund childcare. Youth in care who are parents do not qualify for this financial support because the county sees the money that is

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<sup>1</sup> See Minnesota Department of Human Services “Minnesota’s Reasonable and Prudent Parent Standard Guidance,” 2016; [http://www.dhs.state.mn.us/main/groups/county\\_access/documents/pub/dhs-291312.pdf](http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs-291312.pdf)

<sup>2</sup> Minnesota Statute 256N.21, Subdivision 3

going to the foster provider for the youth as money that should be used to support the youth's child, even though this is in disagreement with the department of social services.

Lack of placement for parenting youth in care is among many reasons why the children of these youth also frequently end up in child protection. One youth who was interviewed shared that child protection ended up having to open a case on her child because the department of social services could not find a placement that would take both the youth and her son—a reason that was outside of her control. Another youth shared that after the placement she was in with her son was disrupted, they could not find another home for the both of them, so they went to separate foster homes. It was after that disruption that the previous foster mother, who cared for her and her son, decided she wanted to file for adoption of the baby, and the youth recalls being told in court that the only way to stop her son from being adopted out of foster care by a stranger was to transfer legal guardianship and parental rights to someone else of her choosing. Under pressure and uninformed of her rights and the long-term consequences of her actions, she transferred custody of her son to a family friend. To this day, she is fighting to be able to even visit her son.

## HOW YOUTH SAY LACK OF PLACEMENTS SHOULD BE ADDRESSED

The lack of department-approved placements, especially foster homes that will take parenting youth, is a leading cause of these youth in care receiving their own child protection cases. Therefore, youth were asked what they think could be done to solve this problem. All youth pointed out that there need to be more foster homes that will take parenting youth, that these foster homes should be specialized and trained in fostering parenting youth, and in understanding mental health and trauma. In addition, youth were asked if they thought that youth in care should have the option to live independently, even if under the age of eighteen, in a structured and supportive program setting; all youth said yes. There are many transitional and independent housing options available to youth, often starting as early as the age of 16, but youth stated that every single place like that they knew of, would not take youth with a child.

A few youth described in detail what they envisioned as a transitional or independent housing option for parenting youth in care:

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*Honestly I've always felt like opening something like this. I feel like it should start off as like a group home setting like where you have your own room with kitchen and bathroom and there is staff there 24/7 and a case manager to have support along the way because it's a lot to take in, having your own place especially with a baby and trying to balance everything at once can be overwhelming. I wouldn't really say a specific age because you know there would be supervision, but after that being able to transition to their own actual apartment.*

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With a lack of foster homes for both mother and child, we should consider other options like transitional/independent living as existing programs that could be modified to serve pregnant/parenting youth with open child protection cases.

## LACKING SUPPORT AND ACCESS

A third theme that youth reflected on was the lack of access to reproductive healthcare, along with the lack of support and resources in preparing for their child to be born. When asked if they had access to birth control before they got pregnant, the majority of youth stated they did not or they did but did not use it. The majority of youth stated that when anticipating the birth of their child, they felt emotionally or financially unprepared, or both.

Some youth recalled that different family members and/or youth workers in their lives were able to help get basic needs like clothing, diapers, formula, car seats, etc. before their child was born, but that they did not receive sufficient support or resources post-partum, the critical period after giving birth. Current research suggests that this key period of transition into motherhood is when we need to be supporting parenting youth in care the most (Aparicio, Gioia, & Pecukonis, 2016; Aparicio, Pecukonis & O'Neale, 2015). Several youth interviewed shared the view of this mother of post-partum being a particularly stressful period:

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*With my first child I was really stressed, crying a lot, angry a lot and I didn't understand why. With my second child I was depressed and wanted to lay in bed all day and ended up falling back from a lot of my relationships. No one ever asked me if I was okay, they looked at me as being angry because of my mood swings.*

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Youth interviewed by Aparicio and colleagues (2016) similarly felt “under stress and unsupported during the early period after pregnancy, by their foster parents” (p. 103), and complained of frequent absences of the foster mother from the home, which often contributed to their absenting or “running” from placement, or the placement being disrupted. This is key, and will be discussed later in this paper.

## PROFESSIONALS' REFLECTIONS: FINDINGS OF THE STUDY

Many of the concerns highlighted by the youth interviewed were similar to the thoughts, experiences and recommendations of professionals interviewed. After professionals were interviewed, their interviews were examined for out commonalities. Unsurprisingly, many of the commonalities overlapped with themes that youth talked about. The themes highlighted in this section are:

1. The lack of placements for both mothers and babies.
2. The lack of comprehensive reproductive healthcare.
3. The lack of accessible, age appropriate and culturally competent parenting education.
4. The importance of trauma as a risk factor for teenage pregnancy, and as it relates to supporting pregnant/parenting youth in care.

In reflecting on their experiences working with pregnant and parenting youth in care, various professionals stated that getting them placed together was one of the biggest barriers they face: “I have never had a girl in a foster home with her child.” Professionals, like youth and like other researchers, were able to make the connection between a lack of available placements for parenting youth, their experiences of homelessness and the likelihood of child protection opening a case on the youth's own child.

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*Child protection couldn't find them a placement, so they put her in shelter and her children in a crisis nursery until they could find housing and then we were looking for programs and there were none that could take both.*

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Echoing what had been expressed by youth, the professionals also agreed that we should be looking to create more department-approved placements that reflect group living or independent/transitional housing specific to pregnant and parenting youth in care.

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*In a structured program imagine like an apartment complex where the youth there are on a stipend to live quote independently but with supports. That, to me, feels like what they need. The challenge is that for most of these kids there aren't group or foster homes that are going to be able to provide them with support. So when in absence of a foster home or other supportive housing situations what do we do with these kiddos?*

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In addition, professionals talked about the need for comprehensive and accessible reproductive health care and parenting education support. A guardian ad litem reflected on a frustrating case:

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*What frustrates me is that I said she needs a physical, she needs to be seen by an adolescent medical provider. She needs someone to have a conversation with her about healthy sexual relationships but also knowing that she was engaging in unsafe and unhealthy relationships, having a conversation about protecting herself from getting pregnant. Nobody had a conversation with her about long-acting, reversible contraception, which should have happened. She didn't have an established provider...there was health care that could have prevented some of these domino effects.*

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Other professionals interviewed shared a common point of view when it came to parenting education and support groups or classes: they should be more culturally competent, age appropriate, and most importantly, peer-led.

## **THE GAPS WE NEED TO FILL: RECOMMENDATIONS**

### **ADDRESSING A LACK OF PLACEMENTS**

In reviewing the input from youth and professionals, it is hard to ignore a few common and key themes that came across. The first is the discussion of a lack of placements, specifically when it comes to keeping youth and their child/children together while in care. In order to understand why there is this severe lack of placements, we must first explore how the licensing and regulation of foster homes/placements work. In Minnesota, foster care is licensed and regulated by the Department of Human Services, with three supervising agencies: County, Tribal and Corrections. Although funding for foster care services is federal, services provided within Minnesota can be drastically different from one county to the next, and not only

can different counties provide different services, they can also contract with private agencies that, despite being regulated by federal funding, may also vary in services provided.

In 2013, the Public Health Law Center at William Mitchell College of Law released an overview of foster care regulation in Minnesota that explains how Minnesota oversees foster care services and described the system as “state-supervised and county-administered” (p.1). Thus, the county is responsible for the licensing of foster care placements and the placement of children. However, the county can also contract with private agencies responsible for the recruitment, licensing and training of foster homes. The good news is that the Department of Human Services holds the ultimate authority when it comes to licensing requirements. The bad news is that state agencies are failing their duty to provide safe, stable, culturally competent and specialized foster placements for pregnant and parenting youth, because Minnesota statutes fail to highlight the specific needs and considerations in caring for this population of youth. The law states:

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*Each authorized child placing-agency shall make special efforts to recruit a foster family. . . . Special efforts include contracting and working with community organizations and religious organizations and may include contracting with these organizations, utilizing local media and other local resources, conducting outreach activities and increasing the number of minority recruitment staff employed by the agency.*<sup>3</sup>

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In order to better serve parenting youth in care and their children, one can argue that “special efforts” in this statute should include better efforts to contract and partner with more organizations and agencies that can dedicate time to seeking out foster families willing to foster parenting youth, and ensure they are adequately trained. In addition each placement agency (county, tribal, and corrections) should seek out existing group homes or transitional/independent living programs that could potentially become eligible for licensure, if they worked together in a collaborative and innovative way to make sure they meet standards and requirements, but most importantly that they have enough funding, resources, and staff to help support parenting youth in care in that setting. We should be urging our lawmakers to change the limitation on additional funding that a foster parent would receive, in order for all youth who are in care and have a child to be able to receive extra financial support regardless of whether their child has their own child protection involvement. Another option would be to restructure the Minnesota Family Investment Program qualifications, to automatically qualify any parenting youth in care to receive financial support. This financial support could help youth in care access daycare, which would open up more opportunity to increase school attendance and performance, allow youth to work, and/or increase ability to participate in pro-social activities. All of these opportunities might also help youth feel less restricted and more comfortable in their foster home or other setting, and of course would help them practice vital independent living skills and meet key goals such as managing time, working and budgeting, getting a diploma or GED, making positive peer and adult community connections, and much more.

### **TRAUMA-INFORMED TRAINING FOR FOSTER PARENTS.**

Minnesota law<sup>4</sup> requires that the state provide “standardized training curriculum for adoption and foster care workers and administrators who work with children” (para. 3), and the state must “provide a training

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<sup>3</sup> Minnesota Statute 260C.215, Subdivision 1

<sup>4</sup> Minnesota Statute 260C.215, Subdivision 4

curriculum for all prospective adoptive and foster families that prepares them to care for the needs of adoptive and foster children taking into consideration the needs of children” (para. 4). On the Minnesota Department of Human Services website one can find a copy of foster parent training curriculum,<sup>5</sup> which includes a few in-person but mostly online trainings. There are some excellent topics covered in the curriculum, but lacking are any trainings on how foster parents can best communicate with foster youth about their reproductive and medical health needs or how to access/connect them with community resources. There is also room in the curriculum, especially in the “Advanced Resource Family Training” topics, to include an extensive training on how to best support pregnant and parenting youth in care and how to meet their needs in a culturally competent and trauma-informed way. We know that these youth are especially vulnerable, and often their experiences of trauma before and after being placed in care, and the effects of said trauma, can be unique and often require specialized support (Aparicio et al., 2016; Wilson et al., 2017). That support could be in therapeutic foster homes, for example, or settings that support youths’ need to live more independently with on-site support. Thus, it is both the state’s and the public’s duty to ensure that foster care providers be adequately trained and equipped to recognize and tend to the specific needs of these youth, whether they are providing care in their own homes or in a group home/transitional/independent living setting. In addition to foster families and county/tribal/corrections staff, community resources, youth mentors and schools that serve youth in care should seek to become better informed in the ways to best collaborate with other professionals and support these young mothers while in care and especially while transitioning out. If the state were to offer structured, comprehensive and evidence-based trainings on how to best support pregnant and parenting youth, and could compensate foster families at higher rates to better help support the children of the youth in their care, more families might be inclined to open up their homes to pregnant and parenting youth.

## **CLOSING GAPS IN ACCESS TO MENTAL HEALTH & MEDICAL CARE**

The second key theme that has come out of interviews with professionals and youth is the lack of access to medical and reproductive healthcare, especially as it relates to instability in placements. This gap in meeting healthcare needs might be lessened, if social service agencies ensured there was a plan in place that was updated not just every time a court review was scheduled, but every time the team supporting that youth came together to collaboratively address the youth’s needs. Minnesota law<sup>6</sup> clearly states the requirements of what an out-of-home placement plan should entail. Some of those requirements are:

1. Efforts to keep child in the same school, or if it is not in their best interest to ensure they are enrolled in a new school in a timely and appropriate manner, and efforts to “ensure educational stability and attendance” (8.i & 8.ii).
2. The efforts by the responsible social services agency to ensure the oversight and continuity of health care services for the foster child should include coordinating the child’s healthcare needs and helping each party understand their roles in this (agency, foster parent, parent, etc.) and ensuring the child has access to medical care and insurance/assistance (10.iv & 10.vii).

It is already written into our statute that social service agencies should be responsible for creating and maintaining an out-of-home placement plan for youth in care, and that they should collaborate with others like foster parents and even community support systems to do so. However, it should also be written into

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<sup>5</sup> Minnesota Child Welfare Training System:

[https://mn.gov/dhs/assets/For%20foster%20%28resource%29%20ofamilies%20and%20lic%20workers\\_tcm1053-295745.pdf](https://mn.gov/dhs/assets/For%20foster%20%28resource%29%20ofamilies%20and%20lic%20workers_tcm1053-295745.pdf)

<sup>6</sup> Minnesota Statute 260C.212, Subdivision 1, Section (b)

the statute that social service agencies are responsible for making every effort to fill gaps in educational achievement and health care access. To go a step further, agency supervisors should be reviewing and aiding in the efforts of their social workers who are assigned to pregnant/parenting youth, they should also be able to assess those efforts with thorough and consistent measures. It should also be clearly written into this statute that ensuring access to healthcare should also include reproductive healthcare and that youth know their rights to access it.

However, changing the statute is not enough, it must be assured that local agencies and private agencies under contract are being measured and assessed on their efforts to ensure a relevant, culturally competent and age appropriate out-home-placement plan that is intentionally maintained and changed when necessary. Most importantly, the youth themselves must have a voice in their plan, and the option to have an advocate for them, other than their guardian ad litem; the guardian ad litem is not obligated to voice the youth's concerns or desires, only what he or she perceives to be in the youth's best interest. Finally, this plan should also take into account the needs of the youth's child, with details on how the youth will be supported in meeting those needs, regardless of the child's own child protection involvement.

### **BUILDING NETS OF SUPPORT FOR OUR YOUNG MOTHERS**

Finally, a key theme explored was the lack of supportive resources for young mothers in care, especially post-partum. Here is where social service agencies could better partner with or refer out to community agencies that can provide further resources and support, especially those that can provide one-on-one supportive services to a youth in care, and specific to parenting youth in care. For example, in Minnesota we have a nurse home-visiting and case management program for parenting youth up to age twenty-one who meet certain requirements.<sup>7</sup> Some youth interviewed referred to this program as a good resource that was available to them while they were parenting and in care. Some youth also mentioned different mentors or youth workers they had who supported them by directly providing services and connecting them to other resources. For example, one youth stated she worked one-on-one with a youth worker who helped her with things like “reaching my goals, money management and stability in housing.”

Social service agencies should be required to seek out different organizations in the community that can provide that extra support to youth in care, especially culturally competent and gender specific services that are delivered in a trauma-informed manner. This could also help mitigate the problem that many of our pregnant/parenting youth in care are at risk of experiencing homelessness or running. Under the heading, “Protecting missing and runaway children and youth at risk of sex trafficking,” Minnesota law<sup>8</sup> states that local service agencies must locate any child missing from care with an urgent manner. It lays out guidelines for reporting and also states how the local service agency should thoroughly investigate to determine the factors that contributed to the youth's running or disappearance, and to every extent possible, ensure the factors are addressed before the child enters its next placement.

The statute also says that the social service agency must do what they can to determine what that youth experienced while absent from care, especially as it relates to possible victimization (i.e. sexual exploitation or trafficking).<sup>9</sup> As mentioned earlier in, one youth talked about how she was never asked by anyone why she would run or leave placements, and she believed if someone would have just truly asked, it might have

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<sup>7</sup> Teen HOPE/Pathways Program: <https://www.mvna.org/family-health/teenhope-pathways/>

<sup>8</sup> Minnesota Statute 260C.212, Subdivision 13

<sup>9</sup> For definitions and resources see: <https://polarisproject.org/human-trafficking/sex-trafficking> and <http://www.health.state.mn.us/injury/topic/safeharbor/docs/MDHSafeHarborReferral.pdf>

created a safe space for her to address some of those factors that contributed to her running, perhaps her trauma, or her inability to do normal age-appropriate things when in care. Another youth talked about how she self identifies with anxiety still, and how she has had trauma in her life but has since “come to an understanding of it and why it is and I know how to manage now, I understand my triggers.”

However, many youth reported not feeling supported when each placement was disrupted or when they experienced homelessness. One youth stated, “I was homeless and I was taken advantage of when I first got pregnant.” It’s clear that these youth are vulnerable and at risk, and that the system is failing them because there are youth reporting they experienced these things first-hand in Minnesota. Social service agencies need to analyze and restructure the way they support pregnant and parenting youth in care and ensure they are reaching out to local organizations and agencies that can help build a net of support around pregnant and parenting youth in care. In addition to this, youth have identified that they want to see more opportunities for peer-to-peer support groups and networks that can support young moms in care. A 22-year-old youth out of care talked about a first-time support group workshop for parenting youth, which she helped create, in partnership with a community organization from which she received support. She reflected on how this type of support can remind youth that “they are not alone, they have peers, young adults that understand them, and we can provide that peer connection.” In addition to identifying the need for this specific type of support, youth also mentioned ways they are already helping implement change, to be discussed below.

## CONCLUSION

This paper sought to identify how we (social services, mentors and youth workers, teachers, nurses, corrections, and the general public) can better support pregnant and parenting youth in and aging out of foster care, by listening directly to what those youth have to say and connecting them to services and resources that professionals who support them are also identifying as critical. It is not surprising that the youth and the professionals they work with identified the same key problems.

1. *Placement instability and the lack of placements that will accommodate both the youth and her child* are one of the first things we need to address. Youth have connected this with their educational stability, attendance and completion, lack of access to healthcare and reproductive care, experiencing homelessness, feelings of isolation, and finally ending up in inpatient placements.
2. *Lack of prenatal and post-partum support and mental health and wellbeing support.* Along with the lack of trauma informed and culturally competent support and parenting support.

Youth and professionals have recommended creating more placement options that model transitional or independent living specific to parenting youth in foster care, more supportive networks and relationships, and more opportunities for youth to get support from their peers. In thinking about the recommendations laid out in this paper, which are based on interviews of youth who volunteered their time and their stories in hopes of beginning a conversation that puts us one step closer to change, we should pay close attention to one model of change currently underway.

## CREATING PLATFORMS FOR YOUTH VOICE

A few of the youth interviewed explained that they are part of a Youth Advisory Board, through a non-profit organization that provided them with one-on-one support throughout their time in foster care. The Youth

Advisory Board was created by the organization in partnership with the county, to bring forth the opportunity for youth who have experience in foster care to be employed on an hourly wage by the organization as members of a board of individuals who contribute their ideas and experiences to impact practice and policy at organization and even state levels. Some of the experiences that youth described included being able to meet with county social workers and discuss the pressing issues youth have gathered, along with recommendations on how they should be addressed. These youth have taken part in a march at the capitol and been able to speak in front of legislators on the importance of a bill that affected youth in and aging out of foster care in Minnesota. When one youth was asked why she joined the Youth Advisory Board, she stated:

My own experience is why I joined Youth Advisory Board, to bring awareness to problems and my experience and stop letting youth slip through the cracks. It has to start with training foster parents on working with vulnerable youth and placing them in places that fit their individual needs.

The implementation of youth advisory boards that can not only inform the practice of local organizations and agencies, but also change policy at the state level, should be at the top of our list of first steps. We must be creating platforms where youth can raise their voice, build their leadership, and begin informing us and inspiring us to take action. We can begin pushing for changes in the way our statutes are written, we can demand that responsible agencies step up their game and stretch out their net when it comes to supporting and appropriately housing these young people. We should put pressure on the state to mandate that data be collected on the number of parenting youth in care, the number of available placement options for parenting youth, and the number of children who end up separated from their parent or with their own case.

We should be financially supporting local organizations and community resources, and stirring up a conversation about why there aren't more partnerships and program contracts. We should devote our time and effort into creating more comprehensive sex education opportunities for foster youth, and assuring that we are partnering with more local agencies to make parenting classes and education accessible, culturally competent and trauma informed. We must demand that social workers, foster parents, group homes and supportive professionals be trained in things like trauma-informed care, and do more than make note of the special needs that young mothers in care have. We cannot continue to fail our youth in care, and we cannot continue to fail young mothers in care, because if we do, *we* are responsible for generations of trauma and adversity to come.

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## ABOUT SOPHIA MACEDA

Sophia Maceda received her bachelor's degree in Psychology and Criminal Justice in 2017 from Hamline University, and began her career in youth work with YMCA Youth Intervention Services. She has a passion for working with system involved youth, and has practiced sexual assault & domestic violence advocacy for 5 years. Currently, she provides 1-on-1 supportive services to sexually-exploited or trafficked youth through the pilot program Enough, in partnership with the Minnesota Department of Health. She hopes to go on to earn her master's in Social Work.

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