

Ten Tips for Parents

To Help Their Children Avoid Teen Pregnancy



The National Campaign
to Prevent Teen and Unplanned Pregnancy



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The National Campaign to Prevent Teen Pregnancy has reviewed research about parental influences on children's sexual behavior and talked to many experts in the field, as well as to teens and parents themselves. From these sources, it is clear that there is much parents and adults can do to reduce the risk of teen pregnancy.

Many of these ideas presented here will seem familiar because they articulate what parents already know from experience — like the importance of maintaining strong, close relationships with children and teens, setting clear expectations for them, and communicating honestly and often with them about important matters. Research supports these common sense ideas. We hope that these tips can increase the ability of parents to help their children pass safely into adulthood pregnancy-free.

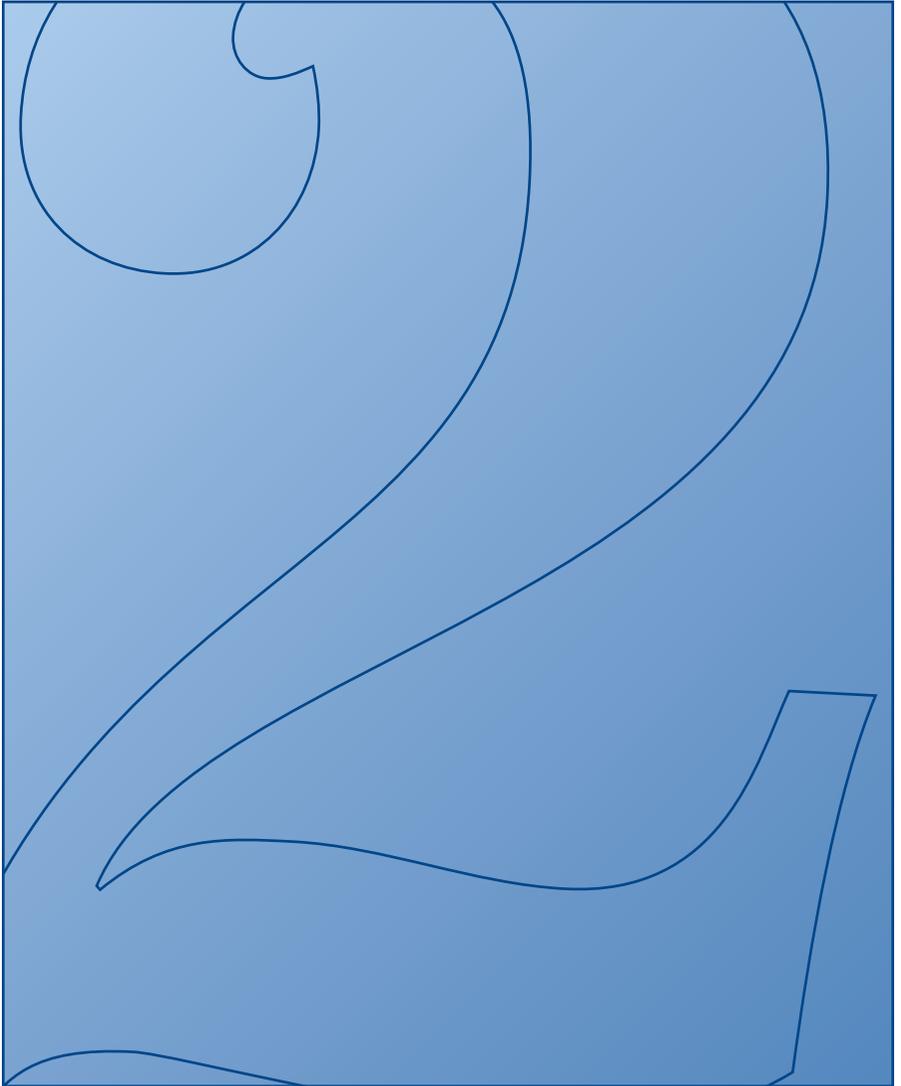
So, what to do?

1. Be clear about your own sexual values and attitudes.

Communicating with your children about sex, love, and relationships is often more successful when you are clear in your own mind about these issues. To help clarify your own attitudes and values, think about the following kinds of questions.

- » **What do you really think about school-aged teenagers being sexually active — perhaps even becoming parents?**
- » **Who is responsible for setting limits in a relationship and how is that done, realistically?**
- » **Were you sexually active as a teenager and how do you feel about that now? Were you sexually active before you were married? What do such reflections lead you to say to your own children about these issues?**
- » **Is abstinence best for teens? What do think about teens using contraception?**





2. Talk with your children early and often about sex, and be specific. Young people have lots of questions about sex, love, and relationships. And they often say that the source they'd most like to go for answers is their parents. Start the conversation, and make sure that it is honest, open, and respectful. If you can't think of how to start the discussion consider using situations shown on TV or in the movies as conversation starters. Tell teens candidly and confidently what you think and *why* you believe what you do. If you're not sure about some issues, tell them about that, too. Be sure to have a two-way conversation, not a one-way lecture. Ask them what *they* think and what they know so you can correct misconceptions. Ask what, if anything, worries them.

Age-appropriate conversations about relationships and intimacy should begin early in a child's life and continue through adolescence. Resist the idea that there should be just one conversation about all this — you know, “the talk.” Think 18 year conversation. The truth is that parents and kids should be talking about sex and love all along. This applies to *both* sons and daughters and mothers and fathers. All teens need large amounts of communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. And if you have regular conversations, you won't worry so much about making a mistake, because you'll always be able to talk again.

Many inexpensive books and videos are available to help with any detailed information you might need, but don't let your lack of technical information make you shy. Kids need as much help in understanding the *meaning* of sex as they do in understanding how all the body parts work. Tell them about love and sex, and what the difference is. And remember to talk about the reasons that kids find sex interesting and enticing; discussing only the "downside" of unplanned pregnancy and disease misses many of the issues on teenagers' minds.

Be an "askable parent." Here are the kinds of questions kids say they want to discuss:

- » **How do I know if I'm in love? Will sex bring me closer to my girlfriend/boyfriend?**
- » **How will I know when I'm ready to have sex? Should I wait until marriage?**
- » **Will having sex make me popular? Will it make me more grown-up and open up more adult activities to me?**
- » **How do I tell my boyfriend that I don't want to have sex without losing him or hurting his feelings?**
- » **How do I manage pressure from my girlfriend to have sex?**
- » **How does contraception work? Are some methods better than others? Are they safe?**
- » **Can you get pregnant the first time?**

And, be a parent with a point of view. Tell your children what you think. Don't be reluctant to say, for example:

- » **I think kids in high school are too young to have sex, especially given today's risks.**
- » **Whenever you do have sex, always use protection against pregnancy and sexually transmitted diseases until you are ready to have a child.**
- » **Our family's religious tradition says that sex should be an expression of love within marriage.**
- » **Finding yourself in a sexually charged situation is not unusual; you need to think about how you'll handle it in advance. Have a plan. Will you say no? Will you use contraception? How will you negotiate all this?**
- » **It's okay to think about sex and to feel sexual desire— everybody does. But it's not okay to get pregnant/get somebody pregnant as a teenager.**
- » **(For boys) Having a baby doesn't make you a man. Being able to wait and acting responsibly does.**
- » **(For girls) You don't have to have sex to keep a boyfriend. If sex is the price of the relationship, find someone else.**

By the way, research clearly shows that talking with your children about sex does not encourage them to become sexually active. And remember that your own behavior should match your words.



3. Supervise and monitor your children and adolescents.

Establish rules, curfews, and standards of expected behavior, preferably through an open process of family discussion and respectful communication. If your children get out of school at 3 pm and you don't get home from work until 6 pm, who is responsible for making certain that your children are not only safe, but also are engaged in useful activities? Where are they when they go out with friends? Are there adults around who are in charge? Supervising and monitoring your kids' whereabouts doesn't make you a nag; it makes you a parent.

4. Know your children's friends and their families.

Friends have a strong influence on each other, so help your children and teenagers become friends with kids whose families share your values. Some parents of teens even arrange to meet with the parents of their children's friends to establish common rules and expectations. It is easier to enforce a curfew that all your child's friends share rather than one that makes him or her different — but even if your views don't match those of other parents, hold fast to your convictions. Welcome your children's friends into your home and talk to them warmly and openly.

Teens say *parents* most influence their

decisions about sex.

5. Discourage early, frequent, and steady dating.

Group activities among young people are fine and often fun, but allowing teens to begin one-on-one dating much before age 16 can lead to trouble. Let your child know about your strong preference about this throughout childhood — don't wait until your young teen proposes a plan that differs from your preferences in this area; otherwise, he or she will think you just don't like the particular person or invitation.

6. Take a strong stand against your daughter dating a boy significantly older than she is. And don't allow your son to develop an intense relationship with a girl much younger than he is.

Older guys can seem glamorous to a young girl. But the risk of matters getting out of hand increases when the guy is much older than the girl. Try setting a limit of no more than a two (or at most three) year age difference. The power differences between older boys or men and younger girls can lead girls into risky situations, including unwanted sex and sex with no protection.





7. Help your teenagers to have options for the future that are more attractive than early pregnancy and parenthood.

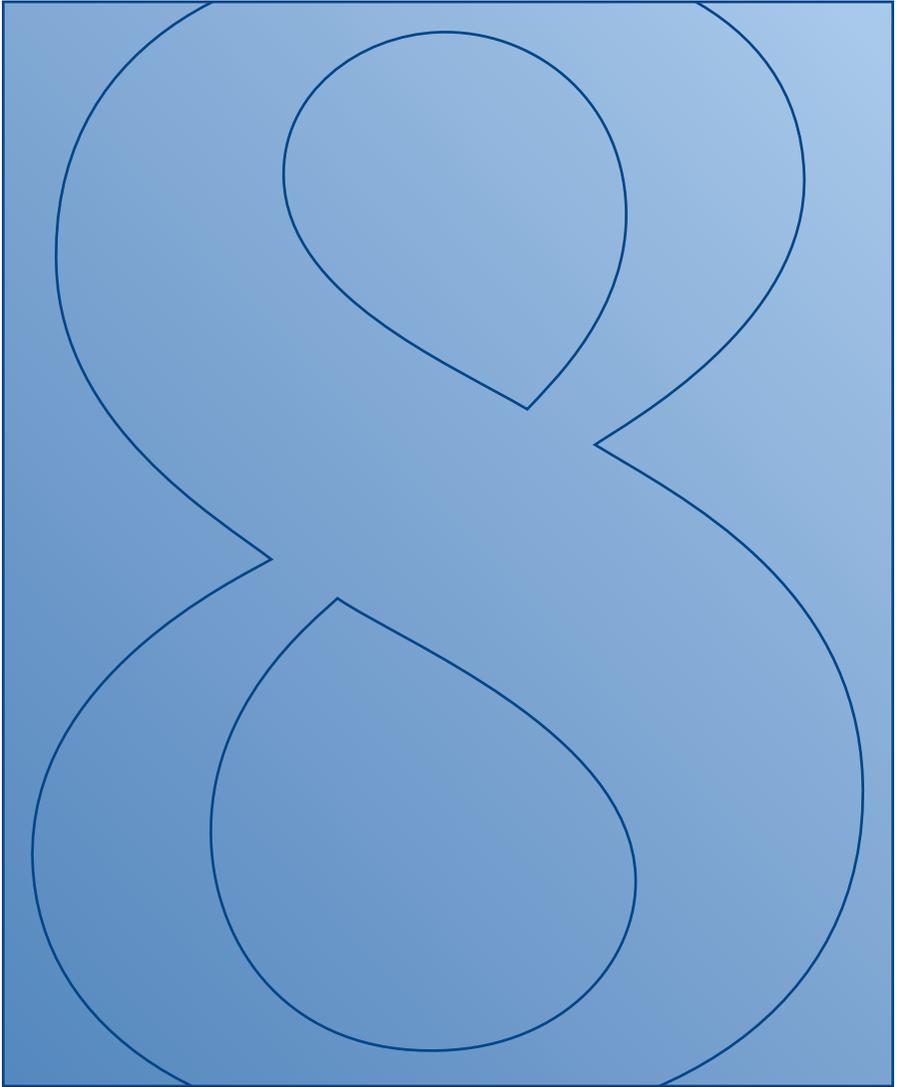
The chances that your son or daughter will delay having sex, pregnancy, and parenthood are significantly increased if their future appears bright. This means helping them set meaningful goals for the future, talking to them about what it takes to make future plans come true, and helping them reach their goals. Tell them, for example, that if they want to be a teacher, they will need to stay in school in order to earn various degrees and pass certain exams. It also means teaching them to use free time in a constructive way, such as setting aside certain times to complete homework assignments. Explain how becoming pregnant — or causing pregnancy — can derail the best of plans; for example, child care expenses might make it almost impossible to afford college. Community service, in particular, can not only teach job skills, but can also put teens in touch with a wide variety of committed and caring adults.

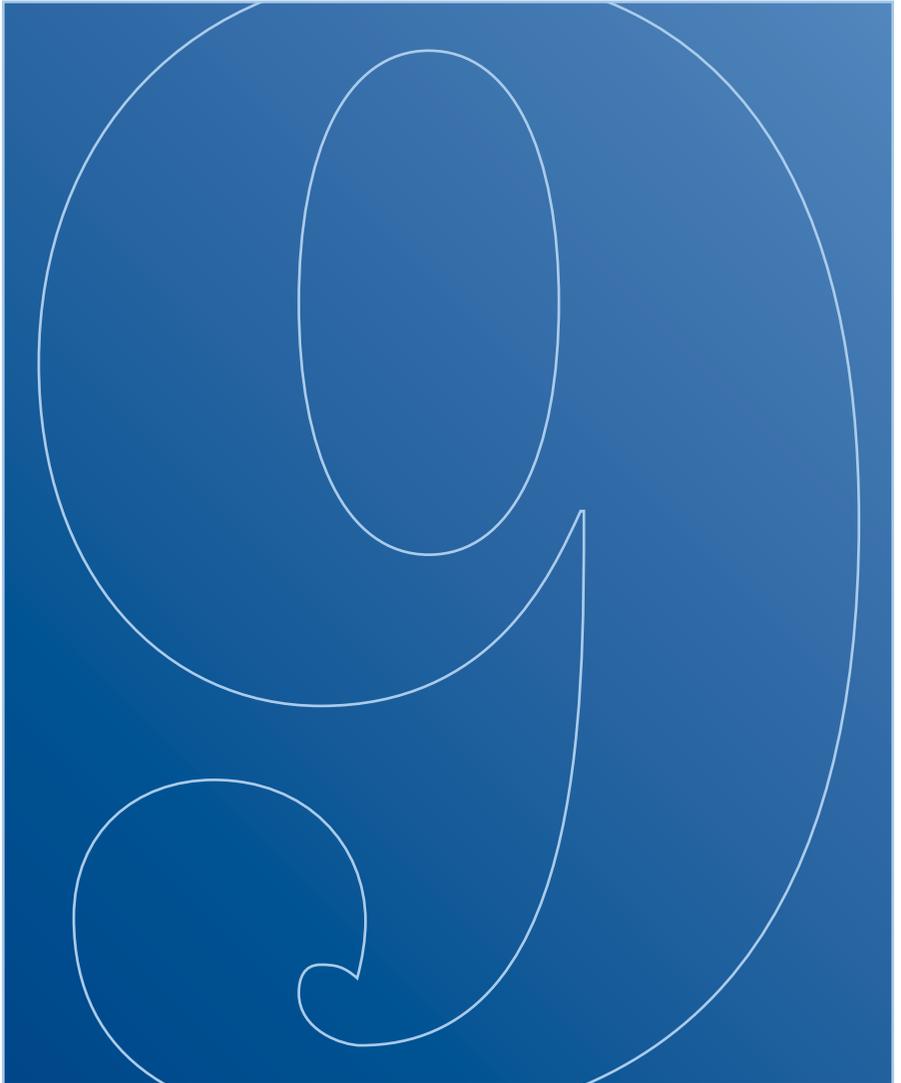
**Seven in ten teens agree
it would be much easier for
them to postpone sexual activity
and avoid teen pregnancy if they
were able to have more open,
honest conversations about
these topics with their parents.**

Six in ten teens say that when it comes to talking about sex, parents send one message to their sons and a different message to their daughters.

8. Let your kids know that you value education highly.

Encourage your child to take school seriously and set high expectations about their school performance. School failure is often an early sign of trouble. Be very attentive to your child's progress in school and intervene early if things aren't going well. Keep track of your children's grades in school and discuss them together. Meet with teachers and principals, guidance counselors, and coaches. Limit the number of hours your teenagers give to part-time jobs (20 hours a week should be the maximum) so that there is enough time and energy left to focus on school. Know about homework assignments and support your child in getting them done. Volunteer at the school, if possible. Schools want more parental involvement and will often try to accommodate your work schedule, if asked.



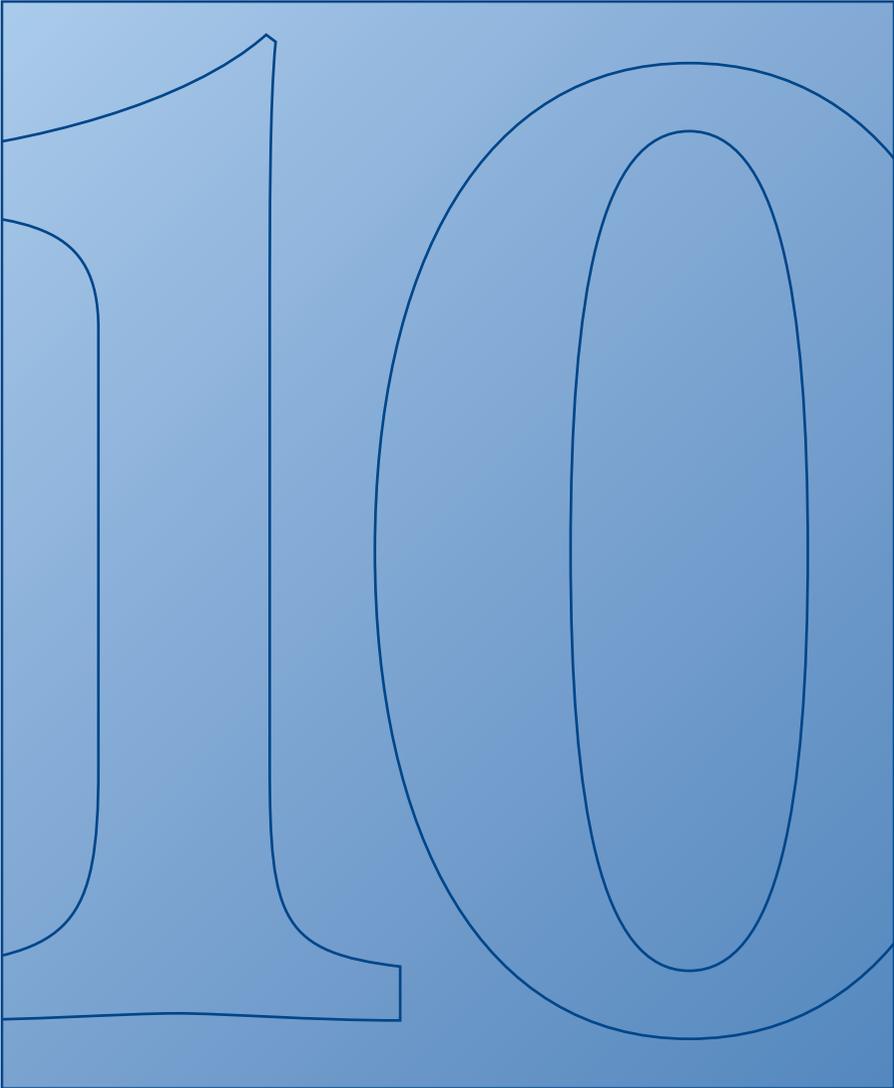


9. Know what your kids are watching, reading, and listening to. Television, radio, movies, music videos, magazines, and the Internet are chock full of material sending the wrong messages. Sex rarely has meaning, unplanned pregnancy seldom happens, and no one who is having sex ever seems to be married or even especially committed to anyone. Is this consistent with your expectations and values? If not, it is important to talk with your children about what the media portray and what you think about it. If certain programs or movies offend you, say so, and explain why. Be media literate— think about what you and your family are watching and reading. Encourage your kids to think critically: ask them what they think about the programs they watch and the music they listen to.

You can always turn the TV off, cancel subscriptions, and place certain movies off limits. You will probably not be able to fully control what your children see and hear, but you can certainly make your views known and control your own home environment.

10. These first nine tips for helping your children avoid teen pregnancy work best when they occur as part of a strong, close relationship with your children, that is built from an early age. Strive for a relationship that is warm in tone, firm in discipline, and rich in communication and one that emphasizes mutual trust and respect. There is no single way to create such relationships, but the following habits of the heart can help:

- » **Express love and affection clearly and often. Hug your children, and tell them how much they mean to you. Praise specific accomplishments, but remember that expressions of warmth and love should be offered freely, not just for a particular achievement.**
- » **Listen carefully to what your children say and pay thoughtful attention to what they do.**
- » **Spend time with your child engaged in activities that suit his age and interests, not just yours. Shared experiences build a “bank account” of affection and trust that forms the basis for future communication with him about specific topics, including sexual behavior.**
- » **Be supportive and be interested in what interests them. Attend her sports events; learn about his hobbies; be enthusiastic about her achievements, even the little ones; ask them questions that show you care and want to know what is going on in their lives.**
- » **Be courteous and respectful to your children and avoid hurtful teasing or ridicule. Don’t compare your teenager with other family members (i.e., why can’t you be like your older sister?). Show that you expect courtesy and respect from them in return.**
- » **Help them to build self-esteem by mastering skills; remember, self-esteem is earned, not given, and one of the best ways to earn it is by *doing* something well.**
- » **Try to have meals together as a family as often as possible, using the time for conversation, not confrontation.**



A final note: it's never too late to improve a relationship with a child or teenager. Don't underestimate the great need that children feel — at all ages — for a warm relationship with their parents and for their parents' guidance, approval, and support.





The National Campaign to Prevent Teen and Unplanned Pregnancy

The National Campaign's goal is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy for reaching this goal is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors.

If we are successful, child and family well-being will improve. There will be less poverty, more opportunities for young men and women to complete their education or achieve other life goals, fewer abortions, and a stronger nation.



10 TIPS for Foster Parents

To Help Their Foster Youth Avoid Teen Pregnancy



WWW.TEENPREGNANCY.ORG



The good news for parents and other caring adults, including foster parents, is that there is much they can do to help influence their children's decisions about sex.

Foster youth say they want to discuss sex, love, and relationships with their foster parents, but some are embarrassed or feel uncomfortable starting the conversation. The same holds true for foster parents. They often don't know what to say, how to say it, or when to start. This guide offers some ideas to help foster parents strengthen their relationships with foster youth. It also offers some ideas on how best to communicate about sex, love, and relationships.

Youth in foster care are at greater risk for early pregnancy than teens in general. One study finds that almost one-third of girls in foster care become pregnant at least once by age 17—almost one-half by age 19.¹ Preventing early pregnancy and parenting is important for a number of reasons. Compared to women who delay childbearing, teen mothers are more likely to drop out of school and to live in poverty. Their children are more likely to experience abuse and neglect, enter the child welfare system, be born at low birth weight or mentally retarded, grow up poor, perform poorly in school, and have insufficient health care. Daughters of teen mothers are more likely to become teen parents. Sons of teen mothers are more likely to be incarcerated.

This brochure provides tips on such topics as the importance of maintaining strong, close relationships with children and teens, setting clear expectations for them, and communicating honestly and often with them. Research supports these common sense lessons: not only are they good ideas generally to promote positive youth development, but they can also help teens delay becoming sexually active, as well as encourage those who are having sex to make more responsible choices and use contraception carefully. ■

1 Blaver, L., Courtney, M. (2006). Foster Care Youth, 28. Washington, DC: National Campaign to Prevent Teen Pregnancy.

TIP # 1

Build a relationship based on trust and compassion.

Some foster youth have had few positive relationships with adults. Many have been moved from home to home, others have experienced abuse and neglect. Let them know early and often that they are welcome in your home, it is safe, and that you care about them. Show them they are important and valued. In other words, do all you can to build a warm, trusting relationship right from the start. Your foster child will feel more comfortable talking to you about a personal topic such as sex, if they feel they can trust you. Understand, too, that a close relationship between caring adults and teens helps young people avoid multiple risky behavior, including early pregnancy and parenthood.

Of special concern: Building strong relationships and talking about sex can be more complex if your foster youth has been sexually abused. They may blame themselves for the abuse. They may have confused feelings about the meaning and purpose of sex. Foster parents, along with a team of case workers and mental health professionals, must work together with the youth to effectively manage anger, teach what is appropriate sexual behavior, and rebuild self esteem and trusting relationships with adults. ■

“Before you have the sex talk, get to know your foster kids better. Don't start talking about it as soon as they enter your house. We (foster youth) build trust with foster parents little by little until we get to the point to where we truly do trust them.” ~ Advice from a foster teen to foster parents

TIP # 2

Talk with your foster children often about sex, and be specific.

Ideally, age-appropriate conversations about relationships and intimacy should begin early in a child's life and continue through adolescence. Even if your foster child enters your house as an older teen, it's never too late to talk to them about sex. All kids need a lot of communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. Resist "the talk" — make it an ongoing conversation. Remember to talk to both your foster daughters and foster sons. Remember too that both foster mothers and foster fathers should be involved in these conversations.

When you start the conversation, make sure that it is honest, open, non-judgmental, and respectful.

Be sure to have a two-way conversation, not a one-way lecture. Ask your teens what *they* think and what they know so you can correct misunderstandings or myths. Ask what worries them. Be a good listener and let your teens talk. Tell them truthfully and confidently what you think and why you think this way. If you're not sure about some issues, tell them that, too.

By the way, research clearly shows that talking with your children about sex does not encourage them to become sexually

"It can't be a one-time conversation, like 'Yeah, I can check that off the list—I had the sex education conversation.' It needs to be an ongoing conversation." ~ Foster father

active. Also keep in mind that your own behavior should match your words. Teens are careful watchers of adults and are very sensitive to hypocrisy.

Don't feel as though you have to "know it all." Teens need help in understanding the meaning of sex, not just how all the body parts work. Tell them about love and sex, and what the difference is. Talk to them about the future and commitment. And remember to talk about the reasons that kids find sex interesting and enticing; discussing only the "downside" of unplanned pregnancy and disease misses many of the issues on teenagers' minds. You will be a better communicator if you are sensitive to your foster youth's culture and religion, as well as their sexual orientation.

Some foster youth have a strong desire to have a child right away. They may seek to create their own family as a source of stable relationships and unconditional love. Have a frank and detailed discussion with your foster teens about how they plan to support a baby through 18 years of life and provide the emotional and financial opportunities they want for their children. Oftentimes, youth do not fully understand the true costs of raising a child. You can help give them a reality check.

Keep your case worker informed about your discussions with your foster youth. He or she can reinforce your messages with the foster youth and support you with any concerns you may have.

Be an askable foster parent. Here are some of the kinds of questions that your foster children may want to discuss:

- How do I know if I'm in love? Will sex bring me closer to my girlfriend/boyfriend?
- How will I know when I'm ready to have sex?
- Will having sex make me popular? How will sex affect my relationships now and in the future?

- How do I tell my boyfriend that I don't want to have sex without losing him or hurting his feelings?
- How do I manage pressure from my girlfriend to have sex?
- How do I deal with pressure from my friends to have sex?
- How does contraception work? Are some methods better than others? Are they safe?
- Can you get pregnant the first time?
- Why should I wait to have a baby?

Be a parent with a point of view. Don't be shy about saying:

- I think sex should be associated with commitment and teens simply aren't ready to commit.
- When you eventually do have sex, always use protection until you are ready to have a child.
- Have a plan. Think in advance about how you'll handle the heat of the moment. Will you say "no"? Will you use contraception? What if your partner wants to have sex but doesn't want to use contraception?
- It's okay to think about sex and feel sexual desire; everybody does. But it doesn't mean you have to act on these feelings now.
- One of the many reasons I'm concerned about drinking and drug use is that they are often linked to bad decisions about sex.
- Having a baby doesn't make you a man. Being strong enough to wait and act responsibly does.
- You don't have to have sex to keep a boyfriend. If sex is the price of a close relationship, then think again about the relationship. ■

TIP # 3

Spend quality time with your foster child.

Teens who are close to their parents/foster parents and feel supported by them are more likely to wait until they are older to begin having sex, have fewer sexual partners, and use contraception more consistently. Simply having a caring parent around can make a real difference.

Family activities such as going out to the movies or outdoor activities can be quite important in a foster child's life. Try to eat and/or cook dinner together as often as possible and use the time for conversation, not confrontation. Something as simple as a car ride can be a perfect time to have meaningful conversations and learn about each other. Be supportive and be interested in what interests them. Attend their sports events; learn about their hobbies; be enthusiastic about their achievements, even the little ones; ask them questions that show you care and want to know what is going on in their lives. ■

"Quality time is the time that child will allow you to have, so make the most of it. It could be an hour or just 10 minutes. Get them to open up and talk to you – build a relationship and friendship with them." ~ Foster mother

TIP # 4

Supervise and monitor your foster children and adolescents.

Do your best to establish rules, curfews, and standards of expected behavior, preferably through open family discussions. This may be difficult since some foster children may try to test your parental limits. Foster youth may contact their birth parents in hopes they will disagree with your rules. However, most foster teens respect guidelines and structure — it shows that you care about them.

If your foster child gets out of school at 3 pm and you don't get home from work until 6 pm, who is responsible for making certain that your foster child is not only safe during those hours, but also involved in positive activities? Where are they when they go out with friends? Are there adults around who are in charge? Supervising and monitoring your foster child's whereabouts doesn't make you a nag; it makes you a caring foster parent. ■

TIP # 5

Know your foster children's friends and their families.

Clearly, friends have a strong influence on each other — both positive and negative. Foster parents should know that there is much they can do to help build on positive peer influence, and help foster teens steer clear of risky friendships. Whenever possible, meet the parents of your foster child's friends so that you can get to know them and try to establish common rules and expectations. It is easier to enforce a curfew that all your foster child's friends share rather than one that makes him or her different — but even if your views don't match those of other parents, hold fast to your convictions. Welcome your foster child's friends into your home and talk to them openly.

Keep in mind that if your foster child has moved around often, she/he may have to make a whole new set of friends. Some foster teens do not want anyone to know they are in foster care and may be reluctant for their foster parents to meet their friends. Don't be discouraged. ■

“I often invite the parents of my foster children's friends over for dinner to get to know the family.” ~ Foster mother

“I drop my foster daughter off at friends' houses and go in and meet the parents.” ~ Foster mother

*“My house is the 'hang out.' I have plenty of food around and games for them to play. At times it's inconvenient, but it works. I know that my foster children are safe and it's an opportunity to get to know their friends too.”
~ Foster mother*

TIP # 6

Know what your foster kids are watching, reading, and listening to.

Today's teenagers spend over 40 hours *each week* consuming media. Television, music, movies, videos, magazines, and the Internet send many messages about sex: Sex often has no meaning or consequences, unplanned pregnancy seldom happens, and few people in the media having sex ever seem to be married or even especially committed to each other. Is this consistent with your expectations and values? If not, it is important to talk with your foster children about what the media portray and what you think about it.

Encourage your kids to think critically: ask them what they think about the programs or movies they watch and the music they listen to. Watch their favorite shows with them and ask whether what they see on TV relates to anything in their lives or their friend's lives. While you cannot fully control what your foster children see and hear, you can certainly make your views known and control the media in your own house. For example, you can put the computer and television in an open space, not in a bedroom, so that they are easier to monitor. ■

"I watch BET; I sit there with them. We watch the rap videos and we talk about movies, religion, their friends—everything. You have got to be able to communicate with them at all costs." ~ Foster father

TIP # 7

Don't forget the boys — Talk to your foster sons and your foster daughters. Avoid the double standard.

The 820,000 teen girls who get pregnant each year don't do it alone. Boys may feel a lot of pressure to have sex to prove something to their friends or to impress a girl. Talk with boys — not just girls — about the emotional and health consequences of sex, responsibility, love, and values. Boys need to know that teen pregnancy has serious consequences for them, too. Some people have said that "a few minutes of pleasure can lead to 18 years of responsibility." Tell them how becoming a parent carries financial consequences and can interfere with achieving their educational and career goals. ■

TIP # 8

**Discourage dating at an early age.
Watch out for age differences in relationships.**

Allowing your foster teens to enter a serious dating relationship much before age 16 can lead to increased risk for getting pregnant. Instead, support group activities. Make your strong feelings about this known early on — that way it won't appear as though you disapprove of a particular person.

In addition, take a strong stand against your foster daughter dating a boy significantly older than she is. Don't allow your foster son to develop an intense relationship with a girl much younger than he is.

Try setting a limit of no more than a two- (or at most three) year age difference. Older guys often seem more mature or even glamorous to a younger girl. The power differences between younger girls and older boys, however, can lead girls into risky situations, including unwanted sex and sex with no protection. Young boys with older girls bring similar risks. ■

“I have a no dating rule for my younger teens. But once they start driving, it's difficult to forbid dating. I talk to my older foster teens about what they want in a relationship and about their definition of dating. I have them bring their boyfriend or girlfriend over to the house so I can meet them. I try to meet the parents too.” ~ Foster mother

“Older men take advantage of you because they think you don't know any better.” – Foster teen

TIP # 9

Encourage your foster child to become involved in positive activities such as sports, arts, community-service, faith-based activities, or other after-school programs.

Getting involved in hobbies, sports, or the arts can help foster youth build confidence and self-esteem by mastering skills. Self-esteem is earned, not given. One of the best ways to earn it is by doing something well. Give them something positive to say “yes” to by providing them with alternatives to engaging in risky behavior. Community service, in particular, not only teaches job skills, but can also put teens in touch with other committed and caring adults. Many religious organizations have positive youth activities. Check out the resources for foster youth in your community such as camps, mentoring programs, and college preparation courses. ■

“My foster parent had me involved in extra-curricular activities. Tap dancing, math classes, after-school programs, etc. And that was good, it took my mind off of the negative things in my life. I didn't have so much free time on my hands to actually think about sex.” ~ Foster teen

TIP # 10

Help your foster teens to have options for the future that are more attractive than early pregnancy and parenthood.

The chances that your foster children will delay sex, pregnancy, and parenthood are significantly increased if they believe they have a successful future ahead of them. This means highlighting their talents, helping them set meaningful goals for the future, talking to them in concrete terms about what it will take to reach their goals, and providing help along the way. Encourage them to take school seriously and graduate high school. Take them to visit college campuses. Teach them to use free time in a constructive way, such as setting aside time to complete homework assignments. Explain how becoming pregnant or causing a pregnancy can get in the way of their plans for the future. Let them know that they will be able to provide their children with a better life than they had growing up if they wait until they finish school, have a good job, and are in a stable, caring relationship. Some foster youth may feel it is impossible to achieve all these things. Regardless, it is still important to encourage them to have aspirations and help them make those aspirations a reality. ■

“If you have already made plans or have goals of what you plan to do with your life, then having a baby is definitely going to delay that.” ~ Foster teen

A final note. Becoming a foster parent can be one of life’s most rewarding and challenging responsibilities. Helping any youth navigate the passage to adulthood, in general, and avoid such problems as pregnancy, violence, drugs, alcohol, smoking, and school failure can be daunting. Remember that you can make a difference. In particular, a close relationship with your foster children can be the best protection of all. It’s never too early or too late to strengthen a relationship with a teenager or to educate them about sex, love, and relationships.

Need more information? The National Campaign to Prevent Teen Pregnancy offers many resources for parents in general on teen pregnancy. These materials include brochures and videos; all of them are low cost and many of them are free to download. Please visit the parent section of our website at www.teenpregnancy.org.

The National Foster Parent Association is a national organization which strives to support foster parents and remains a consistently strong voice on behalf of all children. Their website has links to state foster parent associations. Please visit www.nfpainc.org/.

FosterClub is a national organization with a mission to provide encouragement, motivation, information, education, and benefits for foster youth. Their website features stories from successful former foster youth, contests, and opportunities for youth to send in opinions about their foster care experience, and more. Please visit www.fosterclub.com and www.fyi3.com.

The National Campaign to Prevent Teen Pregnancy would like to thank the Fairfax County Department of Family Services, DC Metropolitan Foster and Adoptive Parents Association, and UCAN (Uhlich Children’s Advantage Network of Chicago) for organizing focus groups with foster parents. We also extend warm appreciation to those individuals who participated in the focus groups—their helpful comments are reflected throughout this publication. We also thank the many reviewers whose suggestions have improved this document. Finally, special thanks to UCAN, who has been a main partner throughout this initiative.

From: Monasterio E, Combs N, Warner L, Larsen-Fleming M, St. Andrews A, (2010). Sexual Health: An Adolescent Provider Toolkit. San Francisco, CA: Adolescent Health Working Group, San Francisco.

Adolescent Sexual Development

STAGE	FACTS	TIPS
<p style="text-align: center;">EARLY ADOLESCENCE</p> <p>Females: 9-13 years Males: 11-15 years</p>	<ul style="list-style-type: none"> ▶ Puberty/Concern with body changes and privacy. ▶ Development of first crush as a milestone to sexual orientation. ▶ Concrete thinking, but beginning to explore new ability to think abstractly. ▶ Sexual fantasies are common. ▶ Masturbation is common. ▶ Movement towards defining sexual identity. ▶ Sexual intercourse is not common. 4.9% of high school females and 13.5% of high school males had first intercourse before the age of 13.¹ 	<ul style="list-style-type: none"> ▶ Begin discussing healthy relationships using examples from friendships or concepts such as, “what are you looking for in a friend?” ▶ Focus on current issues facing the teen instead of future possibilities. Relate decision-making techniques to everyday situations instead of having him/her visualize what may happen in the future. Avoid asking questions framed with “why.” ▶ Use health education materials with lots of pictures and simple explanations. Typically, males are not receiving as much information about puberty and body development as girls at this age. ▶ Focus on issues that most concern this age group (weight gain, acne, physical changes).
<p style="text-align: center;">MIDDLE ADOLESCENCE</p> <p>Females: 13-16 years Males: 15-17 years</p>	<ul style="list-style-type: none"> ▶ Increasing concern with appearance. ▶ Peer influences are very strong in decision making. ▶ Experimentation with relationships and sexual behaviors is common. ▶ Concerned about relationships. ▶ Sexual intercourse is increasingly common. 44% of high school tenth graders and 56% of high school eleventh graders have had sexual intercourse.² ▶ Increased abstract thinking ability. ▶ Full physical maturation is attained. ▶ Dating is common. ▶ Sexual behaviors do not always match sexual orientation. ▶ Often aware of theoretical risk but do not see self as susceptible. 	<ul style="list-style-type: none"> ▶ Listen more and talk less. ▶ Help teens identify the characteristics of a healthy relationship and assess their own relationship quality. ▶ Peer counseling can be effective with this age group. ▶ Focusing on health promotion, prevention and harm reduction is key. ▶ Avoid making assumptions about sexual orientation and behaviors. ▶ Help provide gay and lesbian youth with positive role models and support systems. Assess family response to youth’s sexual orientation. ▶ Be aware youth with disabilities, like their non-disabled peers, may be engaging in sexual behaviors and have questions around their sexual orientation ▶ Reinforce parent-child communication about sexual decision making and forming healthy relationships.
<p style="text-align: center;">LATE ADOLESCENCE</p> <p>Females: 16-21 years Males: 17-21 years</p>	<ul style="list-style-type: none"> ▶ Firmer and more cohesive sense of identity. ▶ Attainment of abstract thinking. ▶ Ability to establish mutually respectful/trusting relationships. ▶ Firmer sense of sexual identity. ▶ Concern for the future. ▶ Feelings of love and passion. ▶ Increased capacity for tender and sensual love. 	<ul style="list-style-type: none"> ▶ More abstract reasoning allows for more traditional counseling approaches. ▶ Acknowledge and support healthy relationships or the choice to not be in a relationship.

¹Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance-US 2007. *Morbidity and Mortality Weekly Report*. 2008; 55(SS-4).

²Ibid.



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

September 30, 2016

ALL COUNTY LETTER NO. 16-82

TO: ALL COUNTY CHILD WELFARE DIRECTORS
 ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
 ALL CHIEF PROBATION OFFICERS
 ALL FOSTER FAMILY AGENCY DIRECTORS
 ALL GROUP HOME DIRECTORS
 ALL TITLE IV-E AGREEMENT TRIBES
 ALL ADOPTION REGIONAL AND FIELD OFFICES
 ALL JUDICIAL COUNCIL STAFF

SUBJECT: REPRODUCTIVE AND SEXUAL HEALTH CARE AND RELATED RIGHTS FOR YOUTH AND NON-MINOR DEPENDENTS (NMD) IN FOSTER CARE

REFERENCE: SENATE BILL [528](#) (CHAPTER 338, STATUTES OF 2013); WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS [369](#), [16001.9](#), [16002.5](#) AND [16521.5](#) ; ALL COUNTY LETTERS (ACL) [02-54](#), [08-51](#) AND [14-38](#); ALL COUNTY INFORMATION NOTICE [1-60-15](#)

The purpose of this ACL is to provide county child welfare agencies, probation departments and other relevant parties with information and guidance related to legislative changes and existing law on the reproductive and sexual health care and related rights of youth and Non-Minor Dependents (NMDs) in foster care. Unless otherwise noted, references to foster youth in this ACL include NMDs, as well as wards who are the subject of a petition filed pursuant to the W&IC section 602.

Background

Researchers at the Chapin Hall, University of Chicago, interviewed approximately 2,500 current and former foster youth who had resided in 51 of California’s 58 counties. This research, reported in the *California Youth Transitions to Adulthood (Cal YOUTH)*, found that approximately 27 percent of young women and 10 percent of young men reported

having a child by the age of 19. According to the study, 49.3 percent of female youth had experienced a pregnancy by 20 years-of-age. When female youth were asked about their desire to become pregnant, about one-third reported they definitely did not want to have a baby and more than one-quarter said they did not want to become pregnant at that time. In a 2013 publication entitled "*California's Most Vulnerable Parents: When Maltreated Children Have Children*," it was reported that more than a third of California young women who grew up in foster care were mothers by age 21.

Reproductive and Sexual Health Care and Related Rights for Youth and NMDs in Foster Care

Youth and NMDs in foster care are entitled to certain reproductive and sexual health care rights. It is important that foster youth and the parties who serve these youth, such as county social workers, probation officers, Court Appointed Special Advocates, foster family agency and group home staff, caregivers and other service providers are aware of these rights and respect the youth's exercise of their rights.

County social workers and probation officers shall inform foster youth in a manner appropriate to the age or developmental level of the youth of their rights, including their reproductive and sexual health care rights, upon entry into foster care and at least once every six months at the time of a regularly scheduled placement agency contact.¹ County social workers and probation officers shall provide youth and NMDs with access to age-appropriate, medically accurate information about sexual development, reproductive and sexual health care, the prevention of unplanned pregnancies, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections (STIs).² Care providers, such as foster parents and group home providers, in consultation with the county social worker or probation officer, shall be responsible for ensuring that adolescents including NMDs, who remain in long-term foster care, receive age-appropriate, medically accurate, culturally sensitive pregnancy prevention information.³

The following is a list of certain reproductive and sexual health care and related rights that foster youth have and are entitled to have respected, which are within the oversight and enforcement authority of the California Department of Social Services, as well as citations to various laws that pertain to these rights:

1. The right to receive medical services, including reproductive and sexual health care.⁴

¹ W&IC section 16501.1, subdivision (g)(4).

² W&IC sections 369(h) and 16001.9, subdivision (a)(27).

³ W&IC section 16521.5, subdivision (a).

⁴ W&IC section 16001.9, subdivision (a)(4).

2. The right to consent to or decline medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer, court, or authorized representative) for:⁵
 - a) The prevention or treatment of pregnancy, including contraception, at any age⁶, (except sterilization).⁷
 - b) An abortion, at any age.⁸
 - c) Diagnosis and treatment of sexual assault, at any age.⁹
 - d) The prevention, diagnosis, and treatment of STIs, at age 12 or older.¹⁰

If the foster youth has the right to personally consent to medical services, such services shall be provided confidentially and maintained as confidential between the provider and foster youth to the extent required by the Health Insurance Portability and Accountability Act and the California Confidentiality of Medical Information Act,¹¹ unless disclosed through written consent of the foster youth or through a court order. When a youth has the right to consent, there shall be privacy for examination or treatment by a medical provider, unless the youth specifically requests otherwise.¹²

3. The right to have access to age-appropriate, medically accurate information about reproductive and sexual health care, the prevention of unplanned pregnancy including abstinence and contraception, abortion care, pregnancy services, and the prevention, diagnosis, and treatment of STIs, including but not limited to the availability of the Human Papillomavirus (HPV) vaccination.¹³
4. The right to be provided transportation to reproductive and sexual health-related services.¹⁴

Many reproductive health services are time-sensitive (e.g. emergency contraception, abortion); therefore, transportation must be provided in a timely manner in order to meet the requirement.

5. The right to obtain, possess and use the contraception of his or her choice, including condoms.¹⁵

⁵ W&IC section 369, subdivision. (h). The NMDs have the medical consent rights of other adults, W&IC section 303, subdivision (d).

⁶ Family Code section 6925.

⁷ Family Code section 6925, subdivision (b)(1).

⁸ Family Code section 6925; The right to consent to an abortion at any age was established by the California Supreme Court in *American Academy of Pediatrics v. Lungren* (1997) 16 Cal.4th 307.

⁹ Family Code section 6928, subdivision (b).

¹⁰ Family Code section 6926, subdivision (b).

¹¹ Public Law 104-191, Civil Code section 56 et seq., See, Health & Safety Code, sections 123110 and 123115.

¹² Id.

¹³ W&IC sections 16001.9, subdivision (a)(27) and 369, subdivision (h).

¹⁴ W&IC section 16001.9, subdivision (a)(4); Title 22 California Code of Regulations (CCR) sections 8075, subdivision (a) and 89374, subdivision (c)(1).

6. The right to have private storage space and to be free from unreasonable searches of his or her personal belongings.¹⁶ Contraception cannot be taken away as part of a group home discipline program or for religious beliefs, personal biases and judgments of another person.¹⁷
7. The right to choose his or her own health care provider, if payment for the health service is authorized under applicable Medicaid law.¹⁸
8. The right to fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status.¹⁹
9. The right to independently contact state agencies, including the Community Care Licensing Division of the California Department of Social Services and the state Foster Care Ombudsperson, regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.²⁰
10. Depending on the type of licensed home or facility and age of the foster youth, personal rights are to be posted and/or explained in an age or developmentally appropriate manner, and provided to the foster youth.²¹

For questions regarding the content of this letter, please contact the Placement Services and Support Unit at (916) 657-1858 or via email at SexualDevWorkgroup@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

¹⁵ Family Code section 6925 and W&IC section 369, subdivision. (h).

¹⁶ W&IC section 16001.9, subdivision (a)(18) and subdivision (a)(21).

¹⁷ Title 22 CCR section 84072, subdivision (c)(9).

¹⁸ 42 United States Code sections 1396a, subdivision (23)(B) and 1396n, subdivision (b).

¹⁹ W&IC section 16001.9, subdivision (a)(23).

²⁰ W&IC section 16001.9, subdivision (a)(8).

²¹ W&IC section 16001.9 and Title 22 CCR sections 83072, 84072, 86072 and 89372.



CDSS

WILL LIGHTBOURNE
DIRECTOR

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EDMUND G. BROWN JR.
GOVERNOR

June 20, 2018

ALL COUNTY LETTER NO. 18-61

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL FOSTER CARE MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL TRANSITIONAL HOUSING COORDINATORS

SUBJECT: NEW MANDATES REGARDING CASE PLAN DOCUMENTATION AND
TRAINING RELATED TO REPRODUCTIVE AND SEXUAL HEALTH
CARE NEEDS AND RIGHTS OF FOSTER YOUTH

REFERENCE: SENATE BILL (SB) [89](#) (CHAPTER 24, STATUTES OF 2017);
WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS [16501.1](#)
AND [16521.5](#); ALL COUNTY LETTERS (ACL) [16-88](#) AND [16-82](#)

PURPOSE

The purpose of this ACL is to provide county child welfare agencies and other relevant parties with information regarding the passage of SB 89 (Chapter 24, Statutes of 2017). The SB 89 resulted in three new requirements for child welfare agencies and others serving foster youth, related to the reproductive and sexual health care of foster youth. These new requirements were effective June 27, 2017.

Firstly, case management workers (i.e., county social workers and probation officers) have new documentation requirements for foster youth aged ten years or older and Non-Minor Dependents (NMDs). Secondly, the California Department of Social Services (CDSS) must develop a curriculum containing information and guidance about pregnancy prevention and reproductive and sexual health for foster youth and NMDs. And lastly, county child welfare workers, juvenile court judges, resource families, foster parents, group home administrators, and Short-Term Residential Therapeutic Program

(STRTP) administrators have new training requirements related to reproductive and sexual health care needs and rights of foster youth.

BACKGROUND

The CDSS convened the Healthy Sexual Development (HSD) workgroup in February 2016 to address the concerns of pregnancy prevention and reproductive and sexual health care for youth and NMDs in foster care. The initial accomplishments of this workgroup included developing several documents: “California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care,” which was released via ACL [16-88](#); “Reproductive and Sexual Health Care and Related Rights For Youth and Non-Minor Dependents in Foster Care”, released via ACL [16-82](#); a [youth friendly brochure](#) explaining the sexual and reproductive health rights and online resources; and the “[Guide for Case Managers](#)” document that expands on the roles and responsibilities of case management workers, as described in the Plan. These materials developed by the CDSS, in collaboration with the HSD workgroup, may be viewed and downloaded from the [Healthy Sexual Development Project webpage](#).

In response to the passage of SB 89, the CDSS has reconvened the HSD Workgroup to inform the work involved in implementing the three new requirements regarding foster youth and their reproductive and sexual health.

I. Annual Case Plan Review and Documentation

The passage of SB 89 requires new information to be documented annually in the case plan for foster youth, ages ten or up, and for NMDs. These new requirements can be found by viewing the newly added subdivisions (g)(20) and (21) of W&IC section 16501.1.

Subdivision (g)(20) was added to section 16501.1 of the W&IC to require case management workers to review case plans of foster youth annually, and update them as necessary, to document that a youth has received comprehensive sexual health education which meets the requirements established in the California Healthy Youth Act (CHYA) ([Education Code sections 51930-51939](#)).

Specifically, case management workers are now required to document in the case plan the following:

- A. For a youth in middle school or junior high, either that the youth has already received this instruction, OR how the county agency will ensure that the youth receives the instruction at least once during middle school or junior high.

- B. For a youth or NMD in high school, either that the youth or NMD has already received this instruction during high school, OR how the county will ensure that the youth or NMD will receive the instruction at least once during high school.

In order to verify that a foster youth/NMD has received or will receive instruction within the necessary timeframe, it is recommended that the case management worker communicate with an official working at the youth/NMD's school. This will allow the case management worker to determine if the youth/NMD will be able to meet this requirement through school attendance, or if the case management worker will need to arrange an alternative way for the youth/NMD to receive the instruction. The [California Department of Education](#) (CDE) website provides information about comprehensive sexual health education, including the curriculum requirements and a list of Frequently Asked Questions.

Although W&IC section 16501.1, subdivision (g)(20) does not dictate a specific year of middle school, junior high, or high school in which the curriculum must be delivered, it is recommended that case management workers connect a youth/NMD to comprehensive sexual health education as early as possible so that if it is determined that a youth/NMD will not receive this education through school attendance, there is sufficient time for the youth/NMD to receive it by some other means, prior to completing middle school, junior high, or high school.

Additionally, subdivision (g)(21) was added to section 16501.1 of the W&IC to require that, for a foster youth, ten years of age or older, or for an NMD, case management workers annually update the case plan to indicate that the case management worker has done all of the following:

- A. Informed the youth or NMD that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections,
- B. Informed the youth or NMD, in a developmentally and age appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights regarding those services; and
- C. Informed the youth or NMD how to access reproductive and sexual health care services and facilitated access to that care, including by assisting with any identified barriers to care, as needed.

As described in the [Manual of Policies and Procedures Sections 31-210 and 31-230](#), case management workers are required to explain the purpose and content of the case

plan including case plan updates to the parent(s)/guardian(s) of minors placed in foster care. When the case management worker explains the content of the case plan to the parent(s)/guardian(s) of a minor aged ten or older, included in that discussion shall be information about the newly required items in the case plan resulting from the passage of SB 89; that the minor must receive comprehensive sexual health education (once during junior high and once during high school in accordance with the requirements of the CHYA) and that the case management worker has informed the minor of their sexual and reproductive health rights. If the parent(s)/guardian(s) is/are unwilling to sign the case plan document, the case management worker shall document the reason(s) for refusal to sign, but will still provide the case management services to the minor, including the new sexual and reproductive health components of the case plan.

Instructions for Documenting SB 89 Requirements in the Case Plan

The passage of SB 89 requires that county case management workers document these new activities in the case plan, including case plan updates, for a youth in foster care, ten years old or older, or a NMD. At this time, there are no existing fields in the Child Welfare Services/Case Management System (CWS/CMS) for this purpose. However, the CDSS is providing interim step-by-step instructions in Attachment A for documenting these activities on CWS/CMS, until new fields are created.

The CDSS is aware that probation departments across the state use at least twelve different data systems for monitoring probation cases. Probation officers will need to meet the new mandates for case plans for their minors and NMDs placed in foster care, however they will need to determine at the local level how the new requirements of SB 89 may best be met within the particular system used by their department. Due to the number of different systems used by probation departments, it is not feasible for CDSS to provide step-by-step instructions for data entry.

In addition to documenting these required activities in the case plan, the case management worker should document in the case record any contact with the youth or on behalf of the youth about sexual and reproductive health topics, and any actions the case management worker took to provide the youth/NMD with information, resources, and assistance to remove any barriers the youth/NMD may have in receiving sexual and reproductive health care. Information about collateral contacts made on the youth's behalf or assistance provided to a youth in facilitating their access to reproductive health care and services does not belong in the case plan document due to the protected and sensitive nature of this information.

Note: For instructions on entering pregnancy-related information in CWS/CMS and the practice of capturing this information as either an observed condition or a diagnosed condition, please refer to [ACL 16-32](#).

II. The CDSS to Develop a Curriculum

The SB 89 requires the CDSS to develop a statewide curriculum in addition to, and consistent with, “California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care” and curricula guidelines and educational materials developed by the HSD workgroup. The CDSS is also required to develop an HSD curriculum that will cover the following topics:

- (1) The rights of youth and NMDs related to sexual and reproductive health care and information, confidentiality of sensitive health information, and the reasonable and prudent parent standard.
- (2) How to document sensitive health information, including, but not limited to, sexual and reproductive health issues, in the case plan.
- (3) The duties and responsibilities of the assigned case management worker and the foster care provider in ensuring that youth and NMDs in foster care can obtain sexual and reproductive health services and information.
- (4) Guidance about how to engage and talk with youth and NMDs about healthy sexual development and reproductive and sexual health in a manner that is medically accurate, developmentally and age-appropriate, trauma-informed, and strengths-based.
- (5) Information about current contraception methods and how to select and provide appropriate referral resources and materials for information and service delivery.

The CDSS is currently in the process of gathering materials for the curriculum and investigating what trainings on this topic already exist. Once the new CDSS curriculum is developed, it will likely be rolled out in several different modalities so that interested parties can readily access it. This may consist of in-person trainings throughout the state and/or an E-learning training that may be accessed free of charge. Additionally, as previously stated, the CDSS has reconvened the HSD workgroup to strategize on curriculum development and other next steps related to the passage of SB 89.

III. New Training Requirement for Professionals and Caregivers

With the passage of SB 89, there are new requirements that county case management workers, group home and STRTP administrators, resource families, and juvenile court judges, commissioners, and referees receive training on the reproductive rights and sexual health care issues of youth in foster care.

Judges, commissioners, and referees are required to receive training that contains the same material that will be provided in the CDSS curriculum described in section II of this letter. These individuals will meet their new training requirement through training provided by the Judicial Council.

County case management workers are required to receive training that contains the same material that will be provided by the CDSS' curriculum described in section II of this letter. These individuals may meet the new requirement by participating in the training being developed by the CDSS, or they may fulfill the training requirement through another training provider, such as the county training provider. Counties are instructed to include the training requirements of SB 89 into existing training curricula or newly developed training modules.

Group home administrators, STRTP administrators, and resource families are required to receive training that contains the same material that will be provided in the CDSS curriculum described in section II of this letter. These individuals may meet the new requirement by participating in the training being developed by CDSS or they may fulfill the training requirement through another training provider, such as a county training provider or other local training agency. Counties are responsible for ensuring that all resource family applicants receive this training and that the training complies with SB 89 requirements.

Licensed or certified foster parents are required to receive eight hours of training each year on one or more topics of their choosing. Instruction on reproductive and sexual health of foster youth will now be among the training topics available to licensed or certified foster parents as part of their annual training requirements.

Conclusion

The CDSS recognizes that having conversations with youth about their reproductive and sexual health care and related rights can sometimes be awkward or uncomfortable. This subject is a required element of the required training for case management workers, caregivers, administrators, and judges. In the meantime, the [Guidelines for Case management workers](#) document provides some helpful tips and suggestions to case management workers and other adults, for building rapport with foster youth and on how to make reproductive and sexual health conversations more natural and successful. It also provides links to online resources for case management workers as well as youth. Additionally, ACL [16-82](#) describes the reproductive and sexual health care and related rights for youth and NMDs in foster care.

To further assist case management workers and others working with youth and NMDs in foster care, attached for reference is a "Healthy Sexual Development and Pregnancy

All County Letter No. 18-61
Page Seven

Prevention Online Resources and Crisis Hotline” page (Attachment B) that provides resources and other helpful materials related to the healthy sexual development of foster youth and NMDs. These resources may be used by youth, NMDs, caregivers, case management workers, and other adults and professionals serving youth in care.

Counties needing additional assistance with CWS/CMS should contact their System Support Consultant at the Office of Systems Integration. For questions or concerns regarding the implementation of SB 89, please contact the Placement Services and Support Unit, at (916) 657-1858, or via email, at SexualDevWorkgroup@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments

Attachment A

There are two types of new information that must be entered into the case plan for youth in foster care, ages 10 or older and Non-Minor Dependents (NMDs):

1. information regarding a youth/NMD's receipt of Comprehensive Sexual Health Education (CSHE), and
2. information regarding the youth/NMD being informed of their sexual and reproductive health rights and services.

County child welfare agencies must document these new requirements in the Case Plan Notebook in the Child Welfare Services/Case Management System (CWS/CMS) application. For further information about these requirements, please read the body of the letter that this attachment pertains to.

A. Documenting Comprehensive Sexual Health Education (CSHE)

In order for the case management worker to document that they have verified that either the youth or NMD has or has not received CSHE, it must be entered as a "Service Objective" or as a "Planned Client Service," whichever is appropriate for the youth or NMD.

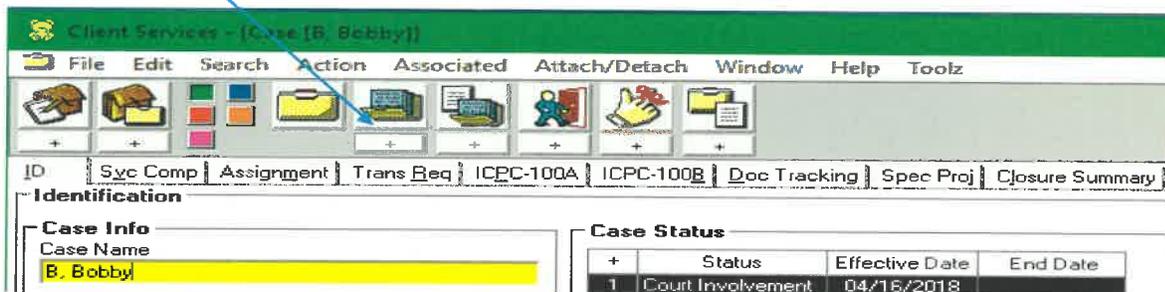
Entering CSHE as a Service Objective: When the youth has already received CSHE, the case management worker will enter this as a "Service Objective." Once entered, this service objective will appear on the Case Plan document indicating the youth/NMD's receipt of CSHE during the respective grade level, and no further client responsibility is required to meet this annual requirement.

When updating the case plan, the case management worker should choose this Service Objective from the previous case plan and copy into the updated case plan document. This will ensure documentation of the youth or NMD's receipt of CSHE is copied into the updated case plan document until the youth is required to receive CSHE again according to the requirements of the California Healthy Youth Act.

Below are the steps to enter CSHE as a Service Objective:

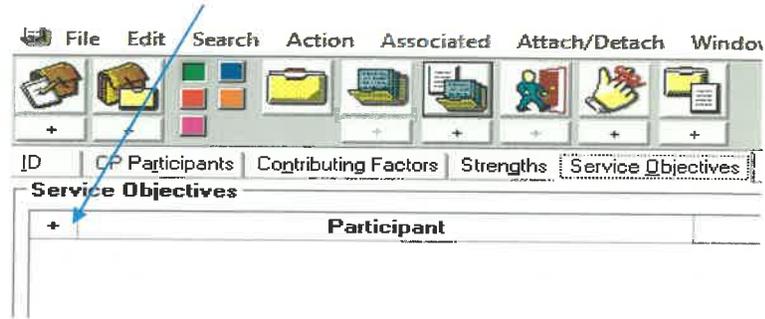
In the Client Services page,

1. Click "+" to "Create New Case Plan."

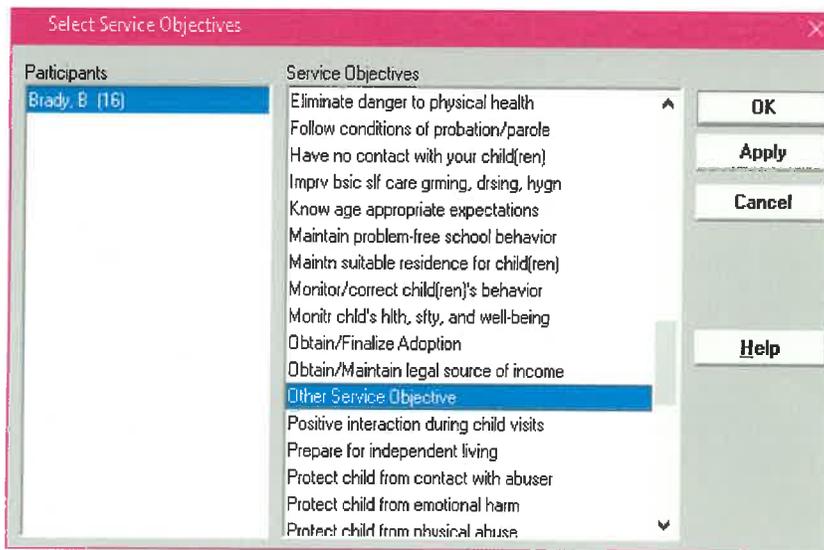


2. Select the new case plan participants and the start date for the case plan.
3. Click "OK"
4. Complete the Case Plan Participants page as needed.

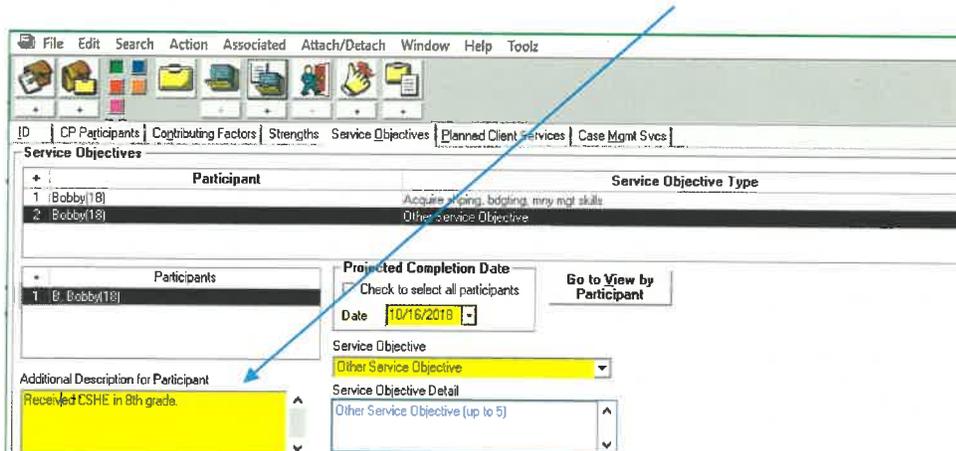
5. Next, select the “Services Objectives” tab.
6. In the Service Objectives grid, click “+” to bring up the dialog box to create a new service objective.



7. Select the youth or NMD from the participant list.
8. From the “Service Objectives” drop down menu, select “Other Service Objective”



9. Click “OK”
10. The case management worker will complete the “Additional Description for Participant” box, by entering, “Received CSHE in [X] grade,” with “X” being the grade level during which the youth or NMD received CSHE, for example, 7, 8, 9, 10, etc.



Entering CSHE as a Planned Client Service: When a case management worker determines that a youth has not yet received CSHE, the case management worker will enter this information under the “Planned Client Services” tab. This will document the participant’s responsibility to receive CSHE at least once during middle school or high school, depending on the participant’s grade level. This will result in the item appearing on the case plan document in the “Client Responsibilities” section.

In the Case Plan Notebook, in the “Planned Client Services” tab,

1. Click the “+” to bring up the dialog box.
2. Select the participant from the participant list.
3. Under the “Category” drop down menu, select Education Services.
4. Under the “Type” drop down menu, select “Other.”
5. Click “OK.”

Select Planned Client Services Participants

If participants have different descriptions or schedules, please select them separately.

Participants

- Brady, B (16)

Category

Education Services

Type

- Other
- Parenting Education Program
- Special Education
- Teaching And Demo Homemakers
- Temporary Caretakers
- Tutoring

Wraparound Core Service

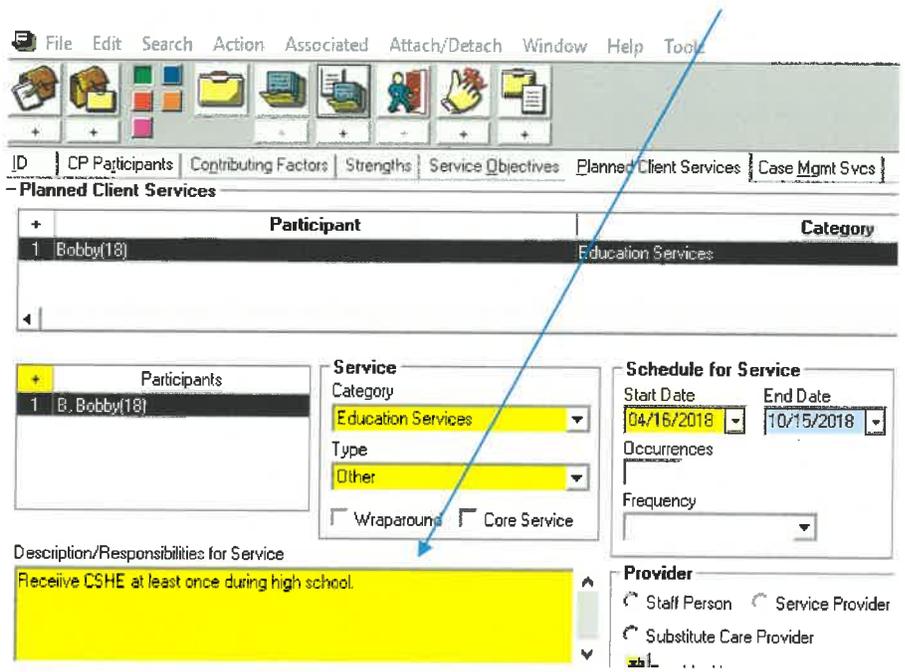
Provider

Staff Person Service Provider Collateral

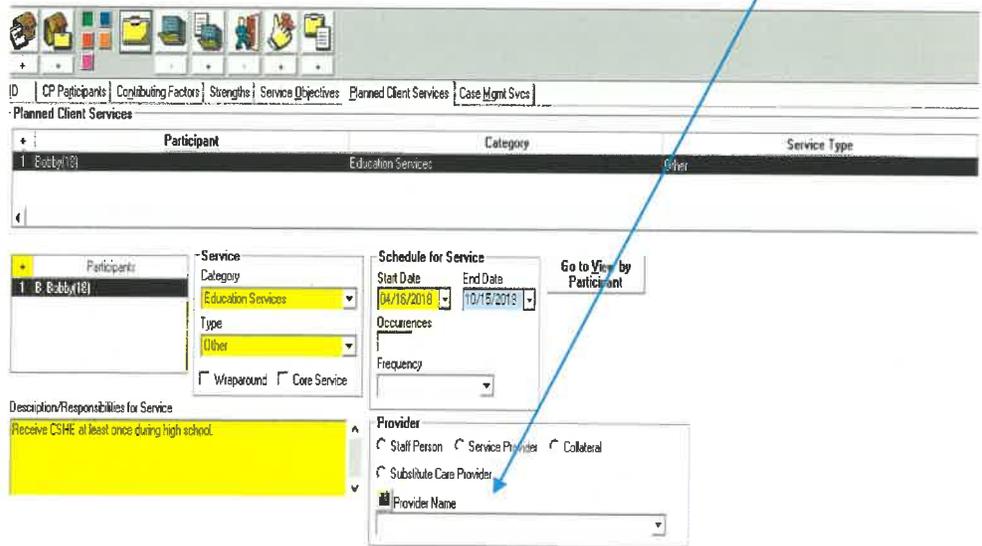
Substitute Care Provider

OK
Apply
Cancel
Help

6. In the “Description/Responsibilities for Service” box, enter one of the following, depending on the participant’s grade level:
 - a. Receive CSHE at least once during middle school.
 - b. Receive CSHE at least once during high school.



7. In the “Provider” box, the case management worker shall conduct a search from the Provider Name drop down list and select the name of the service provider that will provide CSHE to the youth or NMD. This is the name of the middle or high school or alternative source that will provide the youth/NMD with CSHE. The case management worker may need to enter a new Service Provider if it does not already exist in the database.



8. Next be sure to “save to the database.”

B. Documenting that the Youth/NMD has been informed of Sexual and Reproductive Health Rights and Services

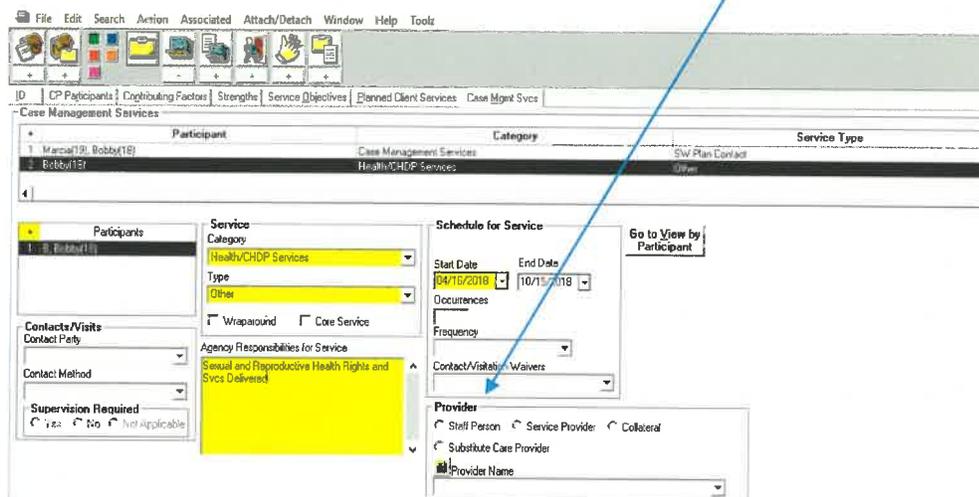
Due to the addition of Subdivision (g)(21) to Section 16501.1 of the W&IC, case management workers must update the youth/NMD's case plan annually, or more frequently as needed, to indicate that they have informed the youth/NMD of certain information related to their sexual and reproductive health rights and services.

Entering "Sexual and Reproductive Health Rights and Services Delivered" as a "Case Management Service": Using the Case Management Services tab (labeled as "Case Mgmt Svcs"), "Sexual and Reproductive Health Rights and Services Delivered" will be documented on the Case Plan document in the section, "Agency Responsibilities." This documents the agency's responsibility to provide the youth/NMD with information about their sexual and reproductive health rights, including the case management worker's facilitation in assisting the youth or NMD to access care or removing any identified barriers to receive care, as needed.

1. From the Case Management Section (Green Square), select the "Case Mgmt Svcs" tab.
2. Click "+" to bring up the dialog box.



- a. Select the youth or NMD from the participant list.
- b. Under the Category drop down, select Health/CHDP Services.
- c. Under the Type drop down, select Other.
- d. Click "OK."
- e. In the "Agency Responsibilities for Service" box, enter "Sexual and Reproductive Health Rights and Svcs Delivered."
- f. In the "Provider" box, select "Staff Person."



4. Lastly, remember to "save to the database."

Note: In addition to annually documenting the above sexual and reproductive health information in the case plan, corresponding contacts with the youth or NMD and any actions in assisting the youth or NMD in facilitating or accessing sexual and reproductive health care should be documented as a social worker contact in the case record.

ATTACHMENT B

HEALTHY SEXUAL DEVELOPMENT AND PREGNANCY PREVENTION ONLINE RESOURCES AND CRISIS HOTLINES

Note: The suggested internet resources are for general information purposes only. Unless otherwise noted, the California Department of Social Services bears no responsibility for accuracy, legality, or content of the external websites.

Children, Youth, and Non-Minor Dependents in Foster Care

Resources about birth control, sexuality, and other relationship topics

StayTeen.org	http://stayteen.org/
TeenSource.org	http://www.teensource.org/
Bedsider.org	http://bedsider.org/
Loveisrespect.org	http://www.loveisrespect.org/
Glaad.org	www.glaad.org/transgender/resources
CentersforDiseaseControl.gov	http://www.cdc.gov/lgbthealth/youth-resources.htm
Powertodecide.org	https://powertodecide.org/sexual-health/your-sexual-health/articles-about-sexual-health
PlannedParenthood.org	http://www.plannedparenthood.org/learn/birth-control
Essentialaccess.org	http://www.cfhc.org/programs-and-services/clinic-map

["Know Your Sexual and Reproductive Health Rights"](http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf) Youth brochure
<http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf>

[Healthy Sexual Development Project Website](http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project)
<http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>

[Foster Youth Wellness Website](http://www.cdss.ca.gov/inforesources/Foster-Youth-Wellness-Project)
<http://www.cdss.ca.gov/inforesources/Foster-Youth-Wellness-Project>

Caregivers, Social Workers, and Probation Officers

Communication Tips & Tools for Adults

Plannedparenthood.org	https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality
Courts.ca.gov	http://www.courts.ca.gov/documents/BTB24-2J-9.pdf
CentersforDisease.gov	https://www.cdc.gov/HealthyYouth/index.htm
PositivePreventionPlus.com	http://www.positivepreventionplus.com/
PlannedParenthood.org	https://www.plannedparenthood.org/learn/parents/resources-for-parents
Talkwithyourkids.org	https://www.TalkWithYourKids.org/
Etr.org	https://www.etr.org/
FamilyPact.org	http://www.familypact.org

ATTACHMENT B

[Healthy Sexual Development Project Website](http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project)

<http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>

Additional Resources

[California Department of Education Comprehensive Sexual Health & HIV Instruction](https://www.cde.ca.gov/ls/he/se/)

<https://www.cde.ca.gov/ls/he/se/>

[Confidential Medical Release: FAQs](http://teenhealthlaw.org/wp-content/uploads/2016/01/FAQ-confidentialMedicalRelease-11-2015.pdf)

<http://teenhealthlaw.org/wp-content/uploads/2016/01/FAQ-confidentialMedicalRelease-11-2015.pdf>

[When Sexual Intercourse with a Minor Must Be Reported as Child Abuse](http://teenhealthlaw.org/wp-content/uploads/2017/07/Cal-sexual-abuse-reporting-allrptrs-6-17.pdf)

<http://teenhealthlaw.org/wp-content/uploads/2017/07/Cal-sexual-abuse-reporting-allrptrs-6-17.pdf>

[Consent to Treatment for Foster Youth](http://teenhealthlaw.org/wp-content/uploads/2015/11/dep-Custody-consent-chart5-5-16.pdf)

<http://teenhealthlaw.org/wp-content/uploads/2015/11/dep-Custody-consent-chart5-5-16.pdf>

[California Department of Public Health \(CDPH\) Adolescent Sexual Health & Pregnancy Prevention](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-IE.pdf)

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-IE.pdf>

[CDPH California Personal Responsibility Education Program](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-PREP.pdf)

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-PREP.pdf>

[CDPH Sexual Health Educator Training Program](http://californiaptc.com/sexual-health-educator-training-program/)

<http://californiaptc.com/sexual-health-educator-training-program/>

CRISIS HOTLINES

California Youth Crisis Line: **1-800-843-5200**
Your Life Your Voice: **1-800-448-3000**
Crisis Text Line: **Send text to 741 741**
Rape, Abuse & Incest Network: **1-800-656-4673**
(AKA National Sexual Assault Hotline)

Questions or concerns about foster youth rights or related foster care issues:

[California Office of the Foster Care Ombudsperson](http://www.fosteryouthhelp.ca.gov)

<http://www.fosteryouthhelp.ca.gov>
1-877-846-1602 (toll-free helpline)
fosteryouthhelp@dss.ca.gov (email)



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

October 12, 2016

ALL COUNTY LETTER NO. 16-88

TO: ALL COUNTY CHILD WELFARE DIRECTORS
 ALL COUNTY CHILD WELFARE PROGRAM DIRECTORS
 ALL CHIEF PROBATION OFFICERS
 ALL FOSTER FAMILY AGENCY DIRECTORS
 ALL GROUP HOME DIRECTORS
 ALL TITLE IV-E AGREEMENT TRIBES
 ALL ADOPTION REGIONAL AND FIELD OFFICES
 ALL JUDICIAL COUNCIL STAFF

SUBJECT: CALIFORNIA'S PLAN FOR THE PREVENTION OF UNINTENDED PREGNANCY FOR YOUTH AND NON-MINOR DEPENDENTS (NMDs) IN FOSTER CARE

REFERENCE: WELFARE AND INSTITUTIONS CODE (W&IC) SECTION [16521.5](#)

The purpose of this All County Letter is to share "*California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents*" document with county welfare departments, county probation departments, foster family agencies and group home directors. This plan was developed by the Healthy Sexual Development Workgroup. The group's goals included development of a statewide pregnancy prevention plan for youth and NMDs placed in foster care in California, and developing best practices for addressing healthy sexual development through the [reasonable and prudent parent standard](#).

Pursuant to W&IC section 16521.5, the California Department of Social Services (CDSS) convened the Healthy Sexual Development Workgroup in February 2016. The workgroup included stakeholders representing the following state agencies and external organizations: the CDSS, California Department of Health Care Services, Child Welfare Directors Association, Chief Probation Officers of California, Foster Care Public Health Nurses, California Planned Parenthood Education Fund, Planned Parenthood Mar Monte, National Center for Youth Law, Children's Law Center of California, John Burton Foundation, Child Welfare Council, Children Now, California Youth Connection, Independent Living Program

coordinators from various counties, administrators of multiple foster family agencies and group homes, foster parents and former foster youth.

Background

Research has shown that teens in foster care are at an increased risk for unplanned pregnancy and sexually transmitted infections. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, teen girls in foster care are two and a half times more likely than their peers not in foster care to get pregnant by age 19.¹ Approximately half of 21 year-old men exiting foster care reported they had gotten someone pregnant, compared to 19 percent of their same-aged peers who were not in the child welfare system.² This research suggests that a concerted effort is necessary to address the problem of unplanned pregnancy among California's male and female foster youth and NMDs.

California's Plan for the Prevention of Unintended Pregnancy for Youth and NMDs

California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents (see Attachment A) is intended to provide all categories of foster caregivers, group home providers, county social workers, probation officers, and other relevant parties with suggested strategies that will assist parties to address, communicate, and act upon the sexual health needs of youth and NMDs. The plan also provides the required and recommended guidelines to describe the duties and responsibilities of foster care providers, county social workers and probation officers in delivering unintended pregnancy prevention services and information. The plan seeks to provide county agencies with a framework to develop and deliver pregnancy prevention curricula, policies, and education materials.

County agencies lacking policies and procedures in providing guidelines regarding the reproductive and sexual health of youth and NMDs are encouraged to develop or adopt the state's prevention plan. For county agencies that currently have said policies and procedures in place, these counties are instructed to include the guidelines developed in the state's prevention plan into their existing policies and procedures. County agencies are encouraged, whenever possible, to use culturally inclusive, trauma informed and evidenced based practices in all aspects of providing education and training surrounding pregnancy prevention, sexual health, and other intervention strategies.

¹ Why it Matters: Teen Childbearing and Child Welfare. Washington, DC. The National Campaign to Prevent Teen and Unplanned Pregnancy. <https://thenationalcampaign.org/resource/why-it-matters-teen-childbearing-and-child-welfare>

² Policy Brief: Preventing Pregnancy Among Youth in Foster Care. Washington, DC. The National Campaign to Prevent Teen and Unplanned Pregnancy. www.thenationalcampaign.org

All County Letter No. 16-88
Page Three

For questions regarding the content of this letter, please contact the Placement Services and Support Unit at (916) 657-1858 or via email at SexualDevWorkgroup@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

California Sexual and Reproductive Health Care Programs

California has a network of laws, programs, and services designed to meet the sexual health care needs of adolescents. **These include:**

Mandatory comprehensive sexual health education in public middle and high schools

Consent rights that allow adolescents who need it to confidentially access care

A network of clinics that provide **sexual health services** to address adolescent needs

Public funding streams for sexual health services to ensure free access

Trustworthy information for teens and adult caregivers



In California, the availability of three different public funding programs means that **a full range of sexual and reproductive health services is available to adolescents at no cost.**

Medi-Cal

Family PACT

Title X

Medi-Cal

Standard of Care: California has adopted the **AAP Bright Futures Guidelines** as the standard of care in the state Medi-Cal program. Bright Futures recommends the following:

- Requires annual health visits for teens
- Recommends confidential time with the provider at each health maintenance visit to discuss sexuality, sexual health promotion, and risk reduction
- Includes coverage for anticipatory guidance, referrals and follow ups for sexual health as necessary



Covered Services:

- When services are necessary, Medi-Cal covers **confidential family planning, prenatal care, abortion, and STI services for adolescents for free** with no co-pays.

Provider Choice:

- Federal Medicaid regulations, which apply to California's Medi-Cal program, allow patients to choose their **provider of choice** for sexual and reproductive health care (i.e. they are not required to see primary care physician for these services if they prefer another provider).
- There is **no need for referral from primary care** – patients can go directly to a sexual and reproductive health specialist for care.

For more information on Bright Futures: <https://brightfutures.aap.org/states-and-communities/Pages/California.aspx>

For more information on Medi-Cal: NHeLP, *Reproductive Health Care Coverage in Medi-Cal*, <http://www.healthlaw.org/storage/documents/NHeLP-ReproHC-MediCal-Web-F.pdf>

Family PACT

The **California Office of Family Planning (OFP)** is charged by the California Legislature “to make available to citizens of the State who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families”.

- The OFP administers the **Family Planning, Access, Care, and Treatment (Family PACT) program**. Family PACT is California's innovative approach to provide comprehensive



family planning services to eligible low income (under 200% federal poverty level) Californians.

Covered Services:

- Services include **comprehensive education, assistance, and services relating to family planning.**
- Family PACT benefits include all FDA-approved contraceptive methods and supplies, STI testing and treatment, HIV screening, and cervical cancer screening.
- **There are over 2,200 public and private Family PACT providers in California.**

For more information on Family PACT: <http://www.familypact.org/Home/home-page>

Title X Family Planning

The **federal Title X program** funds family planning services for individuals of childbearing age, including adolescents. It is the nation's only dedicated source of federal funding for family planning services.

Administration:

- Title X is administered by the national Office of Population Affairs (OPA), which provides funding to **Essential Access Health (EAH)** to re-grant to health care providers throughout California.
- Throughout California, Title X serves nearly 1,000,000 women, men and teens through
 - **61 health care organizations** operating nearly
 - **356 health centers** in
 - **37 of California's 58 counties.**
- EAH has an online clinic finder map available at www.TeenSource.org.



Covered Services:

- Title X-funded health centers must provide a **range of confidential preventive health services** including contraceptive services, pregnancy testing, pelvic exams, screening for breast and cervical cancer, screening for STDs including HIV/AIDS, basic infertility services, health education and referrals for other health and social services.
- Title X funds also support critical activities that are not reimbursable under Medi-Cal or commercial insurance, such as staff salaries, infrastructure improvements, individual patient education, and community outreach.

Coordination of Care:

- **Title X and the Family PACT program in California are coordinated** to ensure comprehensive and available care.
- Title X funds outreach and education and connects individuals to health centers, while Family PACT provides direct reimbursement to clinics.
- This combination has reduced unintended pregnancy rates in California by over 70% since the 1990's.

California Sexual and Reproductive Health Care Services

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Birth Control for Adolescents

- Public and private insurance must pay for **all methods of birth control**, including emergency contraception
- Birth control **must be free** (no co-pays!)
- Adolescents can request a **12-month supply** of pills, patches, and rings at one time
- **Free condoms** for adolescents through the Condom Access Project
 - Youth can request free condoms or find locations to pick them up at: www.teensource.org/condoms/free
- Minors **of all ages** have a right to consent to and to confidentiality in services.

STI Screening and Services for Adolescents

- Most public and private insurance must pay for recommended screening and prevention with no co-pay, including the HPV and Hepatitis B vaccines.
- STI screening and services are available with no co-pays.
- **Free condoms** for adolescents through the Condom Access Project. Information at: <http://www.teensource.org/condoms/free>
- MediCal Minor Consent covers PrEP for minors with no co-pay. PrEP is a pre-exposure prophylactic medication that reduces the risk of HIV infection.
- Minors 12 and older have a right to consent to and to confidentiality in services.

Pregnancy Testing, Prenatal Care and Abortion for Adolescents

- Testing and services with no co-pay
- MediCal covers prenatal, postnatal, abortion and related services, such as ultrasound, with no co-pay.
- Insurance must ensure timely access to providers.
- Minors **of all ages** have a right to consent to and to confidentiality in services.

Teens can find sexual and reproductive health clinic referrals, including referrals for no-cost care at:
<http://www.teensource.org/find-a-clinic>

Sources: NHeLP, *Reproductive Coverage in Medi-Cal*, at <http://www.healthlaw.org/storage/documents/NHeLP-ReproHC-MediCal-Web-F.pdf>; Access and NHeLP, *California Abortion Coverage in Medi-Cal and Private Insurance*, at <http://accesswhj.org/sites/default/files/docs/NHeLP-CAAbortionCoverageFactSheet-Web.pdf>; KFF, *Payment and Coverage for the Prevention of Sexually Transmitted Infections*, at <https://www.kff.org/womens-health-policy/fact-sheet/payment-and-coverage-for-the-prevention-of-sexually-transmitted-infections-stis>

California Sexual and Reproductive Health Care Information

California has a network of laws, programs, and services designed to meet the sexual health care needs of adolescents.

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There are many resources for adolescents and adult caregivers regarding sexual and reproductive health care.

Federal and state funding pays for **online resources**, including content from state agencies and **Essential Access Health**, the agency that administers federal Title X funding in California.

Resources from Essential Access Health

- www.TeenSource.org
 - Clinic referral tool
 - Youth-friendly information on birth control, STIs, relationships, and rights under California law
- Text messaging service called “The Hookup” provides weekly sexual health information. Texting a zip code to the service will identify a nearby clinic that can provide low to no cost sexual health services.
 - More information at: <http://www.teensource.org/hookup>
- www.TalkWithYourKids.org
 - Information for caring adults on how to talk with teens about sexual health care and healthy relationships
- <https://www.essentialaccess.org/learning-exchange>
 - National resource for health professional in primary care, private practice, family planning and women’s health settings seeking to learn and share best practices in sexual and reproductive health care service delivery

State Resources

- <http://www.familypact.org/Clients/education-materials>
 - Education materials for patients on birth control methods, STIs, reproductive coercion and intimate partner violence, and breast and cervical cancer screening
- <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-IE.pdf>
 - In-person information and education programs from the California Department of Public Health
- <http://californiaptc.com/sexual-health-educator-training-program/>
 - Free training program for educators in school, community, and clinic settings who want to build their knowledge and capacity in sexual health and sexuality education
 - In-person and online training topics include: STD/HIV review, contraceptive methods, minor consent and confidentiality, STD data, California education code, and more

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State law requires public middle and high schools to provide comprehensive sexual health education that complies with the standards established by the California Healthy Youth Act (CHYA)(Education Code section 51930 through 51939). Senate Bill 89 ensures that (1) foster youth receive **comprehensive sexual health education** at least once during middle school and at least once during high school (2) using educational curricula that meets the requirements of **CHYA**.

California Healthy Youth Act (CHYA)

What purposes must a CHYA compliant educational curriculum serve?

To satisfy the California Healthy Youth Act, the curriculum must have the following purposes:

1. To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy.
2. To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.
3. To promote understanding of sexuality as a normal part of human development.
4. To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end.
5. To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors.

From Cal. Education Code section 51930

What content requirements must a CHYA compliant educational curriculum satisfy?

To satisfy the California Healthy Youth Act, the curriculum must satisfy the following requirements:

1. Instruction and materials shall be **age appropriate**.
2. All factual information presented shall be **medically accurate and objective**.
3. All instruction and materials shall align with and support the purposes of the California Healthy Youth Act (described above) and may not be in conflict with them.
4. Instruction and materials shall be **appropriate** for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

5. Instruction and materials shall be made **available on an equal basis** to a pupil who is an English learner, consistent with the existing curriculum and alternative options for an English learner pupil as otherwise provided in this code.
6. Instruction and materials shall be **accessible to pupils with disabilities**, including, but not limited to, the provision of a **modified curriculum, materials and instruction** in alternative formats, and auxiliary aids.
7. Instruction and materials **shall not reflect or promote bias** against any person on the basis of any category protected by Section 220.
8. Instruction and materials shall **affirmatively recognize that people have different sexual orientations** and, when discussing or providing examples of relationships and couples, shall **be inclusive of same-sex relationships**.
9. Instruction and materials shall **teach pupils about gender, gender expression**, gender identity, and **explore the harm of negative gender stereotypes**.
10. Instruction and materials shall encourage a pupil to **communicate** with his or her parents, guardians, and other **trusted adults** about human sexuality and provide the knowledge and skills necessary to do so.
11. Instruction and materials shall teach the value of and prepare pupils to have and maintain **committed relationships** such as marriage.
12. Instruction and materials shall provide pupils with **knowledge and skills they need to form healthy relationships** that are based on mutual respect and affection, and are free from violence, coercion, and intimidation.
13. Instruction and materials shall provide pupils with knowledge and skills for making and implementing **healthy decisions about sexuality, including negotiation and refusal skills** to assist pupils in overcoming peer pressure and using effective decisionmaking skills to avoid high-risk activities.
14. Instruction and materials **may not teach or promote religious doctrine**.

From Cal. Education Code section 51933

This instruction shall include all of the following:

- Information on the nature of HIV, as well as other sexually transmitted infections, and their effects on the human body.
- Information on the manner in which HIV and other sexually transmitted infections are and are not transmitted, including information on the relative risk of infection according to specific behaviors, including sexual activities and injection drug use.
- Information that abstinence from sexual activity and injection drug use is the only certain way to prevent HIV and other sexually transmitted infections and abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy. Instruction shall provide information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy.
- Information about the effectiveness and safety of all federal Food and Drug Administration (FDA) approved methods that prevent or reduce the risk of contracting HIV and other sexually transmitted infections, including use of antiretroviral medication, consistent with the federal Centers for Disease Control and Prevention.
- Information about the effectiveness and safety of reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing.
- Information about the treatment of HIV and other sexually transmitted infections, including how antiretroviral therapy can dramatically prolong the lives of many people living with HIV and reduce the likelihood of transmitting HIV to others.
- Discussion about social views on HIV and AIDS, including addressing unfounded stereotypes and myths regarding HIV and AIDS and people living with HIV. This instruction shall emphasize that successfully treated HIV-

positive individuals have a normal life expectancy, all people are at some risk of contracting HIV, and the only way to know if one is HIV-positive is to get tested.

- Information about local resources, how to access local resources, and pupils' legal rights to access local resources for sexual and reproductive health care such as testing and medical care for HIV and other sexually transmitted infections and pregnancy prevention and care, as well as local resources for assistance with sexual assault and intimate partner violence.
- Information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception. Instruction on pregnancy shall include an objective discussion of all legally available pregnancy outcomes, including, but not limited to, all of the following:
 - Parenting, adoption, and abortion.
 - Information on the law on surrendering physical custody of a minor child 72 hours of age or younger, pursuant to Section 1255.7 of the Health and Safety Code and Section 271.5 of the Penal Code.
 - The importance of prenatal care.
- Information about sexual harassment, sexual assault, adolescent relationship abuse, intimate partner violence, and sex trafficking.

From Cal. Education Code section 51934

For questions or more information about Senate Bill 89 and foster youth access to comprehensive sexual health education, please contact the **Los Angeles Reproductive Health Equity Project for Foster Youth (LA RHEP)** at www.fosterreprohealth.org.

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www.fosterreprohealth.org (2018)

Duties and Responsibilities Delivering Sexual and Reproductive Health Services and Information to Foster Youth

Rights of Foster Youth		Case Worker Obligations (County social workers and probation officers)	Caregiver Obligations (Foster care providers)
 <p>Foster youth shall be provided information and informed of...</p>	<p>Youth have the right to receive medically accurate, age appropriate sexual and reproductive <u>information</u> at all ages¹</p>	<ul style="list-style-type: none"> • “The case management worker (social worker or probation officer) shall provide youth and NMDs with a copy of the Foster Youth Rights upon entry into foster care and at least once every six months at the time of scheduled contact.”² • “The case management worker (social worker or probation officer) shall provide youth and NMDs with access to age-appropriate, medically accurate information about reproductive and sexual health care, unplanned pregnancy prevention, abstinence, use of birth control, abortion and the prevention and treatment of STIs”² • “County agencies shall provide youth and NMDs with educational materials regarding the prevention of unplanned pregnancy and STI’s that are medically accurate, age and developmentally appropriate, trauma-informed, strengths-based, and whenever possible, evidenced-based.”² • “For a youth in foster care 10 years of age or older who is in junior high, middle, or high school, or a nonminor dependent enrolled in high school, the case plan shall be reviewed annually, and updated as needed, to indicate that the case management worker has verified that the youth or nonminor dependent received comprehensive sexual health education that meets the requirements established in Chapter 5.6 (commencing with Section 51930)...” at least once in middle school and at least once in high school. See WIC 16501.1(g)(20).³ 	<ul style="list-style-type: none"> • “Providers, in consultation with the case management worker (county social worker or probation officer), shall ensure that youth and NMDs who remain in long-term foster care receive age-appropriate, medically accurate, culturally sensitive pregnancy prevention information.”² • “Depending on the type of licensed home or facility and age of the foster youth, personal rights are to be posted and/or explained in an age or developmentally appropriate manner, and provided to the foster youth.”¹
	<p>Youth must be informed of rights, including consent rights as described in ACL 16-82²</p>	<ul style="list-style-type: none"> • “The case management worker (social worker or probation officer) shall provide youth and NMDs with a copy of the Foster Youth Rights upon entry into foster care and at least once every six months at the time of scheduled contact.”² • “The case management worker (social worker or probation officer) shall inform youth, in an age appropriate manner, of their rights to 	

1 CDSS All-County Letter 16-82, “Reproductive and Sexual Health Care and Related Rights for Youth and NMDs in Foster Care” (2016)

2 CDSS All-County Letter 16-88, “California’s Plan for the Prevention of Unintended Pregnancy for Youth and NMDS in Foster Care”(2016)

3 Welfare and Institutions Code 16501.1(g)(20), (21).

4 CDSS “A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention” (Sept. 2017)

Duties and Responsibilities Delivering Sexual and Reproductive Health Services and Information to Foster Youth

		<p>consent at any age to pregnancy-related care, including contraception, abortion, and prenatal care.”²</p> <ul style="list-style-type: none"> • “The case management worker (social worker or probation officer) shall inform youth of their right to consent at age 12 or older to the prevention, diagnosis and treatment of STIs.”² 	
	<p>Youth must be informed of confidentiality rights as described in ACL 16-82²</p>	<ul style="list-style-type: none"> • “The case management worker (social worker or probation officer) shall inform youth and NMDs about their confidentiality rights regarding medical services and seek the youth’s and NMD’s written consent prior to any disclosure of their sexual or reproductive health information.”² • “The case management worker (social worker or probation officer) shall inform youth and NMDs of their right to withhold consent to such disclosure(s).”² 	
 <p>The right to neutral, non-biased information and care and support for healthy sexual development</p>	<p>Foster youth have the right to fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status.¹</p>	<ul style="list-style-type: none"> • “The case management worker (social worker or probation officer) shall not impose their personal biases and/or religious beliefs upon the youth and NMD.”² • “County agencies shall use the reasonable and prudent parent standard to create normalcy and to support the healthy sexual development of youth and NMDs based on their individual needs.”² • “County agencies should use culturally-inclusive, trauma-informed, strengths-based, and whenever possible, evidence-based practices and programs.”² 	<ul style="list-style-type: none"> • “Providers should support the healthy sexual development of youth and NMDs and shall not impose their personal biases, judgments and/or religious beliefs.”² • “Providers shall incorporate the reasonable and prudent parent standard¹ to create normalcy for the youth and NMD.”² • “Providers should cultivate an open, honest and supportive environment where youth and NMDs feel comfortable to talk about sensitive issues such as sex, abstinence, abortion, contraceptive use, STIs, reproductive and sexual health and

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Duties and Responsibilities Delivering Sexual and Reproductive Health Services and Information to Foster Youth

			SOGIE [sexual orientation, gender identity, and gender expression].” ²
 <p>Access to Care</p>	<p>Facilitating access to sexual and reproductive health provider of choice</p> <p>Youth have the right to receive medical services, including reproductive and sexual health care.¹</p> <p>Youth have the right to choose their own sexual health care provider, if payment for the health service is authorized under applicable Medicaid law.¹</p> <p>Youth have the right to obtain, possess and use the contraception of their choice, including condoms¹</p>	<ul style="list-style-type: none"> • “The case management worker (social worker or probation officer) shall ensure youth are up-to-date on their annual medical appointments.”² • The case management worker (social worker or probation officer), shall ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner. The case management worker can get the information directly from the youth or NMD, or in some instances may learn about it from the foster care provider.² • “<u>Before</u> receiving reproductive or sexual health information from a youth, case managers should explain to youth that the information they share <u>will remain confidential</u> unless: <ul style="list-style-type: none"> • The youth consents to disclosure or • there is a potential safety issue”⁴ • “For a youth in foster care 10 years of age or older or a nonminor dependent, the case plan shall be updated annually to indicate that the case management worker has... Informed the youth or nonminor dependent how to access reproductive and sexual health care services and <u>facilitated access to that care</u>, including by assisting with any identified barriers to care, as needed.”³ 	<ul style="list-style-type: none"> • “Providers shall ensure that youth and NMDs receive an annual medical exam as required by the new “Child Health and Disability Prevention Program Bright Futures Periodicity Schedule for Health Assessments by Age Groups” schedule.”² • “Providers shall facilitate access and transportation to reproductive and sexual health related services unless otherwise arranged.”² • “Providers shall respect the private storage space and personal belongings of the youth and NMD as it relates to their reproductive and sexual health care.”²
 	<p>Youth have the right to be provided <u>transportation</u> to reproductive and sexual health related services.¹</p> <p>Transportation must be provided in a timely manner.¹</p>	<ul style="list-style-type: none"> • The case management worker (social worker or probation officer) shall ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner.”² 	<ul style="list-style-type: none"> • “Providers shall facilitate access and transportation to reproductive and sexual health related services unless otherwise arranged.”²

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3 Welfare and Institutions Code 16501.1(g)(20), (21).

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Duties and Responsibilities Delivering Sexual and Reproductive Health Services and Information to Foster Youth

	<p>Addressing barriers to care</p>	<ul style="list-style-type: none"> • The case management worker (social worker or probation officer) shall ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner.² • “For a youth in foster care 10 years of age or older or a nonminor dependent, the case plan shall be updated annually to indicate that the case management worker has... Informed the youth or nonminor dependent how to access reproductive and sexual health care services and <u>facilitated access to that care</u>, including by assisting with any identified barriers to care, as needed.”³ 	<ul style="list-style-type: none"> • “Providers shall notify the case management worker (county social worker or probation officer) of any barriers the youth or NMD experiences in accessing reproductive and sexual health care services or treatments.”²
 <p>Document- ation</p> 	<p>Documenting the above requirements</p>	<p>For youth and NMDs 10 and older, case management workers must document in the case plan annually:</p> <ul style="list-style-type: none"> • That worker has informed the youth or young adult <ul style="list-style-type: none"> ○ that he or she may <u>access information</u> about reproductive and sexual health care. ○ in an age- and developmentally appropriate manner, of his or her <u>right to consent</u> and <u>confidentiality rights</u> regarding those services. ○ <u>how to access</u> reproductive and sexual health care services • That worker has <u>facilitated access</u> to that care, including by assisting with any identified barriers to care, as needed • For youth in middle or high school, that youth has <u>received sexual health education</u> at least once in middle school and at least once in high school or how the county will ensure the youth receives the education.³ <p>“The case management worker (social worker or probation officer) should document the youth’s and NMD’s reproductive and sexual health care and services in a sensitive manner to ensure their privacy and compliance with federal and state confidentiality laws²</p>	

1 CDSS All-County Letter 16-82, “Reproductive and Sexual Health Care and Related Rights for Youth and NMDs in Foster Care” (2016)

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3 Welfare and Institutions Code 16501.1(g)(20), (21).

4 CDSS “A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention” (Sept. 2017)

Duties and Responsibilities Delivering Sexual and Reproductive Health Services and Information to Foster Youth

 <p>Storage, Confidentiality, and Privacy</p>	<p>Youth have the right to have <u>private storage space</u> and to be free from unreasonable searches of his or her personal belongings.¹</p> <p>Youth have the right to patient <u>confidentiality</u> regarding sexual and reproductive health services, unless there is written consent to disclosure or through court order.¹</p> <p>Youth have the right to <u>privacy for examination or treatment</u> by a medical provider for sexual and reproductive health care, unless the youth specifically requests otherwise.¹</p>	<ul style="list-style-type: none"> • <u>Before</u> receiving reproductive or sexual health information from a youth, case managers should explain to youth that the information they share <u>will remain confidential</u> unless: <ul style="list-style-type: none"> ○ The youth consents to disclosure or ○ there is a potential safety issue⁴ • “The case management worker (social worker or probation officer) should document the youth’s and NMD’s reproductive and sexual health care and services in a sensitive manner to ensure their privacy and compliance with federal and state confidentiality laws² • “The case management worker (social worker or probation officer) shall inform youth and NMDs about their confidentiality rights regarding medical services and seek the youth’s and NMD’s written consent prior to any disclosure of their sexual or reproductive health information.”² • “The case management worker (social worker or probation officer) shall inform youth and NMDs of their right to withhold consent to such disclosure(s).”² 	<ul style="list-style-type: none"> • “Providers shall respect the private storage space and personal belongings of the youth and NMD as it relates to their reproductive and sexual health care.”²
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1 CDSS All-County Letter 16-82, “Reproductive and Sexual Health Care and Related Rights for Youth and NMDs in Foster Care” (2016)

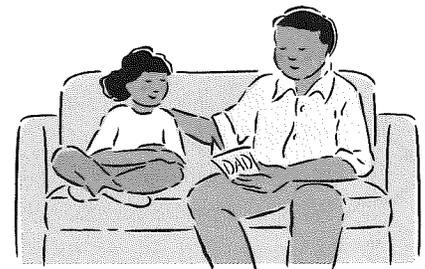
2 CDSS All-County Letter 16-88, “California’s Plan for the Prevention of Unintended Pregnancy for Youth and NMDS in Foster Care”(2016)

3 Welfare and Institutions Code 16501.1(g)(20), (21).

4 CDSS “A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention” (Sept. 2017)

How to Talk with Your Children and Teens about Healthy Relationships

- ◆ Talk to your children and teens about friendship, dating, and love *before* they start to ask questions about these important issues.
- ◆ Listen to your children and teens and try to understand their point of view.
- ◆ If you can't answer a question, help your children talk to other trusted adults.
- ◆ Use daily experiences like watching TV, to talk with your children and teens. It is a chance to share your values and messages with them.
- ◆ Find out what schools are teaching your children and teens about these topics.
- ◆ Stay active in the lives of your children and teens and help them plan for the future.



Know and practice the messages that you want to share with your children and teens.

Use the information below to make your messages clear.

Message Information For Ages 12-15:

- ◆ Friends can influence each other in positive and negative ways.
- ◆ People can be friends without being sexual.
- ◆ People are ready to start dating at different times.
- ◆ When couples spend a lot of time together alone, they are more likely to become sexually involved.
- ◆ If someone pays for a date or gives gifts, it does not mean that they are owed sexual activity.
- ◆ In a love relationship, people help each other to grow as individuals.
- ◆ People may mix up love with other strong emotions like jealousy and control.

Message Information For Ages 15-18:

- ◆ Dating can be a way to learn about other people and what it is like to be in a love relationship. It is also a way to learn about romantic and sexual feelings.
- ◆ Being honest and open can make a relationship better.
- ◆ Both people in the relationship are responsible for it.
- ◆ A dating partner cannot meet all of the needs of another person.
- ◆ A lot of time, love changes during a long term relationship.

Keep these talks going! When you talk about relationships with your teen, you can hear about what is going on in your teen's life. You can also teach your teen about your family's values and beliefs.

Adapted from SEICUS. Families Are Talking; Volume 3, Number 1, 2004.

Should I Worry About My Teen?

The Facts about Teen Dating Violence:

Teen dating violence is when a teen:

- ⇒ Hits, punches, slaps, or kicks their partner.
- ⇒ Forces or pressures their partner to have sex.
- ⇒ Teases, controls, or intimidates their partner.
- ⇒ Isolates their partner from friends and family.
- ⇒ Stops their partner from doing normal activities.

Warning signs for Teen Dating Violence

Know the warning signs of when a teen is being abused or is abusing others. Ask yourself the following questions:

Has your teen or your teen's dating partner...

- ▶ Lost interest in activities that used to be enjoyable?
- ▶ Stopped hanging out, talking on the phone, or staying in contact with friends?
- ▶ Acted extremely jealous?
- ▶ Violently lost their temper and hit or broke objects?
- ▶ Tried to control their partner's behavior?
- ▶ Check up constantly on their partner and demand to know who their partner is with?
- ▶ Had a sudden change in weight, appearance, or school performance?
- ▶ Had injuries that cannot be explained, or gave an explanation that did not make sense?

If you notice any of the above warning signs, talk with your teen about his/her relationship. Try and stay supportive and non-judgmental. Contact a domestic violence agency or call 1-800-799-SAFE for advice on the situation.

Did you know there are ways to prevent teen dating violence? Here are some of the things that help:

- Talk to your teen about their friends and relationships.
- Listen to your teen and be open to their experiences.
- Support your teen in pursuing their interests.
- Help your teen get involved in school and after school programs such as clubs and sports.
- Encourage your teen to join religious, spiritual, or community groups.
- Assist your teen with volunteering in the community.

Source:

Liz Claiborne, Inc, National Teen Dating Violence Helpline, Love Is Respect.org: A Parent's Guide to Dating Violence: Questions to Start the Conversation.

Foster Care Case Management Workers: 12 Required Duties & Responsibilities*

**Applies to both Social Workers and Probation Officers*

Case Workers Shall Provide...

1. Youth and NMDs with a copy of the Foster Youth Rights upon entry into foster care and at least once every six months at the time of scheduled contact.¹
2. Youth and NMDs with access to age-appropriate, medically accurate information about reproductive and sexual health care, unplanned pregnancy prevention, abstinence, use of birth control, abortion and the prevention and treatment of STIs.²

Case Workers Shall Inform...

3. Youth, in an age appropriate manner, of their rights to consent at any age to pregnancy-related care, including contraception, abortion, and prenatal care.³
4. Youth, in an age appropriate manner, of their right to consent at age 12 or older to the prevention, diagnosis and treatment of STIs.⁴
5. Youth and NMDs about their confidentiality rights regarding medical services and seek the youth's and NMD's written consent prior to any disclosure of their sexual or reproductive health information.⁵
 - a. The case management worker (social worker or probation officer) shall also inform youth and NMDs of their right to withhold consent to such disclosure(s).

Case Workers Shall Ensure:

6. Youth are up-to-date on their annual medical appointments.⁶
7. The case management worker (social worker or probation officer), in collaboration with the foster care provider, shall ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner.⁷
8. Youth receive comprehensive sexual health education that complies with state standards at least once in middle school and at least once in high school.⁸

¹ WIC section 16501.1(g)(4).

² WIC sections 16001.9(a)(27) and 369(h) authorizes the social worker to provide access to this information prior to age 12, even though the age for minor consent for STI treatment is age 12.

³ WIC sections 369(h), 16001.9(a)(27), 16501.1(g)(4); Family Code sections 6925, 6926. The right to consent to abortion at any age was established by the California Supreme Court in *American Academy of Pediatrics v. Lungren*, 16 Cal.4th 307 (1997).

⁴ See footnote 3, above. NMDs have the medical consent rights of other adults. WIC section 303(d).

⁵ ACL 16-88.

⁶ ACL 16-88.

⁷ ACL 16-88.

⁸ WIC section 16501.1(g)(20), (21).

Case Workers Shall Not Impose...

9. The case management worker (social worker or probation officer) shall not impose their personal biases and/or religious beliefs upon the youth and NMD.⁹

Case Workers Shall Document in the Case Plan (for all youth and NMDs ages 10 and older) ...¹⁰

10. For youth in middle or high school, that youth has received sexual health education at least once in middle school and at least once in high school or how the county will ensure the youth receives the education
11. That worker has informed the youth or young adult:
 - a. That he or she may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections.
 - b. In an age- and developmentally appropriate manner, of his or her right to consent and confidentiality rights regarding those services.
 - c. How to access reproductive and sexual health care services.
12. That worker has facilitated access to that care, including by assisting with any identified barriers to care, as needed.

CDSS Recommends...¹¹

- The case management worker (social worker or probation officer) should include reproductive health education as a Case Management Service objective for youth 10- years-old and older, as well as NMDs, at a developmentally and emotionally appropriate level.
- The case management worker (social worker or probation officer) should engage in age-appropriate conversations with foster youth regarding reproductive health and confer with the youth's school to see what topics have been, or will be, discussed in their comprehensive sexual health and Human Immunodeficiency Virus (HIV) prevention curriculum.
- The case management worker (social worker or probation officer) should document the youth's and NMD's reproductive and sexual health care and services in a sensitive manner to ensure their privacy and compliance with federal and state confidentiality laws.¹²

⁹ ACL 16-88.

¹⁰ WIC section 16501.1(g)(20), (21).

¹¹ ACL 16-88.

¹² See ACL 16-32 for guidelines on how to properly document sensitive medical information for youth in foster care.

Your Sexual and Reproductive Health Care and Related Rights

No judgements! You have the right to sexual health information that only includes medical facts and not anyone's opinions.

Do you know your rights when it comes to your sexual and reproductive health? Even if you're under age 18, you have rights! Knowledge is power, so read your rights below:

1. You have the right to have your personal rights explained and provided to you in a manner that you understand.
 2. You have the right to get health care, including reproductive and sexual health care.
- Continue reading to learn more about what kind of reproductive and sexual health care services you can get.**
3. You have the right to make your own decision about the following kinds of care (meaning you can say "yes" or "no" and do not need permission from a parent, caregiver, social worker, or any other adult if you want this care):
 - a. Female or male birth control or protection, pregnancy testing, and prenatal (pregnancy) care, at any age,



- b. Abortion, at any age,
 - c. Health care you need because of a rape or sexual assault, at any age,
 - d. Health care to prevent sexually transmitted infections (STIs) and HIV, at age 12 or older, and
 - e. Testing and treatment for STIs and HIV, at age 12 years or older.
 4. You have the right to get the information you want about sexual health care. You can ask your doctor or another trusted adult about:
 - a. Reproductive and sexual health care,
 - b. Ways to prevent pregnancy and pregnancy testing,
 - c. Abortion,
 - d. Prenatal (pregnancy) care, like monthly or weekly doctor visits during pregnancy, and
 - e. How to prevent and treat STIs, including HIV medication and the Human Papillomavirus (HPV) vaccination.
 5. When you get sexual or reproductive health care, or ask your doctor questions about sex, your doctor cannot share that information with your parents, caregivers, group home, social worker, or probation officer without your written consent. There are a few small exceptions.
 6. You have the right to ask your doctor to explain "privacy" to you and who can and cannot get your medical information before you get any health care.
 7. You have the right to choose your own health care provider for sexual and reproductive health care, as long as the provider is covered by your Medi-Cal or other approved insurance.
 8. Your caregiver, group home, or social worker must help you with transportation to get reproductive and sexual health care services in a timely manner.
 9. You have the right to get, have, and use the birth control or protection of your choice in your placement, including:
 - a. Condoms, including the female condom
 - b. Diaphragm
 - c. Birth control patch, pill, or shot
 - d. Spermicide
 - e. Dental dam
 - f. Emergency contraception (morning after pill)
 - g. Medications to prevent STIs
 10. You have the right to keep your personal items, like birth control, in your own private storage space. Condoms or other protection, or birth control cannot be taken away from you as a punishment or due to your caregiver's religious beliefs or personal feelings. You have the right to be free from unreasonable searches of your belongings.
 11. You have the right to fair and equal access to services, placement, care, treatment, and benefits. You have the right to not be treated unfairly, harassed, or discriminated against because of your sex, sexual orientation, gender identity, HIV status, or other factors like race, religion, ethnic group identification, ancestry, national origin, color, or mental or physical disability.
 12. You have the right to contact and make complaints about violations of your rights to state agencies, including the Community Care Licensing Division of the California Department of Social Services and the state Foster Care Ombudsperson (**See the "Resources" section of this brochure for more information**).
- Complaints are confidential and you cannot be threatened or punished for making complaints.

KNOW your RIGHTS

Helpful Tip: If you feel like someone violated your rights, or you need support making a complaint, call the Office of the Ombudsperson toll-free at

1-877-846-1602

Know Your Sexual and Reproductive Health Rights

KNOW your RIGHTS

Foster Youth Sexual and Reproductive Health Care Rights



TALKING TO OTHERS ABOUT SEX AND YOUR RIGHTS: SUGGESTED QUESTIONS TO ASK

Whether you're abstinent (not having any sex), thinking about having sex, or already sexually active, it's important and okay to talk about sex and relationships with a trusted adult. Your trusted adult may be a *doctor, social worker, mentor, attorney, judge, teacher, family member or someone else you feel comfortable talking to*. It is also important and okay to talk about these things with a romantic partner. But how do you know what to say or how to start a conversation? It is not always easy, so here are some suggested questions to start the conversation:

QUESTIONS TO ASK YOUR PARTNER

- » Will you respect my decision about sex, and about what I'm okay doing and not doing? How do you feel about my decision?
- » How are we going to make sure we protect ourselves against STIs?
- » Have you ever tested positive for an STI? If so, were you treated?
- » Are you having sex with other people?

- » Have you thought about your future goals? How do you feel about an unplanned pregnancy?

QUESTIONS TO ASK YOUR DOCTOR

About your rights...

- » I know I have a right to privacy in sexual and reproductive health care. What does that mean in this office? Are you always going to ask for my written permission before you share any of my information?

About birth control or protection...

- » How do I know what birth control method is right for me? What are the common side effects of the different birth control methods?
- » Will my caregiver or parent find out if I decide to use a birth control? Can they pressure me to use a certain kind of birth control?
- » Do I need to use birth control or condoms if I'm transgender or dating someone of the same gender as me?
- » How do you use a condom correctly?
- » What is emergency contraception and how can I get it?

About STIs...

- » I had sex without a condom. Should I get tested for an STI and/or pregnancy?
- » What do I need to know about STIs, including testing, treatment, and prevention?

QUESTIONS TO ASK A TRUSTED ADULT

About relationships...

- » What does a healthy relationship look like? How can I show my partner I love them?
- » Is jealousy a sign of love?
- » I'm being hurt or threatened by my partner. What can I do?
- » I feel like my partner is pressuring me to have sex or do things I am not ready for or feel uncomfortable with. What should I do?

- » How do I know when I'm ready to have sex with someone?

About sexuality and gender identity...

- » How does someone know they are lesbian, gay, bisexual, transgender, or questioning?
- » If I have a same sex crush, does this mean I'm gay or lesbian?
- » Can I sleep in a room or use the restroom based on the gender I identify with?
- » Is touching myself wrong? Is it okay if I'm in a private place such as my bedroom or bathroom?

About going to visit the doctor...

- » How do I make an appointment to visit the doctor? Are doctor appointments confidential between me and my doctor?
- » What information and documents will I need when I visit the doctor?
- » I need information about local community resources and public transportation to visit the doctor. Where can I get this information?

About pregnancy or birth control...

- » I need information about birth control. Where can I get this information?
- » Does someone have the right to take away my birth control or condoms?
- » Can someone force me to go on birth control?
- » I think I might be pregnant. Where can I get information about pregnancy testing, prenatal care (if I need it) and/or the different options that are available?

RESOURCES:

California Office of the Foster Care Ombudsperson – To file a complaint regarding your foster youth rights contact the Ombudsperson at 1-877-846-1602 or email www.fosteryouthhelp.ca.gov

California Department of Social Services, Community Care Licensing - To file a complaint against a state licensed group home or foster home call 1-844-538-8766

www.genderspectrum.org/ - Information and resources about gender sensitive topics

www.glaad.org/transgender/resource Information and resources for transgender people

www.loveisrespect.org – Information about sex, healthy relationships, dating, dating abuse, and sexting

www.plannedparenthood.org/learn/birth-control/ - Information about birth control

www.bedsider.org/methods - Information about birth control

www.safehelpline.org - National Sexual Assault Hotline 1-800-656-HOPE (4673)

www.stayteen.org – Information about relationships, love, sex, and pregnancy

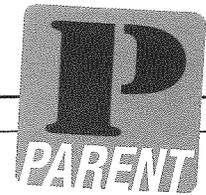
www.teenhealthrights.org – Youth friendly guide to sexual health rights

www.teensource.org/condoms/free - Sign-up for free condoms if you are 12-19 years old and live in California



The suggested resources in this brochure are provided for your convenience for general informational purposes only. The California Department of Social Services bears no responsibility for accuracy, legality, or content of these external websites.





KNOW MYSELF, KNOW MY TEEN

Sometimes your opinions can stand in the way of listening to your teen with an open mind. If teens feel judged by their parents or guardians, they are less likely to share information that may be sensitive, embarrassing, or hard to talk about. Ask yourself these questions before you talk about sensitive issues with your teen.

How do I feel?

What is your mood? What are the memories that may shape your opinions? Keep in mind that what you went through as a teen may be different from what your teen is going through now.

What was I doing when I was 16?

Have you thought about what you want to share with your teen? Hold off on sharing sensitive information with your teen until he/she is in the middle teen years.

Are we finding some time together to enjoy each other?

It may be hard to believe, but most teens say they wish they had more time with their parents. Difficult topics may be easier to talk about when you spend enjoyable times together like going for walks, watching movies, doing projects, or sharing meals.

Am I listening to my teen?

Spend as much time listening as you do talking. Avoid making quick judgments. If you do not understand what your teen is trying to say, repeat what they have said back to them.

Do I judge too quickly?

Always ask your teen what she or he is doing rather than thinking the worst. Trust that he or she can make good decisions.

What are my rules about safety?

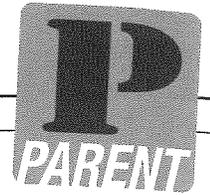
Tell your teen which rules must be followed for his or her safety. Follow through with consequences if your teen behaves in unsafe ways. Talk about the importance of safety on a regular basis, not only once. Get help immediately if your teen is in an unsafe situation.

Am I willing to get help for any problems I may have?

It is important to be an example for your teen. Seeing family members get help will encourage your teen to get help for his or her own problems.



Adapted with permission from "Are you An Askable Parent?" Advocates for Youth, Washington, DC. www.advocatesforyouth.org



YOUR TEEN IS CHANGING!

The teen years are a time of growth and change as your teen moves from being a child to an adult.

As your teen changes, your role as a parent changes. You will relate to your 12 year old differently than your 18 year old. It is important to know what to expect, so that you can give your teen more responsibility and the best possible advice.

YOUR TEEN MIGHT:

- Become more independent
- Want more responsibility
- Push boundaries and test limits
- Want their relationship with you to change
- Need more privacy
- Have mood swings
- Think a lot more about their own personal concerns
- Place more importance on friends
- Feel that no one understands them
- Tryout new behaviors and activities – both healthy and risky
- Understand complicated concepts instead of just the here and now

YOUR TEEN STILL NEEDS YOU TO:

- Give them your time
- Give them a sense of connection or belonging
- Support them
- Provide for their basic needs
- Guide them
- Express your love
- Set limits
- Pay attention to their successes and behaviors
- Be involved and aware of what is going on in their lives

REMEMBER:

All of these changes are perfectly normal! Your teen still needs you, but may not always know how to communicate that. You are still the best person to guide your teen, and it is important to keep talking with them.

Talk to your teen's doctor or nurse about these changes and any challenges you may have with your teen.

WEBSITES FOR PARENTS:

RESOURCES

Children Now and Kaiser Family Foundation

<http://www.talkingwithkids.org>

Advocates for Youth

<http://www.advocatesforyouth.org/>

SIECUS– Families are Talking

<http://www.familiesaretalking.org>

California Family Health Council–Talk with Your Kids

<http://www.talkwithyourkids.org/>

**US Department of Health & Human Services–
Parents Speak Up**

<http://www.4parents.gov/>

Nickelodeon–Parents Connect

<http://www.parentsconnect.com>

Reproductive and Sexual Health Care Rights Findings for Foster Youth and NMD

Rule 5.708: Court finds that the agency has developed the case plan and the case plan meets the requirements of Welf. & Inst. Code §16501.1, including that the Social Worker or Probation Officer has:

- Informed the youth in a manner appropriate to the age or developmental level of the youth of their rights at least once every six months;
- Informed the Care Providers (foster parents, group home) that the care provider is responsible for ensuring that adolescents, including NMDS, receive age-appropriate, medically accurate, culturally sensitive pregnancy prevention information, and

For youth 10 years of age and older:

- The youth has been provided access to age appropriate, medically accurate information about sexual development, reproductive and sexual health care, prevention of unplanned pregnancies, abstinence, use of birth control, abortion, and the prevention and treatment of STIs,
- The case plan has been updated annually to address provision of sexual health education;
- The case plan has been updated annually to confirm facilitated access to care, including addressing any barriers to care, as needed.

Questions for the Court to ask: Who is the trusted adult in the youth's life? Have barriers been addressed?

Foster youth and NMDS have the following rights (Welf. & Inst. Code §§ 369, 16501.1, 16001.9, 16521.5, Fam. Code §§ 6925, 6926, 6928)

- To receive medical services, including reproductive and sexual health care
- To consent to or decline medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer, court, or authorized representative) for:
 - The prevention or treatment of pregnancy, including contraception, at any age (except sterilization)
 - An abortion, at any age.
 - Diagnosis and treatment of sexual assault, at any age.
 - The prevention, diagnosis, and treatment of STIs, at age 12 or older.
- To access to age-appropriate, medically accurate information about reproductive and sexual health care, the prevention of unplanned pregnancy including abstinence and contraception, abortion care, pregnancy services, and the prevention, diagnosis, and treatment of STIs, including but not limited to the availability of the Human Papillomavirus (HPV) vaccination.
- To be provided transportation to reproductive and sexual health-related services. Many reproductive health services are time-sensitive (e.g. emergency contraception, abortion); therefore, transportation **must be provided** in a timely manner in order to meet the requirement.
- To obtain, possess and use the contraception of his or her choice, including condoms.
- To have private storage space and be free from unreasonable searches of his or her personal belongings. Contraception **cannot** be taken away as part of a group home discipline program or for religious beliefs, personal biases and judgments of another person.
- To choose his or her own health care provider, if payment for the health service is authorized under applicable Medicaid law.
- To fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
- To independent contact with state agencies regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- Personal rights are to be posted and/or explained in an age or developmentally appropriate manner and provided to the foster youth or NMD.

TIP SHEET FOR PARENT ATTORNEYS ON UNPLANNED PREGNANCIES

- Explain the new healthy sexual development and pregnancy prevention requirements in the case plan to your client.
- Explain that the social worker or probation officer must inform their child in an age appropriate manner of their rights every six months
- Explain that the social worker or probation officer must provide access to age appropriate, medically accurate information about sexual development, reproductive and sexual health care, prevention of unplanned pregnancies, abstinence, use of birth control, abortion, and prevention and treatment of STI to their child.
- Explain to your client that if their child is 10 years of age and older, the social worker or probation officer is required to review the case plan annually and update as needed, to indicate that the case management worker has verified that the youth received comprehensive sexual health education once in junior high and once in high school.
- Explain to your client that their child has the right to confidentiality regarding the reproductive and sexual health care services they receive regardless of age. (Exceptions: the age of consent for health care to prevent, test, and treat STIs and HIV is 12 years of age or older)
- Ask your client if they have talked to their child about reproductive health
- Ask your client if their child has had any classes on reproductive health rights
- Ask your client if they have any cultural or religious beliefs around these issues that the social worker or probation officer should be aware of prior to speaking with the child.
- If your client has any questions, concerns, or objections, talk to the social worker or probation officer. If that does not work, ask to raise them in court. Depending on the circumstances, you may want to ask for an in chambers discussion or for the child to be excluded from the hearing for this specific purpose.

TIPS & TOOLS FOR TRUSTED ADULTS:

Pre-Teen/Early Adolescent



A trusted adult should be someone a youth can speak with openly and honestly. Use the tips and guidelines below to start important conversations early, plan for the future, and build trust with pre-teens.

Key Facts about this Age Group:

- They are experiencing the physical changes of puberty, perhaps more slowly or quickly than their peers (puberty starts anywhere from age 8-14, in general).
- They have a heightened interest in friends, cliques, and romantic partners.
- They are concrete thinkers.

Assume No One Else Is Talking to Them About Sexual Health.

- Very few youth in foster care report that someone is talking to them about sex, love, and relationships.
- Talking to your teen about healthy relationships and sex is normal. You should be incorporating elements of these discussions into your conversations with pre-teens in order to facilitate an easier conversation in the years to come by normalizing it earlier.
- Review policies on sex education. It is important to assume that no one else is addressing these topics with the child, so why not you?

It is Never Too Early to Start a Conversation About Sex and Relationships.

- The conversation can begin with topics like consent, puberty, and healthy vs unhealthy relationships.
- At this age, youth are increasingly concerned about what their peers think. It is important to ask about peers and other relationships early, normalizing the conversation as a foundation for more in years to come.

Use Pop Culture to Start Talking.

- You could begin a conversation by incorporating music, movies, or TV shows that the youth enjoys. You might ask about friends, possible romantic relationships, or future romantic relationships
- **Script:** "I want to know more about who you spend time with because I care about you and I care about the things and people that are important to you. Most of all, I want to make sure that the people around you, support you, respect you, and appreciate you."

You Don't Have to Be an Expert But You Should Be an Askable Adult.

- An askable adult may not know all the answers, but they are a trusted adult with an open door for questions and conversation. (*Remember: Youth who have disclosed past sexual trauma may be triggered by such discussions. In this case, it is best to ensure that the youth has access to a mental health professional and meet them where they are in order to facilitate appropriate conversations about sex and parenting.*)

17% of foster youth reported age at first intercourse between 10 and 12 years old.



Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Kindle, B., Harty, J., & Feng, H. (2016). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 19*. Chicago, IL: Chapin Hall at the University of Chicago.



Know Where to Look for the Answers.

- Check out StayTeen.org for games, media, Q&A, and educational materials for your youth.
- Try LevelsRespect.org for great resources on healthy relationships—consider doing the ‘Relationship Spectrum’ activity together to spark a conversation.

Put Yourself In Their Shoes!

- Youth get much of their information on sex from peers and online sources that are not always reliable. Open the door for conversations so that you can correct misinformation and learn together if it’s a topic you are unfamiliar with.
- Youth learn about relationships from what they see. This can include biological parent or foster parent relationships, extended family, siblings, TV shows, and movies. Utilize conversations about positive relationships to navigate other influences the youth may experience.

Plan For The Future and Celebrate Success.

- Whether it’s academic, extracurricular, or personal achievements, celebrate it! Motivation is a key tool in personal development and pregnancy prevention strategies. Communicate with other adults in the youth’s life to encourage activities that motivate the youth.
- Ask open ended questions and provide support:
 - “What do you want to be when you grow up? How can we make that dream a reality?”
 - “Do you want a family someday?”
 - “How do you want to be treated?”

Don’t Impose Your Values.

- Young people—especially adolescents—are very sensitive to judgment and won’t be as open or confiding if they feel as though you are judging them. Try your best to leave your personal values at the door and know that being objective is in the best interest of the youth.

Transition Aged Youth (13-17)

A trusted adult should be someone a youth can speak with openly and honestly. Use the tips and guidelines below to start important conversations early, plan for the future, and build trust with teens.

Key Facts about this Age Group:

- They may have mood swings, and may be experiencing love or having sex with romantic partners.
- They are beginning to think abstractly but still have difficulty with decisionmaking and navigating tough situations.
- They are experimenting with different identities, both in physical ways and with different groups of friends, all while trying to distance themselves from their families.

Assume No One Else Is Talking to Them about Sexual Health.

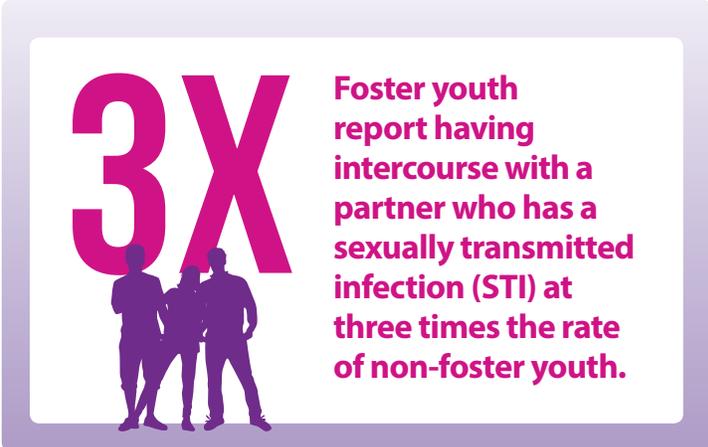
- Very few youth in foster care report that someone is talking to them about sex, love, and relationships.
- Talking to your teen about healthy relationships and sex is normal and should be incorporated into discussions about life and transition planning.
- Review policies on sex education. It is important to assume that no one else is addressing these topics with the child, so why not you?
- No state explicitly requires parental consent or notification for contraceptive services. However, two states (Texas and Utah) require parental consent for contraceptive services paid for with state funds. If you'd like more information, check your local policies.

Let's Talk About Sex, Baby!

- While you might want to wait until they are mentally and emotionally ready to talk about sex, don't imply negativity or associate guilt with sex. Teens are sensitive to such connotations and this can influence their future relationships—it can also raise challenging questions for them about previous experiences. *(Remember: Teens who have disclosed past sexual trauma may be triggered by such discussions. In this case, it is best to ensure that the teen has access to a mental health professional and meet them where they are in order to facilitate appropriate conversations about sex and parenting.)*

Fact vs Fiction.

- Teens get much of their information on sex from peers and online sources that are not always reliable. Open the door for conversations so that you can correct misinformation and learn together if it's a topic you are unfamiliar with.
- Youth learn about relationships from what they see. This can include biological parent or foster parent relationships, siblings, TV shows, and movies. Utilize conversations about positive relationships to navigate other influences the youth may experience.



3X Foster youth report having intercourse with a partner who has a sexually transmitted infection (STI) at three times the rate of non-foster youth.

Bilaver, L. A. & Courtney, M. E. (2006). *Science says #27 issue brief: Foster care youth*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy

- Medically accurate information about sexual and reproductive health is crucial to a teen's wellbeing. Talk to other adults in the youth's life and consider bringing this up in front of a judge or case worker who has the authority to mandate educational programs.

Help Teens Recognize Unhealthy Patterns in Relationships.

- Many teens are unaware of how to recognize unhealthy behavior within a relationship. Ask about a teen's relationship and have a two-way conversation about positive/negative traits in a partner. Be aware that a significantly older partner, or the appearance of gifts/clothes/money without explanation, could be a sign of commercial sex exploitation or human trafficking. *(Tip: Admit that it might be awkward at first to talk about these things, this recognition may help build trust and break the ice.)*
- **Script:** "I know that talking to me about your relationship with your partner maybe a bit awkward. But, let me be straightforward with you—I may not always have the answers and I am sure that when we talk about relationships that I will stumble and not say the right thing from time to time. Still, I promise you two things: (1) I am always here to listen and hope that you will come to me with any questions or concerns you might have, and (2) I will always do the absolute best I can to help you with the decisions you make."
- **Script:** "I am interested because I care about you and I care about the things and people that are important to you. If you are involved with someone, I want to help you make sure that person is someone with whom you are comfortable, someone who supports you, someone who respects your ideas and opinions, and someone who appreciates all the things that make you who you are."

Get Informed to Provide Better Support.

- Check out Bedsider.org and consult a physician about which birth control options may be best for your teen. If the teen discloses a romantic relationship, consider asking if they have discussed birth control methods with their partner, if not, this could be the sign of an unhealthy relationship.

Provide Helpful Resources

- Check out StayTeen.org for games, media, Q&A, and educational materials for your youth.
- Try LovelsRespect.org for great resources on healthy relationships, consider the doing the 'Relationship Spectrum' activity together to spark a conversation.

Plan For the Future and Celebrate Success.

- Whether it's academic, extracurricular, or personal achievements, celebrate it! Motivation is a key tool in personal development

ASK does your partner...



14%

of youth in foster care who ever had sex, reported ever having an STI.



Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Kindle, B., Harty, J., & Feng, H. (2016). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 19*. Chicago, IL: Chapin Hall at the University of Chicago.

and pregnancy prevention strategies. (Remember to discuss the benefits of foster care, such as monetary supplements for higher education opportunities.) Communicate with other adults in the youth's life to encourage activities that motivate the youth. Weave in conversations about future family formation to help empower them to determine when, if and under what circumstances to get pregnancy.

Ask Open Ended Questions and Provide Support:

- “What do you want to be when you grow up? How can we make that dream a reality?”
- “Do you want a family someday?”
- “How do you want to be treated by your friends, romantic partners, etc.?”

Help Them Make Pregnancy and Childbearing More Concrete.

- Ask questions specifically about how pregnancy and childbearing might impact their current situation. These conversations can emphasize that pregnancy can be planned and should be for the health of a parent and child.

Be Inclusive.

- It is at this time in a teen's life when they are trying to identify themselves. Whether your teen identifies as LGBTQ, a parent, or with another identity, be respectful of that and use inclusive language. (Remember: Having this conversation with males is equally important as females, young men should understand the personal, financial, and legal obligations of fatherhood.)

Don't Impose Your Values.

- Young people—especially adolescents—are very sensitive to judgment and won't be as open or confiding if they feel as though you are judging them. Try your best to leave your personal values at the door and know that being objective is in the best interest of the youth.

ASK
potential questions...



TIPS & TOOLS FOR TRUSTED ADULTS:

Young Adult (18+)



A trusted adult should be someone a youth can speak with openly and honestly. Even if the youth decides to leave care at age 18, they might stay connected with you. Use the tips and guidelines below to start conversations, plan for the success, and create stability.

Key Facts about this Age Group:

- They are capable of thinking abstractly and thinking about how their current actions will influence their futures, but they still need support in developing this skill.
- They are almost fully developed physically and much more mature emotionally than in previous stages.
- They are clarifying their own values and beliefs.

Assume No One Else Is Talking to Them About Sexual Health.

- Very few youth in foster care report that someone is talking to them about sex, love, and relationships.
- Talking to your teen about healthy relationships and sex is normal and should be incorporated into discussions about life and transition planning.
- Review policies on sex education. It is important to assume that no one else is addressing these topics with the child, so why not you?
- No state explicitly requires parental consent or notification for contraceptive services. However, two states (Texas & Utah) require parental consent for contraceptive services paid for with state funds.

Let's Talk About Sex, Baby!

- Sex isn't a bad thing. While it is fair to encourage your teen to wait until they are mentally and emotionally ready for sex, don't imply negativity or associate guilt with sex. Teens are sensitive to such connotations and this can influence their future relationships. *(Remember: Teens who have disclosed past sexual trauma may be triggered by such discussions. In this case, it is best to ensure that the teen has access to a mental health professional and meet them where they are in order to facilitate appropriate conversations about sex and parenting.)*
- De-stigmatize the discussion of sex, sexual and reproductive health, and contraception. By encouraging and engaging in candid, open conversations with your teen you can normalize the topic and build trust.

- Sex is an act that can create physical and emotional connections with other individuals. Sex, in the context of healthy behaviors and relationships, should be included in the discussion of health and life planning.

Fact vs Fiction.

- Teens get much of their information on sex from peers and online sources that are not always reliable. Open the door for conversations so that you can correct misinformation and learn together if it's a topic you are unfamiliar with.

2X

By age 19, youth in foster care were more than twice as likely as all youth to have given birth to a child.

Pecora, P. J., Williams, J., Kessler, R. J., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey national alumni study*. Seattle, WA: Casey Family Programs

- Youth learn about relationships from what they see. This can include biological parent or foster parent relationships, siblings, TV shows, and movies. Utilize conversations about positive relationships to navigate other influences the youth may experience.
- Medically accurate information about sexual and reproductive health is crucial to a teen's wellbeing. Talk to other adults in the youth's life and consider bringing this up in front of a judge or case worker who has the authority to mandate educational programs.

Help Teens Recognize Unhealthy Patterns in Relationships.

- Many teens are unaware of how to recognize unhealthy behaviors within a relationship. Ask about a teen's relationship and have a two-way conversation about positive/negative traits in a partner, friend, family member, or other adult. (*Tip: Admit that it might be awkward at first to talk about these things; this recognition may help build trust and break the ice.*)
- **Script:** "I know that talking to me about your relationship with your partner may be a bit awkward. But, let me be straightforward with you. I may not always have the answers and I am sure that when we talk about relationships that I will stumble and not say the right thing from time to time. Still, I promise you two things: (1) I am always here to listen and hope that you will come to me with any questions or concerns you might have, and (2) I will always do the absolute best I can to help you with the decisions you make."
- **Script:** "I am interested because I care about you and I care about the things and people that are important to you. If you are involved with someone, I want to help you make sure that person is someone with whom you are comfortable, someone who supports you, someone who respects your ideas and opinions, and someone who appreciates all the things that make you who you are."

Support Condom Use.

- Young people in foster care are at great risk for sexually transmitted infections (STIs) and unintended pregnancy. Using condoms alongside other birth control methods is crucial for reducing this risk. Ensure that teens have access to condoms. (*Remember most health departments and family planning clinics offer free condoms.*) Consider taking your teen to buy condoms and discuss using condoms. (*Remember: Condoms should be used for oral, anal, and vaginal sex.*)
- **Script:** "I know talking about condoms can be awkward. I am bringing this up because I care about you. It's important to discuss condom use with your potential sexual partners. What do you know about condoms? If you bring up condoms and your partner refuses to wear one, this is a sign of controlling

ASK does your partner...

- Support you through good times and bad; or do they shy away from challenging moments/topics?
- Pressure you to have sex?
- Ignore boundaries that you have set?
- Get angry when you don't respond to phone calls and texts?
- Ignore your point of view?
- Asks for the passwords to your social media accounts?
- Pressure you to make the relationship very serious?
- Refuse to use birth control such as a condom?
- Drink/use drugs too much and/or blame their behavior on the alcohol/drugs?

On average, youth in care under the age of **20** had 6 lifetime partners.

Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Kindler, B., Harty, J., & Feng, H. (2016). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 19*. Chicago, IL: Chapin Hall at the University of Chicago.

behavior and emotional manipulation. However, not all partners will readily accept condoms and that is why condom negotiation is so important. *(Remember: Teens should mention both STI and pregnancy prevention as benefits of condom use, if not, tell them!)*

Know Your Options.

- Check out Bedsider.org and consult a physician about which birth control options may be best for your teen. If the teen discloses a romantic relationship, consider asking if they have discussed birth control methods with their partner. If not, this could be the sign of an unhealthy relationship.

Provide Helpful Resources.

- Teens often admit that they are not sure where to find trustworthy information.
- Check out Bedsider.org for games, media, Q&A, and educational materials for your youth.
- Try LovelsRespect.org for great resources on healthy relationships—consider the doing the ‘Relationship Spectrum’ activity together to spark a conversation.

Plan For the Future and Celebrate Success.

- Whether it’s academic, extracurricular, or personal achievements, celebrate it! Motivation is a key tool in personal development and pregnancy prevention strategies. *(Remember to discuss the benefits of foster care, such as monetary supplements for higher education opportunities.)* Communicate with other adults in the youth’s life to encourage activities that motivate the youth. Weave in conversations about future family formation to help empower them to determine when, if and under what circumstances to starting forming a family.
- Ask open ended questions and provide support:
 - “What do you want to be when you grow up? How can we make that dream a reality?”
 - “Do you want a family someday?”
 - “How do you want to be treated by your friends, romantic partners, etc.?”

Help Them Make Pregnancy and Childbearing More Concrete.

- Ask questions specifically about how pregnancy and childbearing might impact their current situation. These conversations can emphasize that pregnancy can be planned and should be for the health of a parent and child.

Support Planning for the Future :

- Transition planning is key to a youth who is considering leaving the foster care system at the age of 18 or considering extended care. Transition planning should include topics such as: birth

ASK

potential questions...



control options, plans for pregnancy/parenting, relationships, and goal-setting. When discussing transition planning with your teen bring up these topics and utilize the resources included in this guide to help facilitate a positive discussion.

- Pregnancy can be planned and prevented! Let the youth know that pregnancy isn’t a bad thing, while also acknowledging the extreme responsibilities that parenting entails. (Tip: If the youth has younger siblings or babysitting experience, use that as a conversation starter about the responsibilities of a child.) Emphasize that pregnancy can be planned and should be for the health of a parent and child.

Be Inclusive!

- It is at this time in a teen's life when they are trying to identify themselves. Whether your teen identifies as LGBTQ, a parent, or with another identity, be respectful of that and use inclusive language. *(Remember: Having this conversation with males is equally important as females, young men should understand the personal, financial, and legal obligations of fatherhood.)*

Don't Impose Your Values.

- Young people—especially adolescents—are very sensitive to judgment and won't be as open or confiding if they feel as though you are judging them. Try your best to leave your personal values at the door and know that being objective is in the best interest of the youth.

Foster youth report having intercourse with a partner who has a sexually transmitted infection (STI) at three times the rate of non-foster youth.

3X

The infographic features a purple border. On the left, there is a block of text in a bold, pink font. To the right of the text, the number '3X' is written in a large, bold, pink font. Below the text and the '3X', there are two purple silhouettes of a man and a woman in profile, facing each other.

Bilaver, L. A. & Courtney, M. E. (2006). *Science says #27 issue brief: Foster care youth*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy

Tips For Talking With Clients

Ensuring Clients Know Their Rights

- Explain that the social worker/probation officer must inform them of their rights every 6 months in a way that they can understand.
 - Be familiar and ready to discuss those rights with your client
- Explain that the social worker/probation officer must give them information that they can understand about sexual development, reproductive and sexual health care, prevention of unplanned pregnancies, abstinence, use of birth control, abortion, and prevention and treatment of STIs.
- Explain that they have the right to consent to or decline medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer or the court) for :
 - The prevention or treatment of pregnancy, including contraception, **at any age** (except sterilization)
 - An abortion, **at any age**
 - Diagnosis and treatment of sexual assault, **at any age**
 - The prevention, diagnosis, and treatment of STIs and HIV, **at age 12 or older**
- Explain that they have a right to confidentiality regarding the reproductive and sexual health care services that they receive.
- Ensure that there are no barriers to receiving reproductive and sexual health care services.

Ensure Clients Have Someone to Talk To

- Assume no one else is talking to them about sexual health
- It's never too early to start a conversation about sex and relationships
- Have an open door for questions and conversation
- Provide helpful resources
- Don't impose your values
- Support planning for the future



When Sexual Intercourse* with a Minor Must Be Reported as Child Abuse by Mandated Reporters: California Law

The California Child Abuse and Neglect Reporting Act requires certain professionals (“mandated reporters”), like teachers and health care providers, to report to child protection or law enforcement when they know or reasonably suspect child abuse. Sexual intercourse with a minor (a person younger than age 18) is reportable as child abuse in three circumstances:

1. WHEN COERCED OR IN ANY OTHER WAY NOT VOLUNTARY

Mandated reporters must report if they have a reasonable suspicion that intercourse with a minor was coerced or in any other way not voluntary. As one example, sexual activity is not voluntary when the victim is unconscious or so intoxicated that he or she cannot resist. *See* Penal Code sections 261 and 11165.1 for more examples.

2. WHEN IT INVOLVES SEXUAL EXPLOITATION OR TRAFFICKING

Mandated reporters must report if they have a reasonable suspicion that a minor has been sexually trafficked or is being sexually exploited. See www.teenhealthlaw.org for more information on this requirement.

3. BASED ON AGE DIFFERENCE BETWEEN PARTNER AND MINOR IN A FEW SITUATIONS

Mandated reporters also must report intercourse with a minor in a few situations based solely on the age difference between the minor and their partner, according to the following chart:

KEY: M = Mandated. A report is mandated based solely on age difference between partner and minor.

J = Use judgment. A report is not mandated based solely on age difference; however, a reporter must report if he or she has a reasonable suspicion that the intercourse was coerced, involved trafficking or exploitation, or was in any other way not voluntary, as described above, irrespective of age..

Age of Partner ⇒ Age of Youth ↓	12	13	14	15	16	17	18	19	20	21	22 & older
11	J	J	M	M	M	M	M	M	M	M	M ⇒
12	J	J	M	M	M	M	M	M	M	M	M ⇒
13	J	J	M	M	M	M	M	M	M	M	M ⇒
14	M	M	J	J	J	J	J	J	J	M	M ⇒
15	M	M	J	J	J	J	J	J	J	M	M ⇒
16	M	M	J	J	J	J	J	J	J	J	J ⇒
17	M	M	J	J	J	J	J	J	J	J	J ⇒
18	M	M	J	J	J	J	Chart design by David Knopf, LCSW, UCSF. (The legal sources for this chart are: Penal Code §§ 261.5, 261, 11165.1, 11165.6, 11166; 249 Cal. Rptr. 762, 769 (3 rd Dist. Ct. App. 1989); 226 Cal. Rptr. 361, 381 (1 st Dist. Ct. App. 1986).				
19	M	M	J	J	J	J					
20	M	M	J	J	J	J					
21 & older	M	M	M	M	J	J					

Do I have a duty to ascertain the age of a minor’s sexual partner for the purpose of child abuse reporting?

No statute or case obligates mandated reporters to ask youth about the age of their sexual partners for the purpose of reporting child abuse. *See* 249 Cal. Rptr. 762, 769 (3rd Dist. Ct. App. 1988).

Do I report pregnancy as child abuse?

The Child Abuse and Neglect Reporting Act states that “the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of child abuse.” Penal Code section 11166(a)(1).

What do I do if I am not sure whether I should report something?

When you aren’t sure whether a report is required or warranted, you may consult with legal counsel and Child Protective Services to ask about the necessity or appropriateness of a referral.

* This worksheet addresses mandated reporting of vaginal intercourse between non-family members. It is not a complete review of all California sexual abuse reporting requirements and should not be relied upon as such. For more information on other reporting rules and how to report in California, check www.teenhealthlaw.org. Legal information, not legal advice. © National Center for Youth Law. June 2017.

“WHEN

A JUDGE'S GUIDE TO PREGNANCY

YOU

PREVENTION AMONG FOSTER YOUTH

DECIDE...”

WITH BENCH TOOLS AND SCRIPTS

JUDGE PATRICIA ESCHER (RET.)

CONSULTANT

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BACKGROUND

In 2008 The National Campaign to Prevent Teen and Unplanned Pregnancy (The National Campaign) partnered with the National Council of Juvenile and Family Court Judges (NCJFCJ) to survey juvenile and family court judges on issues related to preventing teen and unplanned pregnancy. The effort resulted in a guide entitled *Critical Judgment: How Juvenile and Family Court Judges Can Help Prevent Teen and Unplanned Pregnancy*.

As a follow up to this work, in 2010 The National Campaign and NCJFCJ brought together judges from across the country to recommend steps to prevent teen and unplanned pregnancy in the foster care and juvenile justice systems. The judges recommended developing a tool to assist them in preventing teen and unplanned pregnancy, which resulted in the creation of the Technical Assistance Bulletin, *When you Decide... A Judge's Guide to Pregnancy Prevention Among Foster Youth* completed in 2011. Two NCJFCJ Model Court sites, Miami-Dade and Los Angeles, were selected to pilot and provide feedback from March 2012 to October 2013. What follows is an updated toolkit based on the experiences of Miami-Dade and Los Angeles, as well as feedback from other judges in the field.

COMFORT LEVEL WITH TEEN PREGNANCY PREVENTION

Depending on the individual and the context, both youth and judges will have different levels of comfort discussing sex and pregnancy in the courtroom. When implementing the recommendations in this toolkit, the judge and collaborative stakeholders (e.g. case workers, probation officers, Court Appointed Special Advocate, etc.) can decide where the court wishes to fall on the continuum of privacy for foster youth and comfort levels discussing sex and pregnancy in the courtroom. For example, the judge may consider asking broader questions of agency staff or requesting more specific orders regarding the content of the case report submitted to the court. The judge may also develop modifications to questions depending on whether the youth is a female or a male. Judges may also look to their opposite sex colleagues for advice and support. Judges should not be shy about discussing sex and pregnancy prevention with case stakeholders, either directly or with the assistance of support staff.

To learn more about how other judges have approached this issue in their court rooms, refer to *Critical Judgment: How Juvenile and Family Court Judges Can Help Prevent Teen and Unplanned Pregnancy* (available at TheNationalCampaign.org), a publication from The National Campaign to Prevent Teen and Unplanned Pregnancy and the National Council of Juvenile and Family Court Judges.

HOW TO USE THIS TOOLKIT

Judges play an important role in ensuring that youth get the support, knowledge, and tools needed to make healthy long-term decisions regarding sex and reproduction. Three critical inquiries from the judge—**Relationships, Knowledge, and Motivation**—can support an environment in which pregnancy is delayed.

This toolkit does not require that specific questions related to sexuality or reproductive health be directed to youth on the record in the courtroom. Rather, this toolkit supports judges in ensuring that appropriate system stakeholders focus on sexual and reproductive health as an integral part of the youth's case plan and that youth receive the support, knowledge, and tools needed to make healthy long-term decisions regarding sex and pregnancy planning.

This toolkit likely has similar questions to those already asked by judges using other bench tools and can be inserted into a bench book or used with existing bench cards to streamline questions asked during the following hearings:

- » Initial Hearing
- » Dispositional Hearing
- » Review Hearing
- » Permanency Hearing

TABLE OF CONTENTS

TECHNICAL ASSISTANCE BULLETIN	1
INTRODUCTION	1
Sex, Pregnancy, and Birth: Youth in Foster Care	2
Foster Care and the Intent to Have a Baby	2
Sexual Abuse and Trauma: Meeting the Reproductive Health Needs of Foster Youth	3
KEY TO PREVENTION: JUDGES GIVING YOUTH THE TOOLS TO MAKE GOOD DECISIONS	3
RELATIONSHIPS AND ASKING THE RIGHT QUESTIONS	4
From the Bench: Asking the Right Questions About Relationships	5
The Judge’s Role: Focus on Relationships	6
Facilitating and Supporting Existing Relationships	6
Taking on the Caring Adult Role	6
KNOWLEDGE AND ASKING THE RIGHT QUESTIONS	6
The Judge’s Role: Focus on Knowledge	7
From the Bench: Asking the Right Questions About Knowledge	8
MOTIVATION AND ASKING THE RIGHT QUESTIONS	9
The Judge’s Role: Focus on Motivation	10
From the Bench: Asking the Right Questions About Motivation	11
CONCLUSION	10
TRAINING RECOMMENDATIONS AND RESOURCES	13
FROM THE BENCH: FULL BENCH CARD	15
QUICK REFERENCE GUIDE BENCH CARD	19
ON FOSTER YOUTH PARTICIPATION IN COURT	21
ON JUDICIAL OVERSIGHT: RELATIONSHIPS, KNOWLEDGE, AND MOTIVATION	23
OUTSIDE THE COURT ROOM: WORKING WITH YOUTH TO ADDRESS REPRODUCTIVE HEALTH	25
RIGHTS OF MINORS IN FOSTER CARE	31
SAMPLE SCRIPTS	33
SEVEN THINGS YOU CAN DO TO HELP PREVENT PREGNANCY AMONG FOSTER YOUTH	37



TECHNICAL ASSISTANCE BULLETIN

INTRODUCTION

Teen pregnancy has significant consequences—many of which are negative—for both the young parents and the baby. This is especially true for youth in foster care. Removed from their families and facing an uncertain future, youth in foster care are less prepared to make informed, responsible decisions about sex and family formation and more likely than their non-foster care peers to engage in sex at an earlier age and become pregnant or cause a pregnancy.

Judges in dependency proceedings are in a unique position to help foster youth make informed reproductive health decisions (See *On Judicial Oversight—Relationships, Knowledge, and Motivation* on page 23). In particular, judges have the authority and the responsibility to ensure that youth are present and heard from at each hearing, and that case plans for youth include support of caring, trusted adult relationships; plans for the foster youth’s future; and developmentally-appropriate reproductive health information. Having these elements in place are key to helping foster youth make their own responsible decisions to delay sex and postpone pregnancy.

The contents of this toolkit were developed based on suggestions and feedback from judges in sites that piloted the initial version. It is designed to guide judges in both on-the-bench hearings and off-the-bench collaborative processes by setting forth a framework—relationships, knowledge, and motivation—with which youth are more likely to make good reproductive health decisions. Finally, it suggests questions to ask from the bench that can best ensure the framework is in place in all aspects of the youth’s life in care. By asking the right questions at every hearing, judges can ensure that each stakeholder in the case fulfills his or her responsibility to take the steps necessary to support youth in making responsible decisions about sex and pregnancy.

Include Boys

While girls who become pregnant experience different consequences than boys who cause a pregnancy, **it is vital that the judge place equal emphasis on pregnancy planning and prevention among both genders.**

The court should equally focus on integration of sexual and reproductive health in the case plans of boys as well as those of girls through inquiry and promoting healthy relationships with appropriate adults, access to sexual and reproductive health information, and the foster youth’s long-term plans and motivations. **Boys should also fully understand their responsibilities to any child they may father, both personally and legally.**

It is important to note that this tool does not require specific questions related to sexuality or reproductive health be directed to youth on the record in the courtroom. Each court will have its own culture and comfort level in dealing with issues of sexuality and reproductive health.

However, it is strongly recommended that youth be encouraged to attend hearings and thoughtfully discuss sexual and reproductive health in a way that does not infringe on their privacy and that focuses on three key factors: relationships, knowledge, and motivation. Judges should be aware that, as of the publication of this toolkit, no state limits or prohibits discussion of reproductive health options with foster youth. If a stakeholder claims that a policy prohibiting discussion of reproductive health options with foster youth exists, judges should ask for a copy of the “policy” which restricts discussion so that the court can fully understand the restriction. For more information, please see *Rights of Minors in Foster Care* on page 31.

SEX, PREGNANCY, AND BIRTH: YOUTH IN FOSTER CARE

Youth in foster care face more challenging circumstances and experience less positive outcomes with respect to risk for early pregnancy than youth in the general population. Although there is no national-level data on pregnancy among youth in foster care, studies indicate that, as compared with their peers outside the foster care system, youth in foster care begin having sexual intercourse at a younger age, are more likely to become pregnant or father a child at a young age, and are more likely to carry a pregnancy to term.¹

A Midwestern study of former foster youth showed that one-third of the females became pregnant before age 17, and nearly half by age 19; this is 2.5 times the rate for their non-foster peers.² By age 19, youth in foster care were more than twice as likely as all youth to have given birth to a child.³ And 46% of youth in foster care who have been pregnant once have had a subsequent pregnancy while still a teen, as compared to 29% of their non-foster peers.⁴ Foster youth also report having intercourse with a partner who has a sexually transmitted infection (STI) at three times the rate of non-foster care youth.⁵

Pregnancy has even more profound consequences for teens growing up in foster care than for their non-foster peers. As Miami Judge Jeri Cohen put it, “[w]hen the girls get pregnant they are unable to effectively utilize all the other services that we offer them.”⁶

FOSTER CARE AND THE INTENT TO HAVE A BABY

When working with youth in foster care, it is important to understand that some youth in care may want to get pregnant.

To some, having a baby is a way to:

- » Find a meaningful relationship.
- » Create a family.
- » Sustain relationships.
- » Achieve a sense of stability.
- » Get closer to their birth family.
- » Receive unconditional love.
- » Become successful and achieve more (more motivated due to baby).
- » Show that they can do better than their birth parents.

This means that a judge and stakeholders cannot assume when working with youth in care that a pregnancy is an accident or something to be avoided. Consider these factors when talking with youth in foster care about reasons to avoid early pregnancy. Stakeholders may consider working with youth in care to identify ways to fulfill these needs without having a baby.

“ [Foster families are] not really related to you biologically at all. Or living in groups homes. Like none of them girls in there; you don’t know them. **And a baby that’s yours, that’s your family, that’s like something you can relate to.** ”

(Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care)

See page 12 for sources.

It is also true that some youth in care will be parents when they enter the child welfare system and may be at risk for a subsequent teen pregnancy and birth. In fact, by age 19, nearly half of females in foster care have had a subsequent pregnancy compared to less than one-third of females not in foster care.

SEXUAL ABUSE AND TRAUMA: MEETING THE REPRODUCTIVE HEALTH NEEDS OF FOSTER YOUTH

All youth in foster care have experienced trauma on some level—at a minimum, they have been removed from their homes—youth may also have experienced sexual abuse. Discussing issues related to sex, reproductive health, pregnancy, and contraception may trigger trauma cues like flashbacks or bad memories. The youth may respond by exhibiting such negative behavior as spacing out, constant movement, acting out, and/or struggling to manage emotions in both the courtroom and other places that remind them of the traumatic experience. It is important to understand that trauma may be why the youth is acting out and not to misinterpret these behaviors as disrespectful or negative; they are often an unconscious response that has been triggered by memories of prior trauma.

For foster youth who disclose a history of sexual abuse it is critical to identify counselors and therapists who can work with the youth, and then follow their professional guidance as to how and when to discuss sex, reproductive health, pregnancy, and contraceptive methods and access.

KEY TO PREVENTION: GIVING YOUTH THE TOOLS TO MAKE GOOD DECISIONS

Teen pregnancy is the result of a series of decisions about sex, with numerous opportunities to guide decision-making with positive prevention measures. For example, before a youth becomes pregnant or causes a pregnancy, she or he engages in sexual activity, which may or may not include intercourse. Pregnancy (and possibly an STI) could be the result of a larger, more complicated process, involving several decisions along the way, each of which is an opportunity to make a choice.

Some of these choices are:

- » Initiation of sexual activity.
- » Whether and when to have intercourse.
- » Frequency of sexual intercourse.
- » Number of partners.
- » Choice of partners and quality of relationships.
- » Whether and how to take action to prevent pregnancy and STIs.

The recent decline in teen pregnancy rates in the U.S. highlights the importance of focusing on the entire timeline of decisions. Research indicates the decline has resulted, in part, from behavioral changes in two distinct areas: delayed initiation of sexual intercourse and improved contraceptive practice.⁷ Youth have been making different—and better—decisions about their reproductive health.

Adults can support good decision-making among youth in foster care. In particular, they can create an environment that communicates the importance of waiting to have a baby, provides the youth with complete and accurate information, and helps the youth to take responsibility for each of the decisions that may lead to pregnancy. Three factors play a critical role in the development of good decision-making skills that will help youth postpone sex and pregnancy: **relationships, knowledge, and motivation.**

It is crucial that youth be encouraged to attend and be heard at each hearing, if they want to and are comfortable doing so. The youth may not be willing to talk about sex and relationships, wanting instead to guard their privacy during a time when many people are making decisions for them. The judge should be prepared to modify how the court receives information about progress on the three decision-making skills factors—relationships, knowledge, motivation—to safeguard the youth's privacy.

See page 12 for sources.

RELATIONSHIPS AND ASKING THE RIGHT QUESTIONS

One of the most important factors in preventing teen pregnancy is a supportive relationship between the youth and a caring, trusted adult. That caring adult can help to communicate with youth about the importance of delaying sex and being prepared for pregnancy and parenthood. They can also help the youth learn about healthy relationships and provide a link to clinical services, if appropriate.

Many years of research have confirmed that parents are a primary influence on a youth's decisions about sex. Youth who are close to their parents are more likely to postpone sex, to have fewer sexual partners, and to use contraception consistently.⁸ Studies have consistently shown that parents' values influence whether youth have sex, how old they are when they have sex for the first time, the number of sexual partners they have, their use of contraception, and whether or not they become pregnant.⁹

Monitoring and supervision are also related to lower teen pregnancy rates, primarily by decreasing the opportunity for sexual activity, particularly early sexual activity.¹⁰ This is especially important given that youth who have sex in their early teens have more sexual partners, are less likely to use contraception, and are more likely to become pregnant.¹¹ Supervision can also include restrictions on age differences in youth relationships, which in turn affects sexual activity; teens who have a partner close to them in age are far less likely to have sexual intercourse than a young teen with a partner two or more years older.¹²

Foster youth are the first to point out the obvious absence of strong relationships with caring, supportive adults as a major factor affecting their ability to make good decisions about sex and pregnancy prevention.¹³ A youth living in a non-relative foster placement is separated not only from parents but also frequently from extended family, school friends, peers, and mentors. The youth must often change schools and churches, cutting off contact with teachers, coaches, or pastors who may have played a supportive role in his or her life.

Many adult stakeholders assume responsibility for the wellbeing of a youth placed in foster care:

- » **Child welfare staff** must develop a case plan to meet the youth's need for safety, health, education, and permanency.
- » A **lawyer or guardian ad litem** will advocate for the youth in court.
- » **Foster parents** or **group home staff** will provide a safe, nurturing environment.
- » The **behavioral health service provider** will address the youth's mental health needs.
- » The **Court Appointed Special Advocate (CASA)** will advocate for the youth's best interests in court.
- » The **judge** will ensure that the stakeholders make reasonable and timely efforts to provide the youth with necessary and appropriate services to achieve the permanent case plan goal.

No one individual is charged with filling the role that a parent would ordinarily be expected to play by developing a relationship based on trust and confidence that guides youth in making major life decisions.

The foster care system must either:

A - support or facilitate a youth's relationship with caring adults who might not be able to provide a home for the youth but may nonetheless serve as a mentor or confidant; or

B - adult stakeholders must step into that role.

See page 12 for sources.

FROM THE BENCH CARD: ASKING THE RIGHT QUESTIONS ABOUT RELATIONSHIPS

The judge should ask if the youth is present. If not, the judge should determine why not and what can be done to make sure the youth attends in the future. If the youth is present, the judge should be prepared to engage the youth by asking questions about placement, caring adults, school, extracurricular activities, and future plans.

At the first hearing and at each subsequent hearing, the judge should receive the answers to the following questions, either from reports submitted to the court or through questioning during the hearings:

- Who is the trusted adult in the youth's life with whom the youth has a positive relationship?
- Who have the parents identified as extended family members and other support persons?
- Who has the youth identified as family and support persons, and specifically, adults with whom the youth may be able to communicate effectively about intimate topics such as sex, love, and relationships?
- What other action has been taken to identify and engage family and support persons, by whom, and when?
- What barriers, if any, are there to participation, and what is being done to overcome those barriers?
- Which of the important adults in the youth's life (including foster parents, agency staff, youth's attorney, and CASA) have received information and training on how best to communicate with the youth about decision-making in general, and sexuality and relationships in particular?
- Which important adults are working closely together, coordinating their support of the youth and monitoring the youth's activities and friendships?
- What services are being provided to help the youth develop a healthy relationship with the parents?
- What training has been provided to the caring adult for effective developmentally appropriate communication about values, healthy relationships, reproductive health information, and information and access to contraceptive methods?

THE JUDGE'S ROLE: FOCUS ON RELATIONSHIPS

The judge can ensure that stakeholders are either supporting and facilitating existing relationships with caring, trusted adults, or stepping into the role with appropriate training and skills.

The first thing the judge can do is make sure the youth is present at each hearing, and give the youth an opportunity to speak at each hearing. Beginning at the initial hearing, the judge can ensure that:

- » The agency staff and all participants focus on identifying the important and appropriate adults in the youth's life and promoting and strengthening those relationships.
- » Everyone working with the youth, including the agency staff, is trained to understand reproductive health issues, be supportive of the youth, and communicate effectively in a developmentally appropriate way.

Facilitating and Supporting Existing Relationships. Stakeholders involved in the case should be encouraged to think about this issue broadly. Both maternal and paternal relatives should be considered as a possible placement for the youth, and for involvement in the case in other ways. Relatives and other caring adults can provide positive support to the youth in a variety of areas and may be able to facilitate visitation between the youth and his or her parents or siblings, host the youth for visits during holidays, attend athletic events or school functions, serve as a mentor, support the youth in case planning meetings and hearings, or just visit on a regular basis.

Stakeholders Taking on the Caring Adult Role. Sadly, in too many cases, the only constant person in a foster youth's life will be the case stakeholders. Particularly in these circumstances, it is important that the stakeholders have the training and skills to be able to communicate effectively with the youth and develop a relationship of mutual trust.

Both the stakeholders and the existing caring adult should receive training on how to effectively communicate with the foster youth about developmentally appropriate reproductive health information and values, as well as how to support use and access to a full range of contraceptive methods.

KNOWLEDGE AND ASKING THE RIGHT QUESTIONS

To make good decisions about preventing pregnancy foster youth need—but may not be getting—comprehensive, accurate information from reliable sources about sex, reproductive health, pregnancy, and contraception.

The National Center for Health Statistics (NCHS) reports that virtually all adolescents receive some formal sex education before they are 18.¹⁴ In that same survey, one-third of adolescents report that they were not taught anything about methods of birth control,¹⁵ even though most teens believe they should be getting information about both abstinence and contraception, or contraception alone.¹⁶

Although 59% of older youth believe that doctors are their most trusted source of information about contraception, almost half rely on less trusted sources for their knowledge: the media and their friends.¹⁷ It is not surprising, then, that a significant minority reports little or no knowledge about common methods of contraception.¹⁸ Youth appear to have a limited and sometimes incorrect understanding of basic concepts of sexual reproduction:

- » Most older youth know that a woman is more fertile at certain times of the month, BUT less than one-third correctly identified when that time is.¹⁹
- » Sixteen percent erroneously believe that it is quite or extremely likely that they themselves are infertile.²⁰
- » Close to half of teens surveyed wrongly believe that there is a 50% chance of getting pregnant even when correctly using the birth control pill.²¹

See page 12 for sources.

- » Half of older youth and one-third of all youth agree with the statement: “It doesn’t matter whether you use birth control or not; when it is your time to get pregnant, it will happen.”²²
- » Three-quarters of this same group also report that “I have all the information I need to avoid an unplanned pregnancy.”²³

There is a disconnect between youth’s perceptions and beliefs and the facts. Comprehensive, accurate information from reliable sources about sex, reproductive health, pregnancy, and contraception is needed to bridge this knowledge gap.

Similarly, there is a knowledge gap related to the consequences of pregnancy and parenting. Surveys indicate that most youth agree that it is okay for a single female to have a baby.²⁴ In 2007, almost half of youth surveyed reported that they had never really thought about what their life would be like if they got pregnant or got someone pregnant as a teen.²⁵

To close this gap, the trusted caring adult in the youth’s life—whether it is an existing relationship or another qualified adult stepping into the role—must be prepared to be the source of developmentally appropriate, reliable information. To best prepare these important adults, thorough training is paramount.

THE JUDGE’S ROLE: FOCUS ON KNOWLEDGE

Responsible parents don’t wait until their child is almost an adult to begin a conversation about sex, reproductive health, pregnancy, and contraceptive methods, and access. Similarly, stakeholders should not wait until the youth is aging out of the foster care system to share this information. Foster youth report that they have some access to information on these issues but some report that it is too little and too late.²⁶

Discussion, planning, and taking action to support the reproductive health of youth in foster care should begin early, at puberty or, at least, before the youth enters high school. In 2013, 46% of children in foster care were between the ages of 10 and 20 years old which means the work should begin by the first court hearing.²⁷

Because a foster youth is continually maturing, developmentally appropriate discussions with a caring, trusting adult should take place multiple times throughout the youth’s adolescence. This enables the youth to regularly receive information on these topics throughout their lives. Information sharing should not happen just once.

All foster youth are entitled to receive regular health screenings. Agency staff should ensure that, as the youth enters puberty, those screenings include an examination and age-appropriate reproductive health and pregnancy prevention information, including information about methods of contraception and how and where to get it.

The judge should specifically order that these steps be included in the youth’s case plan, and ask if the youth has a doctor with whom a positive relationship exists. The judge should ensure that the case plan provides for:

- » Developmentally-appropriate information shared by a caring trusted adult starting at puberty (or earlier).
- » Appropriate reproductive medical screening and services.
- » Evidence-based education that promotes informed decisions about sex, delaying sex, pregnancy, and effective use of contraception.
- » Easy access to appropriate methods of contraception.
- » Stakeholders should be aware of the youth’s potential involvement in sexual activity; for example, when a youth begins dating or reports that he or she is involved in a romantic relationship. The supportive adults must follow-up with the youth on the reproductive health information received, and ensure access to reproductive health care and contraception as well as reiterating effective ways to prevent pregnancy and STIs.

See page 12 for sources.

FROM THE BENCH CARD: ASKING THE RIGHT QUESTIONS ABOUT KNOWLEDGE

The judge should ask if the youth is present. If not, the judge should determine why not and what can be done to make sure the youth attends in the future. If the youth is present, the judge should be prepared to engage the youth by asking questions about placement, caring adults, school, extracurricular activities, and future plans. The judge should inform stakeholders of the expectation that information about sex, reproductive health, pregnancy, contraceptive methods, and access to contraceptives will be shared with the foster youth and reported on at hearings.

At subsequent hearings the judge should have answers to the following questions, either from reports submitted to the court, or through questioning during the hearing:

- Who is responsible for providing the foster youth with developmentally-appropriate and ongoing information on sex, pregnancy, reproductive health, contraception methods, contraception access, STI prevention, and healthy relationships?
- What comprehensive and accurate information has been shared with the foster youth?
- Which physician has the youth been referred to for age- and developmentally- appropriate reproductive health screenings and pregnancy prevention information?
- When did or will the youth complete an evidence-based sex education program that included complete and accurate information about reproduction, STIs, abstinence, and contraception?
- How does the youth access contraception? What steps have been taken so access is ongoing, ready, and non-judgmental? Who provided the youth with information on how to use contraception effectively and consistently?

The case plan should also provide information on the training for relative placements and other significant adults—especially foster parents—on how to responsibly and effectively communicate with youth about making good decisions specifically with regard to sexuality, reproductive health, pregnancy, contraception, and relationships.

The judge should be alert to whether the agency staff and the youth’s placement have a good working relationship, and that both are setting appropriate boundaries and expectations for the youth and monitoring his/her activities and friendships.

MOTIVATION AND ASKING THE RIGHT QUESTIONS

Healthy relationships with caring, trusted adults and ongoing, developmentally-appropriate knowledge are not enough to help a foster youth make good decisions. The issues that emerge with sexual maturation arise at a time when adolescents are making decisions in other major areas of their lives, such as:

- » What are my life goals?
- » What kind of career do I want?
- » Will I continue my education, and in what form?
- » Who will my friends be?
- » Will I use alcohol or drugs, or engage in other risky behavior?

Youth must also be motivated to avoid pregnancy. Motivation to make careful decisions is tied to the ability to envision a bright future, the knowledge of how to achieve that future, and recognition of how today’s decisions might affect that future. A youth who has a real vision of their future and is motivated to forego short-term opportunities to achieve long-term goals is more likely to make responsible decisions about sex and pregnancy. In other words, for those who choose to engage in sexual intercourse, “there must be some compelling reason for them to master contraceptive information and go to the trouble it takes to use birth control carefully and consistently.”²⁸

Youth growing up in adverse circumstances may not see a positive future for themselves—or, even if they do, they may lack the support needed to believe that they can achieve that future. Programs designed to prevent teen pregnancy are more likely to succeed if they also help youth develop the skills needed to become successful adults. “By engaging teens in meaningful activities, making them feel competent, and helping them develop valuable skills, youth development groups give kids a sense of hope in their future—[which is] the greatest incentive to remain pregnancy-free.”²⁹

Planning for the future is not something a foster youth may be interested in or able to do until life has stabilized. Achieving placement, educational, and extra-curricular stability is key to the ability to plan for the youth’s future. Services supporting each of these priorities should be included in the case plan and should be reviewed at every case staffing and hearing, with input from the youth and the caring adults with whom the youth is connected.

First, the youth must have a stable placement in a safe, nurturing environment, preferably with a relative or other caring adult, and with siblings (if applicable). If a full and complete effort is not put into finding an appropriate placement, the placement is likely to disrupt. Every disruption delays and impedes the development and implementation of an effective plan for the youth’s future; therefore, agency staff should identify and put in place the assistance needed to support and maintain the placement.

Second, the youth must have educational stability. Every youth must enroll in and attend an educational or vocational program, and—to the extent possible depending on his or her best interest—the youth should remain in the familiar environment of his or her home school. The importance of the judge’s role in ensuring that the educational needs of youth in foster care are met has been well documented.³⁰ By discouraging changes in school placement (and the resultant setbacks in educational progress) the judge can celebrate the youth’s achievements in school and work towards eliminating barriers and challenges.

See page 12 for sources.

Third, the youth must have stability in the extra-curricular activities, such as involvement with a church youth group, participation in athletic activities, or involvement in interest-based clubs or hobbies. Engaging in these activities will enable youth to explore and build upon interests, helping to frame their short- and long-term goals and provide motivation to avoid negative outcomes.

As the youth matures—but well before he or she approaches emancipation—the case manager and other adults identified by the youth should assist in developing a detailed plan for transitioning to independent living and ultimately into adulthood. The plan should address the major adult life markers: housing, employment, education, and health (in particular, reproductive health).

THE JUDGE'S ROLE: FOCUS ON MOTIVATION

In accordance with federal law, the judge should ensure that the child welfare agency works with the youth to develop comprehensive transition plans (as appropriate), including independent living skills training (housing, education, career, and reproductive health) and provide services that are necessary and appropriate to achieving that plan.

At each hearing, the judge can discuss with the youth his or her life goals, identify the steps needed to achieve those goals, and walk through how short-term decisions (including the decision to engage in unprotected sex) can affect long-term aspirations (See *On Foster Youth Participation in Court* on page 21).

The judge can also serve as a pro-active supporter of the youth's goals, asking the youth about progress towards his or her stated goals, celebrating his or her successes, and helping him or her problem solve any barriers that may have arisen in meeting those goals.

CONCLUSION

Engaging in sexual activity and having a baby are major milestones in life. For youth and young adults, the earlier these occur, the more potential for negative long-term consequences. Ultimately, adults cannot control a youth's sexual behavior, but they can have a powerful impact on their decision-making by communicating the value of postponing sex and pregnancy, and by providing them with comprehensive, accurate information; health care; and ready access to contraception. More importantly, they can help the youth to envision a bright future and support them as they work to make good decisions.

The juvenile judge plays an important role in ensuring that the youth's case plan provides for his or her safety, wellbeing, and permanency. This includes having specific provisions to address reproductive health and pregnancy prevention through the support of long-term relationships with caring adults, comprehensive sex education, access to reproductive health services and contraception, and support of the youth's long-term plans to transition to adulthood. By including the youth in the planning and review process and asking the right questions at every hearing, the judge can make certain that all stakeholders are making a reasonable effort to support the youth in learning to make informed decisions about when he or she is ready for sexual activity and pregnancy.

FROM THE BENCH CARD: ASKING THE RIGHT QUESTIONS ABOUT MOTIVATION

The judge should ask if the youth is present. If not, the judge should determine why not and what can be done to make sure the youth attends in the future. If the youth is present, the judge should be prepared to engage the youth by asking questions about placement, caring adults, school, extracurricular activities, and future plans.

During regular reviews of the case, the judge should have answers to the following questions, either from reports submitted to the court, or through questioning during the hearing:

- How stable is the youth's placement? Is the youth placed with a relative or other caring adult who has a supportive relationship with the youth?
- If not, what efforts are being made to identify an appropriate relative or caring adult to achieve a stable placement?
- What reasonable efforts have been made to place siblings together?
- What, if any, support is needed to maintain the youth in a stable placement? Who is responsible for providing this support? By when?
- Where is the youth enrolled in school? How stable is the youth's educational placement?
- If the youth was moved from his or her home school, why is that in the youth's best interest?
- What has been done to ensure the continuity of education credits, extracurricular activities, etc.?
- What are the youth's life goals? How are those being supported by stakeholders?
- Who has reviewed the youth's educational records, assessed the youth's performance, and ensured that the youth is receiving any necessary remedial or educational support services?
- What extracurricular activities is the youth engaged in? What efforts are being made to maintain stability in the youth's participation in extracurricular activities?
- What supports and services are in place to maintain the stability of the youth's placement, education, and extracurricular activities?
- What supports and services are in place to assist the youth with independent living skills (housing, education, employment, reproductive health) and transition planning?

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TRAINING RECOMMENDATIONS AND RESOURCES

TRAINING RECOMMENDATIONS

A key theme in the feedback from the pilot project was the need for training of both stakeholders and caring adults in the lives of young people related to:

- » Who, where, and how to talk about reproductive health and safety with foster youth in a developmentally appropriate way.
- » What services are available to the foster youth.
- » Understanding why a foster youth might want a baby.
- » Understanding the effect of sexual abuse and trauma on sexuality and reproductive health.

RESOURCES

FAST FACTS: TEEN PREGNANCY IN THE UNITED STATES

Our *Fast Facts* fact sheet series details data on teen pregnancy, birth, and childbearing including information on:

- » race and ethnicity,
- » sexual behavior,
- » contraceptive use,
- » and trends in the United States.

Learn more at [TheNationalCampaign.org](https://www.thenationalcampaign.org).

TEEN BIRTH RATE

Provides state rankings and their corresponding teen birth rate (overall, not broken down by race/ethnicity, age, etc.) and U.S. overall teen birth rate.

Learn more at [TheNationalCampaign.org/data](https://www.thenationalcampaign.org/data).

TEEN PREGNANCY RATE

Provides state rankings for teen pregnancy and their corresponding rate (overall, not broken down by race/ethnicity, age, etc.) and U.S. overall teen pregnancy rate.

Learn more at [TheNationalCampaign.org/data](https://www.thenationalcampaign.org/data).

TOOLS FOR JUDGES:

From the Bench: Full Bench Cards	page 15
Quick Reference Guide Bench Card	page 19
On Foster Youth Participation in Court	page 21
On Judicial Oversight—Relationships, Knowledge, and Motivation	page 23
Rights of Minors in Foster Care	page 31
Sample Scripts	page 33
Seven Things You Can Do to Help Prevent Pregnancy among Foster Youth	page 37

AVAILABLE AT THENATIONALCAMPAIGN.ORG:

Critical Judgment: How Juvenile and Family Court Judges Can Help Prevent Teen and Unplanned Pregnancy

Why it Matters (a fact sheet series on the consequences of teen pregnancy)

TOOLS FOR SYSTEM STAKEHOLDERS

(i.e. case managers, probation officers, social workers, CASA):

Outside the Court Room: Working with Youth to Address Reproductive Health	page 25
Rights of Minors in Foster Care	page 31
Sample Scripts	page 33

AVAILABLE AT THENATIONALCAMPAIGN.ORG:

Help Me to Succeed: A Guide for Supporting Youth in Foster Care to Prevent Teen Pregnancy

Talking Back: What Teens Want Adults to Know About Teen Pregnancy

Pocket Protector: A Guide to Birth Control Options

TOOLS FOR FOSTER YOUTH:

Bedsider.org (website for young people age 18–29)

StayTeen.org (website for teens age 13–17)

StayTeen.org/health-centers (Stay Teen Health Center Finder)

AVAILABLE AT THENATIONALCAMPAIGN.ORG:

It's Your Call: Make the Right Decision for You

Pocket Protector: A Guide to Birth Control Options

TOOLS FOR PARENTS, FOSTER PARENTS, CAREGIVERS

AVAILABLE AT THENATIONALCAMPAIGN.ORG:

10 Tips for Foster Parents to Help Their Foster Youth Avoid Teen Pregnancy

10 Tips for Parents To Help Their Children Avoid Teen Pregnancy

A Crucial Connection: Working Together to Address Teen Pregnancy Among Youth in Foster Care

Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care



FROM THE BENCH: FULL BENCH CARDS

FROM THE BENCH: FULL BENCH CARDS

The judge should ask if the youth is present. If not, the judge should determine why not and what can be done to make sure the youth attends in the future. If the youth is present, the judge should be prepared to engage the youth by asking questions about placement, caring adults, school, extracurricular activities, and future plans.

The judge should inform stakeholders of the expectation that information about sex, reproductive health, pregnancy, contraceptive methods, and access to contraceptives will be shared with the foster youth and reported on at hearings.

At the first hearing and at each subsequent hearing, the judge should receive the answers to the following questions, either from reports submitted to the court or through questioning during the hearings.

QUESTIONS ABOUT RELATIONSHIPS

- Who is the trusted adult in the youth's life with whom the youth has a positive relationship?
- Who have the parents identified as extended family members and other support persons?
- Who has the youth identified as family and support persons, and specifically, adults with whom the youth may be able to communicate effectively about intimate topics such as sex, love, and relationships?
- What other action has been taken to identify and engage family and support persons, by whom, and when?
- What barriers, if any, are there to participation, and what is being done to overcome those barriers?
- Which of the important adults in the youth's life (including foster parents and the agency staff, youth's attorney, and CASA) are receiving information and training on how best to communicate with the youth about decision-making in general, and sexuality and relationships in particular?
- Which important adults are working closely together, coordinating their support of the youth and monitoring the youth's activities and friendships?
- What services are being provided to help the youth develop a healthy relationship with the parents?
- What training has been provided to the caring adult for effective developmentally appropriate communication about values, healthy relationships, reproductive health information, and information and access to contraceptive methods?

QUESTIONS ABOUT KNOWLEDGE

- Who is responsible for providing the foster youth with developmentally-appropriate and ongoing information on sex, pregnancy, reproductive health, contraception methods, contraception access, STI prevention and healthy relationships?
- What comprehensive and accurate information has been shared with the foster youth?
- Which physician has the youth been referred to for medical screenings and age- and developmentally- appropriate reproductive health and pregnancy prevention information?
- When did or will the youth complete an evidence-based sex education program that included complete and accurate information about reproduction, STIs, abstinence, and contraception?
- How does the youth access contraception? What steps have been taken so access is ongoing, ready, and non- judgmental? Who provided the youth with information on how to use contraception effectively and consistently?

QUESTIONS ABOUT MOTIVATION

- How stable is the youth's placement? Is the youth placed with a relative or other caring adult who has a supportive relationship with the youth?
- If not, what efforts are being made to identify an appropriate relative or caring adult to achieve a stable placement?
- What reasonable efforts have been made to place siblings together?
- What, if any, support is needed to maintain the youth in a stable placement? Who is responsible for providing this support? By when?
- Where is the youth enrolled in school? How stable is the youth's educational placement?
- If the youth was moved from his or her home school, why is that in the youth's best interest?
- What has been done to ensure the continuity of education credits, extracurricular activities, etc.?
- What are the youth's life goals? How are those being supported by stakeholders?
- Who has reviewed the youth's educational records, assessed the youth's performance, and ensured that the youth is receiving any necessary remedial or educational support services?
- What extracurricular activities is the youth engaged in? What efforts are being made to maintain stability in the youth's participation in extracurricular activities?
- What supports and services are in place to maintain the stability of the youth's placement, education, and extracurricular activities?
- What supports and services are in place to assist the youth with independent living skills (housing, education, employment, reproductive health) and transition planning?



QUICK REFERENCE GUIDE BENCH CARD

QUICK REFERENCE GUIDE BENCH CARD

The judge should ask if the youth is present. If not, the judge should determine why not and what can be done to make sure the youth attends in the future.

The questions below can be asked of the youth themselves or system stakeholders to ensure that questions related to teen pregnancy prevention are addressed.

- Who are the long-term supportive adults that have been identified in the foster youth's life and how are those relationships supported by the case plan?**

(This could include family members, foster parents, child welfare staff, and other advocates.)

- Who referred the foster youth to a health care provider for a health screening, including STI screening, and information about birth control? What does the foster youth know about how to access these reproductive health services on his or her own?**

(This could include a visit to the health clinic, accessing reliable web resources, or attending an educational program.)

- From where and how does the foster youth have ongoing and ready access to contraception?**

- What are the foster youth's long-term and short-term goals? What conversations have been had with the foster youth about the impact a pregnancy would have on those goals?**



ON FOSTER YOUTH PARTICIPATION IN COURT

ON FOSTER YOUTH PARTICIPATION IN COURT

Federal law requires that youth in care be given the opportunity to be heard, and that specialized transition case plans be developed for older youth. In most states, a foster youth is a party to the dependency proceeding and has the right to attend hearings; the judge should encourage the youth to attend unless it is contrary to his or her interests.

Support of participation by foster youth includes setting hearings at times when the youth is not in school or during scheduled extracurricular activities. The judge should ask about who will transport the youth to and from the courthouse for hearings. The judge should also consider alternative forms of participation, such as allowing the youth to participate by phone or through writing a non-ex parte letter.

If the foster youth doesn't attend court proceedings, the judge should ask about the foster youth's absence. The judge should advise the agency staff and counsel that he or she strongly encourages the youth to attend in person. Some judges give the youth, through counsel, a letter or "notice" in youth-friendly language that lets the youth know about the proceeding, the importance of the hearings, and the judge's wish to hear personally from the youth in court.

If the foster youth attends court hearings, this is the beginning of a relationship with another person who can be instrumental in achieving long-term goals. The nature of that relationship is in large measure up to the judge. The youth has probably never been in court before, and it will likely seem strange and troubling that major decisions in the youth's life are being made by a stranger. Even with the best attorney, court process may be intimidating, confusing, and frustrating.

Some judges believe that their role should be no different than it is with any other party. Others believe that it is part of the judge's role in supporting the youth's safety, wellbeing, and stability, to get to know each youth on their caseload, understand their individual needs and goals, and engage their active participation in the proceedings. Whatever the comfort level in connecting with youth in the courtroom, the judge sets an example by establishing a relationship that demonstrates respect for the youth, clarifies what the youth can expect the judge to do, and follows through on those expectations.

A SUGGESTED INTRODUCTION MIGHT BE:

I'm glad that you've chosen to attend this hearing, and I hope you will come to all of the hearings. I will try to set those hearings at a time when you can attend, so please let me, your lawyer, or your case worker know when you have conflicts.

My job is to make sure that your case worker and the other adults working with you place you in a safe, permanent home. Hopefully, that will be with one of your parents. If not, then we hope to place you with a member of your family or a trusted adult friend. It is also my job to ensure that you maintain your relationships with your brothers and sisters, and with family members who you love and who are helpful and supportive of you. Finally, it is my responsibility to see that all the adults who are responsible for you make sure that you are in school and getting the support you need there, that your health needs are known and met, and that you receive any other services or support that you need.

This case is likely to last for a number of months. Today, and in the coming weeks and months, I will have to make a number of decisions that affect you. I will be reading reports and hearing from the agency staff about what the agency is doing to take care of you and what decisions they want me to make about you. It will help me to make better decisions if I know what you want and what you need. I hope you will feel comfortable telling me that yourself, but if not, tell your lawyer or your case worker and they will tell me. I cannot promise that I will always do what you want me to do. But I can promise that I will listen to your views and consider them very carefully in making my decisions. My priority is your best interest; my goals are to maintain your safety, promote your wellbeing, and find you a permanent home.

The judge should explain any decisions made at the hearing, and make sure the youth understands what will happen at the next hearing, between hearings, and when the next hearing will take place. The judge should also make clear that the agency staff will include the youth in all case planning activities, and affirm with the youth that he or she was included in case planning at subsequent hearings.

The more a judge knows about a youth, the more well informed a decision he or she can make for the youth's benefit. For example, the youth may not feel comfortable taking the initiative to request placement or contact with particular relatives—particularly if those relatives are at odds with his or her parents. But if the judge asks the youth to tell him or her about people who are important in her life, the judge may unearth previously undisclosed information that can help agency staff to locate a relative placement or support person for the youth. This, in turn, can lead to the long-term, healthy adult relationship the youth needs. A casual conversation about the youth's interests can prompt the judge to inquire of agency staff what is being done to support those interests through extracurricular activities.

The judge can also take this opportunity to focus positive attention on the youth. All too often, hearing time is spent on the negatives—placement disruptions, failing classes, fights with roommates. While those issues are important, the judge can also do much to encourage the youth by finding something to praise—consistent attendance at school, active participation in therapy, joining a school athletic team.

The judge can also model the relationships that other stakeholders should develop with the youth: setting expectations, encouraging the youth to accept responsibility for making the important decisions in his or her life, giving the tools to do so effectively, and holding themselves and the foster youth accountable for what they have agreed to do. The judge should review the various elements of the case plan with the youth and explain that he or she is ordering these services be provided so that the youth can develop the ability to succeed as an adult.

With respect to sex and pregnancy, the judge should openly acknowledge that part of the maturation process includes developing sexual and romantic relationships, and explain that part of the case plan is designed to give the information and support needed to make good decisions about sex, including delaying sexual activity and, if engaging in sexual intercourse, taking effective measures to prevent pregnancy and disease (See *Sample Scripts* on page 33 for suggestions).



**ON JUDICIAL
OVERSIGHT:
RELATIONSHIPS,
KNOWLEDGE,
AND MOTIVATION**

ON JUDICIAL OVERSIGHT: RELATIONSHIPS, KNOWLEDGE, AND MOTIVATION

The job of a judge is to apply the law and determine whether the conditions of the law have been met based on the facts of a particular case. As a result of three decades of changes to federal child welfare laws, the role of the judge in a dependency case has changed dramatically. Federal law requires the dependency judge to approve the case plan for a youth in foster care, review the plan periodically, and determine whether the child welfare agency is making reasonable efforts to achieve the case plan. A dependency judge should also ensure that foster youth coming before them have been given the tools to make good decisions about sex and their reproductive health (which includes delaying pregnancy and using contraception if sexually active).

In addition to asking basic questions pertaining to the legal status of a child, the judge is also charged with ensuring that the child welfare agency meets its responsibility to providing timely permanency for youth in a safe, nurturing home.

Specifically, after a youth has been deemed dependent, the judge must:

- » Hold disposition, review, and permanency hearings within federally specified timeframes;
- » Determine the appropriate placement for the youth;
- » Approve a permanent case plan goal for the youth;
- » Review the written agency case plan and determine whether the proposed services are necessary and appropriate to achieve the case plan goal; and
- » Review the progress in the case within specified timeframes and determine whether the agency is making reasonable efforts to achieve the case plan goals.

As has been amply demonstrated elsewhere,¹ to fulfill this expanded role a judge must be knowledgeable about the child welfare agency, available community services, and underlying domestic issues such as child abuse and neglect, substance abuse, mental illness, and domestic violence. As the case proceeds, the judge cannot simply monitor progress but must also take affirmative steps to ensure that the goals of the law are met. This includes clarifying roles and responsibilities, setting expectations, establishing timeframes for action, evaluating results, and holding parties accountable.

For example, the importance of early action by the court is reflected in the provision of the Fostering Connections to Success and Increasing Adoptions Act. This Act requires the child welfare agency to identify and provide notice to all adult relatives within 30 days after removal.² Often there will be many relatives and friends at the preliminary protective hearing, but when the children are not returned to the parents or placed with one of them immediately, they tend to fade out of the picture. The judge can play a positive role in fostering engagement by relatives by explaining the process to them, encouraging them to identify ways in which can assist the family even if they cannot be a placement, and asking them to provide contact information to the agency staff. This judicial oversight supports facilitating and supporting existing relationships.

The child welfare agency is required to promote educational stability by coordinating with local schools to ensure that youth remain where they were originally enrolled (unless this would be contrary to their best interests). The agency is also required to coordinate with the state Medicaid agency and other medical providers to develop a plan for ongoing oversight and coordination of health care services, including initial and follow-up health screenings and continuity of care. While these stipulations are not required to be a part of the individual

¹ Publication Development Committee of the National Council of Juvenile and Family Court Judges, Victims of Child Abuse Project, & Grossman, D. E. (1995). *Resource guidelines: Improving court practice in child abuse and neglect cases*. Reno, NV: National Council of Juvenile and Family Court Judges.

² 42 U.S. C. § 671 (2010).

written case plan, they are appropriate areas of inquiry for the judge and should inform any decision regarding “reasonable efforts.”³ This judicial oversight responsibility supports the foster youth’s access to information and knowledge, as well as motivation.

The Act has also added requirements focused on older youth.⁴ Where appropriate, there must be “a written description of the programs and services which will help such child prepare for the transition from foster care to independent living” for youth age 16 or older. Within 90 days before the youth turns 18, the case manager must also “provide the child with assistance and support in developing a transition plan that is personalized at the direction of the child” that addresses at a minimum housing, health insurance, education, support services, and employment services.⁵ This judicial oversight responsibility supports the foster youth’s motivation after foster care.

³ For more background on the educational issues and checklists to assist judges in ensuring that the educational needs of foster children are being met, see *Asking the Right Questions II: Judicial Checklists to Meet the Educational Needs of Children and Youth in Foster Care* (Gatowski, Medina, & Warren, 2008).

⁴ The Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub. L. No. 110-351 (2008).

⁵ The Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub. L. No. 110-351 (2008).



**OUTSIDE THE
COURTROOM:
WORKING WITH
YOUTH TO ADDRESS
REPRODUCTIVE
HEALTH**

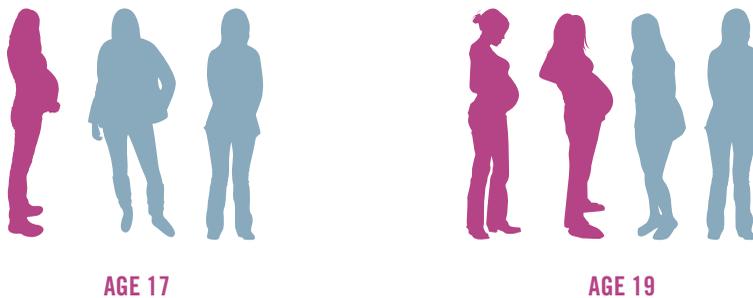
OUTSIDE THE COURTROOM: WORKING WITH YOUTH TO ADDRESS REPRODUCTIVE HEALTH

Teen pregnancy rates have declined dramatically nationwide over the past two decades. However, disparities remain, particularly for youth in foster care. In fact, the teen pregnancy rate for girls in foster care is more than double the rate for teen girls in the general population. When working with youth, we encourage you to use this tool below to start a conversation and to help teens make good decisions about their reproductive health.

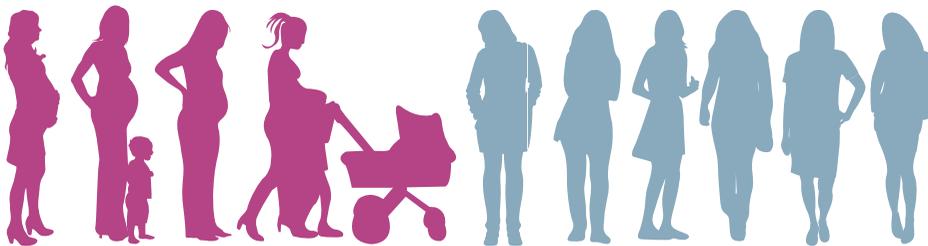
THE ISSUE

Youth in the child welfare system are considered a high risk population for early pregnancy. What does this really mean?

- » **One-third of girls in foster care become pregnant at least once by age 17, and almost half become pregnant at least once by age 19.**



- » **A teen girl in foster care is 2.5 times more likely to become pregnant by age 19 than her adolescent peers who are not in foster care. Four in 10 girls in foster care also experience two or more pregnancies by age 19.**



WHY IS THIS IMPORTANT?

- » Compared to women who delay childbearing, teen mothers are more likely to drop out of school and live in poverty.
- » The children of teen mothers in foster care are more likely to experience child abuse and neglect, and enter the child welfare system.

THE CHECKLIST

This checklist can be used to help the youth you serve to make sound decisions about their sexual behavior and relationships; you can and should tailor it depending on the specific services and programs available in your jurisdiction. Complete this checklist for each youth you support. Some items will require you to have a conversation with the youth; follow the tips included later in this resource to get started.

PROMOTING HEALTHY YOUTH CHECKLIST	YES	NO	RESOURCES
Describe the youth's medical home. If the youth does not have a medical home, explain why not.	<input type="checkbox"/>	<input type="checkbox"/>	Identify a health care provider in the youth's community. If one is not readily available, consult the web-based resources to help find a clinic on page 30.
Is the youth familiar with birth control? If so, which methods does he or she recognize/ know about? Has the youth decided what method is best for them?	<input type="checkbox"/>	<input type="checkbox"/>	Talk with the youth about birth control and ensure they have access to a provider who can talk with them, too. See resources on pages 13–14 and 30 for more information.
What current, accurate information on preventing pregnancy and sexually transmitted infections (STI) does the youth have? From what source did the youth get the information?	<input type="checkbox"/>	<input type="checkbox"/>	Help youth to find a local program or resource that is current and accurate. Introduce youth to resources on the web. See pages 13–14 and 30 for more information.
How do you know that the youth is comfortable communicating his or her needs to a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>	Talk to the youth about how to advocate for themselves when seeking health services. If youth is not comfortable, refer him or her to web resources for more support (see page 30). Consider incorporating reproductive health into Life Skills/Independent Living/ or other case services.

TALKING WITH YOUTH

Working with young people means listening to them, allowing them to discuss concerns, and answering their questions. Here are a couple of things to keep in mind when you get questions from or have conversations with foster youth.

QUESTIONS ABOUT SEXUAL IDENTITY

- » Ensure that you provide a supportive, non-judgmental environment. Cultural sensitivity is important when building a rapport with youth so that they are comfortable discussing sensitive and personal topics. Data suggest that lesbian, gay, bisexual, and transgender (LGBT) youth are overrepresented in the foster care population and experience higher rates of unplanned pregnancy than the general population, so it's important for you to be prepared to discuss the topic.
- » Use a value-neutral approach. That is, exclude your personal views from the discussion and focus on fact-based prevention messages (e.g., condoms reduce your risk for pregnancy and HIV). If you are not comfortable with your knowledge level, refer the youth to another trusted adult in their lives such as a family doctor, community worker, school counselor, or church member.

QUESTIONS ABOUT SEX AND BIRTH CONTROL

- » Be sure youth know their rights. In particular, they should understand rights about consent for contraceptive services. For instance, in many states all minors may consent to contraceptive services. In most states Medicaid covers ALL forms of contraception, and Title X funding ensures access to confidential reproductive health services for teens. For more information see *Rights of Minors in Foster Care* on page 31.
- » Refer youth to digital resources for information about sexuality and birth control such as **StayTeen.org** (website for teens age 13–17) and **Bedsider.org** (website for young people age 18–29).

QUESTIONS ABOUT PREGNANCY

- » Address the motivations that youth in foster care may have for getting pregnant. For example, a foster youth may see having a child as a way to give a child the love and care they feel they didn't have. Some youth may see having a child as a way to create the family they did not have or fill an emotional void. To some foster teens, having a child may mean not being alone, being loved, and having someone to love.
- » Try to engage the youth about these motivations for starting a family. Acknowledge that it is normal to want a stable, loving family. Then ask the youth to consider what the consequences of having a family now might be. Reinforce that the desire to start a family now relates to other important goals, such as getting an education, choosing a career, and being able to support a family. You might ask the youth:
 - › How will you support a child?
 - › What support systems do you have in place to help you raise a child?
 - › How will you attend college or acquire the skills needed to obtain a well-paying job if you are a parent now?
 - › How will you afford an apartment? Childcare? Groceries? Transportation?
- » Pregnancy may be used to control the youth if she is involved in an abusive relationship. Youth in abusive relationships may not be able to negotiate sexual activity or birth control with their partner leaving them at risk for pregnancy and/or STIs. Sometimes abusers can sabotage birth control as another means of control. Consider that the youth may feel as if pregnancy prevention is out of their control. You might ask the youth about their relationship (see below) as well as their access to and use of birth control. In addition, you may talk to youth who may be facing birth control sabotage, about methods of birth control that are not partner reliant and can't be seen by partners like IUDs, the implant, and the shot.

QUESTIONS ABOUT RELATIONSHIPS

- » Foster youth may be more vulnerable to early pregnancy because they are at greater risk for engaging in sex and unprotected sex during their teen years. Foster youth may decide to have sex because of a close relationship with a boyfriend or girlfriend. Youth who become sexually active may forego the use of birth control in response to a partner's desire to have unprotected sex. Youth also may be less careful about birth control because they are in a relationship or are indifferent to pregnancy or wish to get pregnant.
- » Youth may face enormous pressure from society, friends, and significant others to have sex. Empower them to negotiate relationships and sexual activity in their relationships by teaching them strong communication skills. Provide them with the tools to anticipate pressure and respond appropriately. Help them to understand when pressure becomes coercive or abusive and the confidence to leave a relationship that doesn't match their expectations.
- » Acknowledge that it is normal for someone to want stable relationships. Discuss the attributes of healthy versus unhealthy relationships and the warning signs of an abusive relationship. Healthy relationships do not involve pressure to have sex or pressure to have unprotected sex. Healthy relationships support the desire to pursue educational, career, and personal goals.
- » Engage the youth in activities helping them to identify healthy vs unhealthy behaviors in relationships. Consider using the Relationship Spectrum from LoveIsRespect.org.

TYPES OF QUESTIONS

When faced with a tricky question it may be helpful to first identify what type of question you are dealing with and then determine an appropriate response.

Here are some common types of questions you may encounter from the youth you support:

QUESTION TYPE	INFORMATION-SEEKING
DEFINITION	Straightforward questions with specific, factual answers.
SAMPLE QUESTION	Can you get an STI from a toilet seat? Since most STIs are caused by germs and bacteria that are very fragile, it is not possible to get a disease from a toilet seat because the bacteria or virus could not stay alive there. (Note: take this opportunity to share additional information on how STIs are transmitted and where to get tested)
SAMPLE RESPONSE	
QUESTION TYPE	AM I NORMAL?
DEFINITION	These questions are often about something a person worries about and needs reassurance on. So while there may be a factual response, the person needs to know that wanting to know the answer is normal.
SAMPLE QUESTION	Why are boys horny all the time? It really does seem as though all boys are horny all the time, but we know that not only are some boys not at all interested in sex, but many girls can be very interested in sex and we don't often hear about that. It is really normal for teens to think about sex a lot, be curious, and even masturbate a lot. It is also normal for those feelings not to be very strong at all. People develop at different rates and so a person's interest in sex is a really individual thing. Why do you think we have this stereotype that all guys are horny?
SAMPLE RESPONSE	

QUESTION TYPE**PERSONAL BELIEF****DEFINITION**

These questions are a test of how much you are willing to share about yourself. Most of the time, sharing personal information is not appropriate, but generally explaining to the youth that your experiences happened at a time very different from today, and therefore are not relevant to them, is a safe way to avoid answering these types of questions.

SAMPLE QUESTION

How old were you when you had sex for the first time?

SAMPLE RESPONSE

Since I am not you it would not be helpful to you for me to give you an answer. We can talk together about the choice you have to make, and then maybe it will be easier for you to make a decision that is right for you.

QUESTION TYPE**SHOCK QUESTIONS****DEFINITION**

These questions are asked to test you. This is a check of your sense of humor, your ability to think on your feet, and your ability to not get flustered or upset by a question. Sometimes it is best to ignore the question, but other times, it helps to give a serious answer.

SAMPLE QUESTION

My girlfriend smells like dead stinky fish, what should I do?

SAMPLE RESPONSE

This question is asking about something we often hear—that a girl's vagina smells dirty or bad, but the way it is asked is part of the problem. It is true that many vaginas have a scent and that some are stronger and more noticeable than others. This is very normal. It is not right to make a girl or woman feel bad about her body especially over something completely normal. However, if the smell is different than usual, it could be a sign of infection and she should see a doctor.

RESOURCES

FIND A LOCAL HEALTH CENTER

StayTeen.org

Enter your zip code in the health center finder at [StayTeen.org/health-centers](https://www.stayteen.org/health-centers)

Bedsider.org

Enter your zip code in the location box at [Bedsider.org/where_to_get_it](https://www.bedsider.org/where_to_get_it) or TEXT MYBC to 42411

HAVE QUESTIONS ABOUT SEX & BIRTH CONTROL?

Bedsider.org (website for young people age 18-29)

StayTeen.org (website for teens age13-17)

GoAskAlice.Columbia.edu

SexEtc.org

BIRTH CONTROL METHODS

Pocket Protector: A Guide to Birth Control Options (available on [TheNationalCampaign.org](https://www.thenationalcampaign.org))

Bedsider.org (website for young people age 18-29)

StayTeen.org (website for teens age13-17)



RIGHTS OF MINORS IN FOSTER CARE

RIGHTS OF MINORS IN FOSTER CARE

The reproductive health rights of youth in foster care are no different than those of their peers outside of the foster care system. In many states minors have the right of access to free or low-cost confidential reproductive health care, including youth in foster care. In most states Medicaid covers many, if not all forms of contraception and most minors in foster care are already accessing Medicaid services for their general health care coverage. As reproductive health is part of the foster youth's overall safety, wellbeing, and permanency, it is important that judges understand foster youths' rights and hold stakeholders accountable for providing access to reproductive health information and care.

Many foster care system stakeholders are unfamiliar with the reproductive health rights of youth in foster care, and some may even believe policies exist in their organization against discussing and providing access to reproductive health care for foster youth. Not so. Consider the following:

- » No state limits or prohibits discussion of reproductive health options with foster youth. If a stakeholder claims that a policy exists prohibiting discussion of reproductive health options with foster youth, judges should ask for a copy of the "policy" which restricts discussion so that the court can fully understand the restriction.
- » No state explicitly requires parental consent or notification for contraceptive services. However, two states (Texas and Utah) require parental consent for contraceptive services paid for with state funds.¹
- » Twenty-one states and the District of Columbia explicitly allow minors to obtain contraceptive services without a parent's involvement. Another 25 states have affirmed that right for certain classes of minors, while four states have no law.¹ In the absence of a specific law, courts have determined that minors' privacy rights include the right to obtain contraceptive services. For more information visit the Guttmacher Institute's State Policy Brief on Minor's Access To Contraceptive Services.¹

SAMPLE GUIDE TO THE RIGHTS OF MINORS IN FOSTER CARE

- » Foster Youth Have Rights.
This website, <http://www.fosteryouthhelp.ca.gov/rights2.html>, from the California Ombudsman for Foster Care is specifically for foster care youth. It details health, school, and family rights as well as rights within the foster care home and the court room.

¹ Guttmacher Institute. (October 2014). State Policies in Brief: Minors' Access to Contraceptive Services. Retrieved October 17, 2014 from http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf.



SAMPLE SCRIPTS

SAMPLE SCRIPTS

Judges don't have to talk to foster youth about sex or discuss a youth's personal decisions in open court, however you do need to make sure the conversations are happening as part of your oversight of the youth's health and wellbeing. In other words, your role as a judge is not to become a "sexpert" or act as a sex educator within your courtroom, but instead to hold accountable those stakeholders responsible for the youth's safety, wellbeing, and permanency. This also includes ensuring that youth in care are receiving appropriate and reliable information and clinical services; that there are caring, healthy, adult relationships supporting the youth; and that the youth are motivated by future plans beyond foster care. These three elements are key in preventing teen and unplanned pregnancy. Here are some suggestions for getting the conversation started; whether you ask stakeholders or the youth themselves, the answers will help you guide, direct, and hold stakeholders accountable.

ON THE TOPIC OF RELATIONSHIPS AND IDENTIFYING A CARING ADULT

FOR YOUTH

It sounds like you have a lot going on in your life right now with balancing school, work, and a social life—who do you talk to when you need to talk about what's going on in your life?

FOR STAKEHOLDERS

Who is the caring adult in the foster youth's life to talk to and provide support?

FOR YOUTH

When you have a question about something going on in your life, who is the first person you think of asking? Who else might you ask if you can't get ahold of that person?

FOR STAKEHOLDERS

Who is the caring adult in the foster youth's life to talk to and provide support?

FOR YOUTH

You've mentioned that you have a boyfriend/ girlfriend/ partner—when you need some relationship advice, who can you turn to for answers? Are there any others in your life (or on your treatment team) you could talk to?

FOR STAKEHOLDERS

Who is the caring adult in the foster youth's life to talk to and provide support?

FOR YOUTH

It sounds like you have made some plans for your future with your treatment team like college, working, and living on your own. Have you considered how having a baby right now might impact those plans? Have you learned what to do to delay a pregnancy until you are ready to be a successful parent?

FOR STAKEHOLDERS

What plans has the youth made for the future? What has been discussed about how the youth can delay pregnancy until they are ready? Does the youth understand that “being ready” is more than simply wanting a child?

FOR YOUTH

As you become an adult, taking care of your health needs on your own is important. Has your social worker discussed how to make a doctor’s appointment? If you need some suggestions about what to say when you call to make an appointment, check out StayTeen.org (a website for teens age 13–17) or Bedsider.org (a website for young people age 18–29).

FOR STAKEHOLDERS

Who has discussed with the youth how to make a doctor’s appointment? Who has assisted the youth with what to say when they call for an appointment?

FOR YOUTH

It sounds like you have a dental appointment, a counseling appointment, and a vision appointment coming up. Has your social worker also planned a visit to the clinic to have sexual health screening done? Like the dentist, counselor, and eye doctor, this is part of everyone’s basic health care and should be done on a regular basis.

FOR STAKEHOLDERS

When is the youth scheduled to visit a clinic for a sexual health screening?

FOR YOUTH

Is it easy to go see your doctor? Does your doctor talk to you about things like birth control? (If not, request that the social worker to follow up with medical staff)

FOR STAKEHOLDERS

Who is ensuring that the doctor has talked with the youth about birth control?

FOR YOUTH

If you or your partner has questions about your relationship or about sex, where do you go to get answers? Is there someone on your team you can talk to about these questions? Have you discussed these topics with your regular doctor?*

FOR STAKEHOLDERS

Describe how you have communicated to the youth who on the team is available to talk about relationships and sex.

FOR YOUTH

Have you had a class on sex ed at your school? Was the teacher helpful and did they cover where to go to get birth control or condoms for free?

FOR STAKEHOLDERS

When did the youth attend a class on sex ed and when? How does the youth know where to get birth control and condoms for free and without embarrassment?

* Suggest visiting StayTeen.org (for teens age 13–17) or Bedsider.org (for young people age 18–19) for more information about relationships, birth control, and a zip code-based clinic locator. These website referrals can even be part of a handout given to the youth at the hearing.



7 THINGS YOU CAN DO TO HELP PREVENT PREGNANCY AMONG YOUTH IN FOSTER CARE

7 THINGS YOU CAN DO TO HELP PREVENT PREGNANCY AMONG YOUTH IN FOSTER CARE

1 STOCK USEFUL RESOURCES IN YOUR COURTROOM.

No need for a lengthy conversation, or for you to brush up on your knowledge of birth control options. You can provide young people with access to information that can help them to better plan for their futures by simply making medically accurate, youth-friendly resources available in your courtroom. Take a look at The National Campaign's *Pocket Protector: A Guide to Birth Control Options* and the Birth Control Method Explorers available at StayTeen.org or Bedsider.org.

2 DISPEL MYTHS.

If a discussion about the rights of youth in care comes up, be clear that youth in foster care have the same ability to consent to reproductive health services (including sexually transmitted infection screening and ALL contraceptive options) as youth who are not in care. Often confusion about a youth's rights to access to care can lead support staff to inaction and concerns about "policy" and "rules" that may not actually exist. (See *Rights of Minors in Foster Care* on page 31.)

3 ASK ABOUT ALL OF A YOUNG PERSON'S HEALTH CARE NEEDS.

A youth's sexual health is part of their overall health. When inquiring about the health care needs of a youth in your courtroom don't stop at dental, vision, and appropriate mental health needs—ask if appointments have been made for sexual health services as well. These appointments might include screenings for sexually transmitted infections (STIs) as well as birth control, but there's no need to go into detail; simply remind social workers or guardians ad litem to make these appointments as part of a youth's routine overall health care.

4 TREAT YOUTH IN CARE LIKE THEY ARE EXPERTS... BECAUSE THEY ARE!

Youth are experts on themselves. If we take the time to have conversations with them about the relationships in their lives we can learn a lot about their needs and whether or not they are being met. (See the *Sample Scripts* on page 33 for more ideas about getting the conversation started.)

5 HARNESS THE POWER OF PARENTS AND PARENT FIGURES.

Parents have power and influence. In fact, youth report that they want to hear messages about sex and relationships from their parents or the parent figures in their lives, and this includes foster parents. Provide resources in your courtroom for parents, foster parents, or the healthy adult relationship in the youth's life so that adults can discuss this issue in their homes, and encourage conversations by asking youth about the topic during routine permanency hearings. (See The National Campaign's parent resources *Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy and Talking Back: What Teens Want Adults to Know About Teen Pregnancy* available on TheNationalCampaign.org for more information on engaging parents.) Coordinate with social services and the youth's Court Appointed Special Advocate (CASA) so that the resources provided to parents, foster parents, and the healthy adult relationship in the youth's life in the courtroom are the same as those used by stakeholders.

6 ASK ABOUT RELATIONSHIPS WITH CARING ADULTS.

Qualitative data suggest that youth in care are less motivated than youth in the general population to avoid pregnancy and in fact many might be interested in becoming pregnant. Interest in having a baby might be driven by a desire for permanent and stable relationships. Ensuring that youth in care have a stable and caring adult in their lives might help reduce this motivation.

7 ENCOURAGE YOUTH IN CARE TO THINK ABOUT AND PLAN FOR THEIR FUTURE.

Youth who believe they have a successful future ahead of them are more likely to delay sex, pregnancy, and parenthood. Work with youth to explore educational and other life goals, how to achieve those goals, and how decisions made now might impact whether or not they achieve those goals.



The National Campaign to Prevent Teen and Unplanned Pregnancy
202.478.8500 • www.TheNationalCampaign.org • www.Bedsider.org • www.StayTeen.org

A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention

Introduction

In February of 2016, the California Department of Social Services (CDSS) along with stakeholders, formed the Healthy Sexual Development (HSD) Workgroup. This workgroup met to address concerns regarding youth and Non-Minor Dependents (NMD) in care and their reproductive health. Despite the passage of legislation addressing the reproductive health rights of foster youth, it was clear that there was more guidance needed from CDSS to assist county agencies, case managers, group home staff, caregivers and others who work with foster youth, in understanding this important topic. The HSD Workgroup met several times between the months of February and October of 2016 with a goal of creating a statewide plan for preventing unintended pregnancy among California's foster youth and to create various accompanying materials.

In August of 2016, "California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents" was posted via All County letter ([ACL 16-88](#)). This guide is an extension of the plan and expands upon section III, "Role of the Case Management Worker (Social Worker or Probation Officer)." Throughout this guide, unless otherwise noted, all references to "foster youth" include dependents, NMDs and wards of the court placed in foster care.

It is recommended that county agencies create their own supplemental guidance to coincide with this document. This supplemental guidance could include information for case managers about local county practices and procedures, as well as any available resources within the county for youth, such as health centers/clinics, counseling centers, any other social service agencies, and trainings for youth and/or social workers pertaining to this topic.

A new curriculum, as per the passage of Senate Bill (SB) 89, regarding foster youth and reproductive health will be developed in the upcoming months. This curriculum will be made available to foster youth caregivers, county case managers and others who work with foster youth. When this curriculum is available, it will be announced to county agencies via the issuance of an ACL.

For further background related to CDSS' efforts surrounding the healthy sexual development of foster youth, please refer to ACLs [14-38](#), [16-32](#), [16-82](#) and [16-88](#), and All County Information Notices (ACIN) [I-60-15](#), [I-40-16](#), and [I-73-16](#).

Role of the Case Manager

The case manager serves a crucial role in the foster youth's life, as the case manager is responsible for overseeing that the youth's basic needs are met and personal rights are adhered to.¹ These rights include the foster youth's right to access reproductive and sexual health care, such as timely access to services related to the prevention, testing and treatment of Sexually Transmitted Infections (STIs), unintended pregnancy and other related services, including prenatal care.

Some case managers express concern that they aren't sure what they're "allowed" to talk to youth about in regards to reproductive health and pregnancy prevention. For example, they don't want to talk to youth about birth control options and later find out that the birth parent, child's attorney or other individual is upset by the case manager's actions. Not only are case managers "allowed" to talk to youth about their reproductive health including birth control options, abortion and STIs, they are required to do so. As is stated in "California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents," by applying the Reasonable and Prudent Parent Standard when addressing youth concerns and questions, case managers can create normalcy and support the healthy sexual development of youth and NMDs based on their individual needs.²

Existing law provides youth and NMDs in foster care with certain reproductive and sexual health care rights. The passage of SB 528 in 2013, added a new right to the personal rights of foster youth. It said that minors and non-minors shall have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections. Additionally, case managers are required to discuss with youth their personal rights, upon entry into foster care and at least once every six months.

Due to the passage of [SB 89](#) on June 27, 2017, new requirements are in effect regarding child welfare case plans for foster youth who are 10 years-old and older. Case Managers are now required to review the case plan annually and update as needed to ensure the youth receives comprehensive sexual health education through their schools in junior high and high school, or by other means if they have not received it through their school. Case plans also must be updated annually to indicate that case managers have informed youth of their right to access reproductive and sexual health information and services, and how to access such information and services.

Working with foster youth and discussing such personal topics as reproductive health, pregnancy prevention and other sexual matters can be uncomfortable for the case manager, as well as for the youth. Tips for talking with youth about sexual and reproductive health and ways case managers can build rapport with youth are provided in the section of this guide entitled, "Tips for Talking to Teens about Sex and Building Rapport."

This guide is organized in five main sections: [REQUIRED DUTIES OF THE CASE MANAGER](#), [RECOMMENDED DUTIES OF THE CASE MANAGER](#), [TIPS FOR TALKING WITH YOUTH](#), [CASE SCENARIOS](#), AND [ONLINE RESOURCES](#).

¹ For further information, please see Welfare and Institutions Code section 16001.9a

² See ACL 16-31 for guidelines about the Reasonable and Prudent Parent Standard

REQUIRED DUTIES OF THE CASE MANAGER

Required duties and responsibilities are defined for case managers in section III, items A-G in [“California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents.”](#) This Guide for Case Managers expands upon these requirements and provides practical guidance to assist case managers with understanding this work.

A. Provide Youth with a Copy of Their Foster Youth Rights

Case managers shall provide youth with a copy of their Foster Youth Rights upon entry into foster care and at least once every six months at the time of regularly scheduled contact.³ At the time of providing these rights to foster youth, the case manager will have a conversation with the youth, explaining each of their rights and ensuring the youth understands their rights based on their age and developmental level. As some youth may have special needs or may have a language barrier, the case manager should reference their county’s policies and procedures in obtaining appropriate assistance and/or an interpreter as needed to ensure the youth fully understands their rights. Accordingly, case managers should assist foster youth in understanding their rights at any time the youth may have questions about them, but at a minimum as stated above, these conversations are required to occur at the time the youth enters care and every six months thereafter.

B. Provide Youth with Access to Age-appropriate, Medically Accurate Information

Case managers shall provide foster youth with access to age-appropriate, medically accurate information about reproductive and sexual health care including unplanned pregnancy prevention, pregnancy testing, prenatal care, abstinence, use of birth control or protection, and abortion as well as the prevention, diagnosis and treatment of STIs. Case managers may provide this information to youth in many different ways. Information may be provided through county materials from their public health department, referrals to local health clinics such as Planned Parenthood, sharing online resources with the youth, ensuring youth receive access to comprehensive sexual health education provided through their school, offering youth attendance to conferences or trainings about safe sex and pregnancy prevention, or counties may choose to include this subject in their Independent Living Program curriculum. The list of medically accurate online resources, the list at the end of this document can be referenced and given to foster youth.

As a result of the recent passage of SB 89 for youth in foster care 10 years of age and older, case managers are required review the case plan annually and update as needed, to indicate that the case management worker has verified that the youth received comprehensive sexual health education once in junior high and once in high school, per Welfare and Institutions Code section 16501.1(a). The SB 89 also requires the case plan to be updated annually to indicate the case manager has informed the youth of his or her right to access age-appropriate, medically accurate information about reproductive and sexual health care.

³ See ACIN I-40-16 for further information

C. Inform Foster Youth of Their Rights to Consent to Sexual and Reproductive Health Care

Case managers shall inform and explain to foster youth that they have the right to make their own decisions regarding sexual and reproductive health care. Case managers should be aware that foster youth can consent to reproductive and sexual health care at any age with the exception of services related to STIs (see consent ages identified below). Case managers are required to explain to foster youth that they do not need permission from a parent, caregiver, social worker or any other adult to obtain the following medical care:

1. Birth control or protection, pregnancy testing, and prenatal care, at any age,
2. Abortion, at any age,
3. Health care because of a rape or sexual assault, at any age,
4. Health care to prevent STIs and HIV, at age 12 or older, and
5. Testing and treatment for STIs and HIV, at age 12 or older.

Per SB 89, the case plan must be updated yearly to verify the case manager has informed the youth of the right to consent to sexual and reproductive health services, and his or her confidentiality rights regarding those services.

D. Inform Foster Youth of Their Rights to Confidentiality and Written Consent Prior to Any Disclosure(s)

Case managers shall inform and explain to foster youth that they have the right to confidentiality regarding the reproductive and sexual health care services they receive. It is required that case managers explain to foster youth that if the youth receives reproductive and sexual health care services and/or asks a health provider any questions about sex, contraception or any other related topic during an appointment, the health care provider cannot share with the youth's parents, caregivers, group home, social worker, or probation officer without the youth's written consent. Case managers should also inform foster youth that they may ask their doctor, before they get a medical related service, if the doctor will maintain confidentiality and ask the youth for their written consent prior to any potential release of information.

Unless abuse, sexual abuse or exploitation is alleged or suspected, case managers should not disclose any confidential information regarding a youth's reproductive health, such as the youth's birth control method, the youth being sexually active, the youth's pregnancy, or decision to terminate a pregnancy, without the written consent of the youth. Before receiving reproductive or sexual health information, case managers should explain to youth that the information they share will remain confidential unless they consent to disclosure or there is a potential safety issue. County agencies may benefit by creating a form for tracking who the youth consents to having this information and when consent was given.

If a youth has not authorized disclosure of his/her private reproductive health information and the case manager must disclose pursuant to mandated reporter laws, the case manager should inform

the youth that they will be disclosing the information, and explain the reasons for disclosing, prior to doing so. The case manager may also consult with County Counsel.

E. Ensure Youth Are Up-To-Date On Their Annual Medical Appointments

Case managers shall ensure that foster youth receive a timely medical exam every 12-months based on the [Child Health and Disability Prevention \(CHDP\) Bright Futures Schedule for Health Assessments](#). For detailed information on this practice please refer to ACL [17-22](#). The Manual of Policies and Procedures section 31-405.24 states case managers shall ensure that children, youth and NMDs in foster care receive medical care which places attention on preventive health services through the Child Health and Disability Prevention (CHDP) Program, or equivalent preventive health services in accordance with CHDP Program's schedule for periodic health assessment.

F. Ensure Barriers to Services Are Addressed in a Timely and Effective Manner

Case managers are required to ask foster youth if they are facing any barriers in accessing reproductive and sexual health care services or treatment. The case manager may initiate these conversations with youth during regularly scheduled monthly contacts with the youth and when informing youth of their personal rights, which must be done at least once every six months. If the case manager learns that the youth is facing barriers in accessing services or treatment, the case manager shall ensure these barriers are addressed in a timely and effective manner. Some examples of typical barriers the youth may face are the youth is unaware of their insurance information or doesn't have a copy of his/her medical card, the youth being unaware of how to schedule a doctor's appointment, the youth not having transportation to a medical appointment. For further information about addressing these barriers, please read the "Sample Case Scenarios" document attached to this guide.

G. Ensure Personal Biases and/or Religious Beliefs Are Not Imposed Upon Foster Youth

The case manager shall not impose their personal biases and/or religious beliefs upon the foster youth. Case managers should put their personal feelings and values aside when talking with foster youth about sexual health and shall not sway, force, judge, or coerce foster youth. Showing respect and professionalism is very important in developing and maintaining a level of trust and openness with the foster youth. Because trust is important in all types of relationships, it is important the case manager asks the youth if they feel more comfortable talking to someone else such as a doctor, nurse, dependency court judge or counselor about a situation or issue they may be facing.

While ensuring that personal biases and beliefs are not imposed on youth, case managers should work with youth in a way that is culturally inclusive and trauma informed. A youth's cultural background and any history of trauma can greatly affect how a youth views their own sexuality and thinks about reproductive health matters.

Since the passage of the Continuum of Care Reform Act, [Assembly Bill 403 in 2015](#), there has been an emphasis that services to youth and families in child welfare need to be trauma informed and culturally relevant.

According to the [National Child Traumatic Stress Network \(NCTSN\)](#), “a trauma informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.” Trauma informed services and systems “infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.”

Resources for working with youth in a trauma-informed, culturally competent way (including working with Lesbian, Gay, Bisexual, Transitioning, and Questioning (LGBTQ) youth) are provided in the “[ONLINE RESOURCES](#)” section of this document. These resources can be referenced and given to foster youth, their families, and caregivers.

RECOMMENDED DUTIES OF THE CASE MANAGER

Recommended duties and responsibilities are defined for case managers in section III, items H-K, in “[California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents.](#)” The following section of this guide will expand upon these recommendations and provide practical guidance to assist case managers with understanding this work.

H. Have Open and Honest Conversations with Foster Youth

Open and honest communication is a critical ingredient of any relationship and helps build trust and rapport between the youth and case manager. Case managers need to be having open and honest conversations with foster youth younger than age 12 about puberty, body image, healthy relationships and sexual/reproductive health topics at a developmentally and emotionally appropriate level. Case managers should recognize this topic can be sensitive and/or uncomfortable. Case managers should remember to assess and be considerate of the youth’s feelings, and ask if they have a particular person that they trust and feel comfortable speaking with. Children and youth need a lot of guidance and information about healthy relationships, sex, the risks of STIs, and other related topics, even if they don’t appear to be interested. Therefore, the case manager needs to ensure foster youth have a designated person they feel comfortable to speak to. Building rapport with youth is a skill that requires the absence of judgment, an establishment of trust and assuming nothing. Be sensitive to youth’s development and needs to help foster a trusting relationship.

I. Include Reproductive and Sexual Health Education as a Case Management Service Objective

The case manager should include reproductive and sexual health education as a Case Management Service Objective for foster youth age 10 years-old and older as well as NMDs. Reproductive and sexual health education should always be provided at a developmentally and emotionally appropriate level. Case managers should engage in age appropriate conversations with foster youth regarding reproductive health and confer with the youth’s school to see what topics have been, or will be, discussed in their comprehensive sexual health and Human Immunodeficiency Virus (HIV) prevention curriculum. By understanding what a youth is learning in their sexual health and HIV prevention curriculum, case managers can communicate with youth and help youth develop future goals to help minimize their chances of experiencing an unintended pregnancy or other sexual consequences.

J. Document in a Manner to Ensure the Foster Youth’s Privacy

The case manager should document foster youth reproductive and sexual health care services information in a sensitive manner to ensure privacy and compliance with federal and state confidentiality laws. Case managers should have conversations with foster youth about sharing or discussing their personal and confidential information with others to ensure that their information is safe and handled with care and respect.

The ACL 16-32 shares instructions with case managers for entering information about a pregnancy on the Child Welfare Services/Case Management System (CWS/CMS). Following these instructions will avoid this private information becoming a part of the youth’s Health and Education Summary,

which frequently gets disseminated via court reports and placement paperwork to many adults in the youth's life. For additional information on documenting pregnancy information in a sensitive manner on CWS/CMS, please refer to ACL [16-32](#).

K. Provide Foster Youth with Information to Make Medical Appointments

The case manager should provide foster youth with information about how to make doctor appointments, including a list of medical provider options and the youth's medical insurance information. As a resource, case managers can download copies of the *Foster Youth Sexual and Reproductive Health Rights* brochure at <http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project> located in the Youth and Young Adults resource section. This brochure is designed specifically for foster youth and contains various topics of suggested questions to ask, such as a section entitled “**Questions to Ask Your Doctor.**”

TIPS FOR TALKING WITH YOUTH

Speaking to youth and young adults about sex is not always a comfortable topic however, effective communication skills and building rapport are critical. Be understanding and develop a bond with the youth. Be authentic and non-judgmental when speaking, youth can tell when adults are genuine and will be more receptive to those they trust. The following tips can be used to build rapport and maintain a level of trust with youth or young adult and help ease the awkwardness or difficulty that is felt when having serious discussions.

- Be polite, smile and have a friendly disposition.
- Follow through with what you tell the youth or young adult.
- Be non-judgmental; stay away from stereotypes and preconceived ideas, for example:
 - Do not assume a youth's knowledge about sex, birth control, etc.
 - Do not assume a youth will be embarrassed if you talk to them about sex.
 - Do not assume the sexual orientation of a youth as being gay, lesbian, heterosexual, bisexual, asexual, etc. It is the youth's choice to decide what orientation best describes them.
 - Do not assume that based on a youth's risky or sexual behaviors, you shouldn't continue to talk to them about making informed choices about their sexual health. Consistent communication is key.
- Use active listening. Be mindful to provide a young person a space to talk.
- Summarize the youth's feedback directly with the youth and ask them if you understand them correctly.
- Avoid criticism, regardless of your perspectives or personal feelings; youth have the right to make their own choices or decisions as it relates to their sexual and reproductive health and medical care.
- Remember, as a case manager, you are not required to be an expert and know all the answers. What is important, however, is that you are an "askable adult" working as a bridge for a young person knowing where to direct a youth or NMD to medically accurate, developmentally appropriate information.

Conclusion

Assisting foster youth with their reproductive and sexual health may seem daunting, but is so important for these youth and their futures as they transition into adulthood. If you have concerns about fulfilling the responsibilities and duties described in this document, we recommend you speak with your management or support team at your county agency.

If there are questions regarding the policies described in this document, you may also contact the Placement Support and Services Unit at (916) 657-1858 or by email, at SexualDevWorkgroup@dss.ca.gov.

CASE SCENARIOS

The following case scenarios illustrate some of the possible situations case managers may face in assisting foster youth with their reproductive health. Also included are the legal responsibilities of the case manager and some best practice suggestions for how a case manager should respond to the youth's needs or request.

1. Scenario:

Jill is a sixteen year-old foster youth. She lets her case manager know that she had unprotected sex recently and now she has missed her period and thinks she might be pregnant.

What is the Case Manager required to do?

The case manager must remind Jill of her personal rights, including the right to consent to pregnancy related care, which includes contraception, abortion and prenatal care. The case manager shall ask the youth if she needs any assistance with scheduling an appointment for pregnancy testing and if the youth needs assistance with transportation to any necessary medical appointments.

What are some best practices for the case manager in this scenario?

The case manager should approach this situation with sensitivity and concern for the youth. An unintended pregnancy can be a stressful and terrifying experience. The case manager should ensure that the youth's needs are met without letting their own personal biases affect their treatment of the youth's situation.

In addition to the immediate needs of scheduling the appointment and arranging transportation, the case manager should ask the youth what other kinds of support she needs. Is it ok for the case manager to talk to others involved with Jill's case about Jill's possible pregnancy, such as Jill's foster parents, her Court Appointed Special Advocate (CASA), attorney and/or birth parents? The case manager could create a document listing who is and is not allowed to know of Jill's condition and review this list with Jill to ensure Jill agrees.

The case manager should also provide and share local resources available to the youth such as any available support groups for pregnant youth (if needed), health clinics that provide reproductive health care services, and ways to access free contraception. The case manager should also follow up with the youth after the youth sees the doctor and determine what other needs the youth may have.

2. Scenario:

Inez is a thirteen year-old youth in foster care. During a regularly scheduled monthly visit, Inez tells her case manager and foster mom that she would like to talk to her doctor about birth control options but she isn't sure what documents or information she needs to visit the doctor.

What is the Case Manager required to do?

The case manager and foster mother should collaborate to ensure that any barriers to Inez accessing reproductive health care are addressed. The case manager must ensure that Inez

and her foster mother have Inez's medical insurance information, including insurance card, doctor's contact information and that Inez knows how to make an appointment with her doctor.

What are some best practices for the case manager in this scenario?

The case manager can let the youth know that she can ask her doctor important questions about her health and birth control options. Additionally, the case manager can share the "Know Your Sexual and Reproductive Healthcare Rights" brochure with Inez, which can be downloaded along with other tools, from [CDSS'](#) webpage for the Healthy Sexual Development Project. This youth-friendly brochure lists additional questions that youth may want to ask their doctor or healthcare professional about sexual and reproductive health.

The case manager should also inquire of the youth's well-being. Is Inez already sexually active and is she protecting herself from STIs and pregnancy? Is she in a safe and healthy relationship, free of abuse, coercion and violence? The case manager can also provide the youth with online materials and resources about healthy relationships and birth control methods available to her. Some of these resources may be found on CDSS' webpage for the [Healthy Sexual Development Project](#).

3. Scenario:

James, a fifteen year-old foster youth, shares with his case manager that he wants to go to the doctor to be examined for an STI, but the only appointments available are during school hours. He tells his case manager that he is embarrassed and doesn't want to tell his foster parent why he is seeing the doctor. He is unsure how to be excused from class without a note from his foster parent. He asks the case manager if he should just skip school so that he can see the doctor.

What is the Case Manager required to do?

The case manager shall ensure that any barriers James is experiencing in accessing reproductive and sexual health care services and treatment are addressed. The case manager can inform James that his school district may excuse him to attend a confidential medical appointment without a note from his foster parent or guardian⁴. James will need to speak with his school to inquire what he needs to do in order for him to miss school to attend a confidential medical appointment and have his absence excused. The school may allow James to sign himself out of school to attend the appointment but may require James to provide a doctor's note or verification of the visit in order to reenter school.

What are some best practices for the case manager in this scenario?

The case manager should follow up with James in a reasonable time to ensure that he was able to set up the appointment and get the information he needed from his school about getting his absence excused. If the school will not excuse James' absence, the case manager may need to sign James out of school and take him to the appointment.

⁴ Please see Education Code section 46010.1

Additionally, the case manager should ask James why he does not feel comfortable telling his foster parent about his medical appointment. The case manager should assess whether James is in a safe, supportive foster placement that meets his needs.

4. Scenario:

Carmen, a county social worker, finds that her personal beliefs are conflicting with her roles and responsibilities as a social worker. Carmen believes that homosexuality is a sin and is working with Staci, a fourteen year-old youth who identifies as lesbian. Staci frequently asks Carmen questions about safe sex and relationships which make Carmen feel very uncomfortable.

What is the Case Manager required to do?

Case managers are required to see that a youth's personal rights are upheld. One of these rights is that the case manager provides the youth access to information about reproductive and sexual health care, which may include conversations about birth control, sex and relationships. If a case manager cannot perform the requirements of their job without their personal beliefs and biases interfering, then they may not be suited to this work. If a case manager is not comfortable answering certain questions of the youth or providing the youth with access to services, then the case manager needs to respond to the youth's questions in a respectful manner and tell the youth that they will ensure that another trusted adult, for example a caregiver, CASA, the youth's physician, or therapist, assists them. The case manager should also tell their supervisor of this situation and how it was handled. The case manager should then follow up with the other trusted adult in a reasonable timeframe, to ensure the adult provided the youth with the information or service needed.

What are some best practices for the case manager in this scenario?

It is the case manager's responsibility to talk to foster youth about such important topics as sex, pregnancy prevention, and the risk of STIs. Case managers should receive initial and ongoing training regarding working with foster youth and the subject of reproductive and sexual health care issues. Training should cover looking at one's own biases and beliefs and recognizing how these may be in conflict with the requirements of working with foster youth. Additionally, case managers should speak to their supervisors and coworkers about fulfilling their responsibilities as case managers in spite of conflicting biases or personal beliefs. Training and supervision provided to case managers should reiterate the importance of professionalism and being able to set aside one's own biases.

5. Scenario:

Abraham, an eighteen year-old NMD, has a lot of questions about dating, sex and birth control methods for his social worker, Mark. Mark does not always know the correct or appropriate answers to Abraham's questions and it makes him nervous or anxious. Mark feels he has to know how to respond to all of Abraham's questions immediately.

What is the Case Manager required to do?

The case manager is not expected to automatically know the answers to all questions that a youth may have. Depending on the youth's questions or needs, there may be some situations where gathering the answers should happen very quickly, like when the youth is in crisis and

experiencing an unwanted pregnancy, when the youth needs treatment for an STI or when a youth is in a dangerous, unhealthy relationship. However, it is ok to not have all the answers on the spot. The case manager in this scenario can let Abraham know that he will look into his concerns and provide him with the appropriate resources that address his questions regarding dating, sex and birth control.

What are some best practices for the case manager in this scenario?

Case managers are advised to take a breath before answering a youth's questions, to use active listening and rephrase the youth's questions back to them, to ensure the case manager understands what the youth is asking. The case manager should then be clear with the youth and honest about what they do not know. Case managers should let youth know that they will research their questions and concerns and get back to them with the answers, or explore with the youth to find the answers.

Additionally, making time to speak with a supervisor to staff the case and speaking with other staff may assist the case manager with working with youth who have lots of questions. Case managers should also familiarize themselves with county resources and online resources to provide youth with questions regarding sexual and reproductive health issues.

6. Scenario:

Katrice, a fourteen year-old in foster care, asks her social worker how she can get free condoms as she is sexually active but does not want to get pregnant. Her social worker provides Katrice with information about a local health clinic that provides free condoms, no questions asked. Katrice visits the health clinic and gets condoms and later her foster mother finds the condoms. The foster mother demanded to know how Katrice got the condoms, and Katrice tells her that the social worker assisted her. The foster mother is now angry and tells the social worker that she is going to file a complaint with the county agency.

What is the Case Manager required to do?

The case manager should inform the foster parent of the youth's right to have access to confidential reproductive health care services, including contraception. Case managers will not have disciplinary action taken against them for doing their job and fostering the youth's rights. It is the case manager's duty to provide the youth with age appropriate medically accurate information and resources about reproductive health care, unplanned pregnancy prevention, abstinence, use of birth control, abortion and the prevention and treatment of STIs.

What are some best practices for the case manager in this scenario?

The case manager can provide the foster mother with a copy of ACL [16-82](#), which outlines the sexual health and reproductive rights of foster youth as well as provide a copy of this same ACL to the foster parent's Foster Family Agency if applicable.

The case manager should also have a conversation with the foster parent about what her fears are in regards to Katrice having condoms. Does the foster parent have concerns about Katrice's health or safety? Are there other resources or referrals the foster parent may need in order to support Katrice?

7. Scenario:

Ryva, a fifteen year-old male-to-female transitioning youth, wants to receive hormone replacement therapy to more closely align her secondary sexual characteristics with her gender identity. Ryva has asked the case manager if she needs permission or if she is old enough to consent to taking this medication or if her foster parent can sign consent.

What is the Case Manager required to do?

The case manager must inform Ryva that neither she nor her foster parent can legally consent to this type of medical service. The case manager must inform the caregiver and Ryva that in order to receive hormone therapy services, Ryva will need consent from either a biological parent, her medical rights holder or through a court order. The case manager should encourage Ryva to reach out to her attorney.

What are some best practices for the case manager in this scenario?

The case manager should ask Ryva what other types of support she needs. The case manager can assist Ryva with getting consent approved by a required party. The LGBTQ youth enter the foster care system for the same reasons as non-LGBTQ youth in care, such as abuse, neglect, and parental substance abuse. However, many LGBTQ youth have the added layer of trauma that comes with being rejected or mistreated because of their sexual orientation, gender identity or gender expression. The case manager should assess if Ryva needs referrals or assistance, as many LGBTQ youth are at risk for emotional and mental health issues and may experience homelessness or participate in such at risk behaviors as substance abuse and or risky sexual activity.

8. Scenario:

Theresa, a sixteen-year old foster youth, has shared with her foster parent that she is pregnant and wants to terminate her pregnancy. Theresa has scheduled an appointment for an abortion and asked her caregiver to drive her. The caregiver shares with Theresa's social worker she is not comfortable with taking Theresa to an appointment for an abortion. Theresa's social worker feels it is the caregiver's responsibility to transport Theresa to the appointment. .

What is the Case Manager required to do?

The case manager should remind the caregiver of the requirement for her to provide Theresa transportation to medical appointments, which includes appointments for reproductive and sexual health related services. If the caregiver continues to refuse to take Theresa to the appointment, the case manager must transport the youth or elect another trusted adult to transport the youth to the appointment. An appointment for an abortion is time-sensitive, therefore it is important that the case manager ensure that someone, whether it be the caregiver, case manager or another trusted adult, transports Theresa to this appointment promptly. The case manager can also provide the caregiver with a copy of [ACL 16-82](#), which outlines the youth's right to be provided transportation and other reproductive health rights.

What are some best practices for the case manager in this scenario?

The case manager could ask Theresa who she would like to transport and accompany her to the appointment. An appointment for an abortion can be an emotional experience for a youth. The youth should be supported through this experience with the person the youth feels most comfortable with, if at all possible.

The case manager may also find it helpful to engage the foster parent in a discussion using Safety Organized Practice methods, by asking the caregiver “what are we worried about” in regards to transporting Theresa to the appointment. Exploring the caregiver’s concerns will help the case manager fully understand the issue at hand from the caregiver’s perspective. By doing so, the case manager may be able to provide additional information to the caregiver which would alleviate some of the caregiver’s concerns.

ONLINE RESOURCES

1. For Youth, NMDs, Caregivers, Social Workers and Probation Officers

Information regarding birth control:

<https://thenationalcampaign.org/resource/pocket-protector-guide-birth-control-options>
<http://www.plannedparenthood.org/learn/birth-control>

To find a health center near you:

<https://www.plannedparenthood.org/health-center>
<http://www.cfhc.org/programs-and-services/clinic-map>

Family Planning, Access, Care, and Treatment Program:

www.familypact.org

Information and services for LGBTQ youth, their family and caregivers:

<https://lalgbtcenter.org>
<http://saccenter.org>
<http://www.cssp.org/reform/child-welfare/get-real/what-we-do/publications>

2. Resources for Youth and NMDs

Youth friendly websites about birth control, safe sex and healthy relationships:

<http://stayteen.org/>
<http://www.teensource.org/>
<http://bedsider.org/>

Resources for LGBTQ+ Youth:

<https://lalgbtcenter.org>
<http://saccenter.org>
<http://www.cssp.org/reform/child-welfare/get-real/what-we-do/publications>
<http://www.cdc.gov/lgbthealth/youth-resources.htm>

3. Resources for Caregivers

Tips and resources for caregivers about talking to youth about sex and sexuality:

<https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality>

List of resources for caregivers about talking to youth of different ages about sex:

<http://www.plannedparenthood.org/parents/resources-for-parents>

4. Resources for Case Managers

Tips and information about talking to youth about pregnancy prevention and other topics:

www.TalkWithYourKids.org

<https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/default.aspx>

<http://www.etr.org>

<http://www.positivepreventionplus.com/>

<http://www.cdc.gov/lgbthealth/youth-resources.htm>

<http://thenationalcampaign.org/resource/briefly-its-your-responsibility-talk-youth-pregnancy-prevention-youth-foster-care>

Delivering Culturally Inclusive/Culturally Competent Services:

<https://www.childwelfare.gov/topics/systemwide/cultural/services/>

<https://www.gradschools.com/masters/social-work/msw-cultural-competence>

San Diego County Behavioral Health Services Handbook on cultural competence:

<http://www.sandiegocounty.gov/hhsa/programs/bhs/documents/CulturalCompetenceHandbook11-1-11.pdf>

This resource provides information about talking to youth about SOGIE: Sexual Orientation, Gender Identity and Gender Expression:

http://www.cfyetf.org/education-summit_17_2361847496.pdf

5. Available Training and Research:

The Prevalence of Foster Youth and Pregnancy (9 minute video):

<http://thenationalcampaign.org/resource/crucial-connection>

The Education, Training and Research website provides health education materials in sexual health, pregnancy prevention, LGBTQ+ wellness, dating violence and more:

<http://www.etr.org/>

Positive Prevention Plus lessons (in compliance with the California Healthy Youth Act). Lessons include: Sexual Health (for grades 7-12), Preventing Unplanned Pregnancies and HIV/AIDS:

<http://www.positivepreventionplus.com/>

The Family & Youth Service Bureau's National Clearinghouse on Families and Youth offers a training website for courses in "Creating a safe space for LGBTQ teens" and "Adolescent Development:"

<http://www.acf.hhs.gov/programs/fysb/resource/online-app-training>

The California Department of Education's Comprehensive Sexual Health Education and HIV/AIDS Prevention Education:

<http://www.cde.ca.gov/ls/he/se/>

The U.S. Department of Health and Human Services' Office of Adolescent Health offers evidence-based interventions on teen pregnancy prevention programs:

<http://www.cdc.gov/HealthyYouth/index.htm>

The California Family Health Council's Learning Exchange is a resource for health professionals to learn and share best practices in reproductive and sexual health care service delivery:

<http://www.cfhc.org/learning-exchange>

The National Child Traumatic Stress Network provides information about trauma informed services, treatments for trauma, and how different populations are impacted by trauma.

<http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>

Help Me to Succeed

A GUIDE FOR SUPPORTING YOUTH
IN FOSTER CARE TO PREVENT
TEEN PREGNANCY



GEORGIA CAMPAIGN FOR
ADOLESCENT POWER & POTENTIAL
Education • Prevention • Action
For Adolescent Health



The National Campaign
to Prevent Teen and Unplanned Pregnancy

Introduction

The National Campaign to Prevent Teen and Unplanned Pregnancy (The National Campaign) and the Georgia Campaign for Adolescent Power & Potential (GCAPP) are mission-driven organizations that seek to improve the lives and future prospects of children and families by preventing early pregnancy and parenthood among youth. Teen pregnancy is closely linked to a number of critical social issues, including poverty and income disparities, health, education, child welfare, and overall child well-being. Children born to teen mothers are more likely to be victims of child abuse and neglect and to be in the child welfare system. The National Campaign and GCAPP have worked to identify ways to support youth in care prevent teen pregnancy and to reach their goals by delaying starting a family until they're ready. It is our hope that this report will serve as a resource for case workers, foster parents, and other individuals in the child welfare sector to help youth in care avoid unplanned pregnancy and parenthood.

Youth in foster care, in particular, are at a significant risk of teen pregnancy. For instance, a teen girl in foster care is 2.5 times more likely to become pregnant by age 19 than her adolescent peers not in foster care. Also, approximately half of 21-year-old males transitioning out of foster care reported getting a partner pregnant compared to 19 percent of their non-foster care peers.¹ While adolescents in the general population are at risk for pregnancy, youth in foster care often face additional circumstances out of their control that can leave them even more vulnerable to pregnancy. For some time now, The National Campaign and GCAPP have worked to understand what youth currently in care and those transitioning out of care want and need from those around them to help them avoid early pregnancy. Both organizations have done this by working with youth in foster care themselves and providing these young people with the chance to articulate their thoughts and opinions.

GCAPP commissioned Messages of Empowerment (TEAM-MOE) to work with youth in care in Georgia after recognizing a need to include

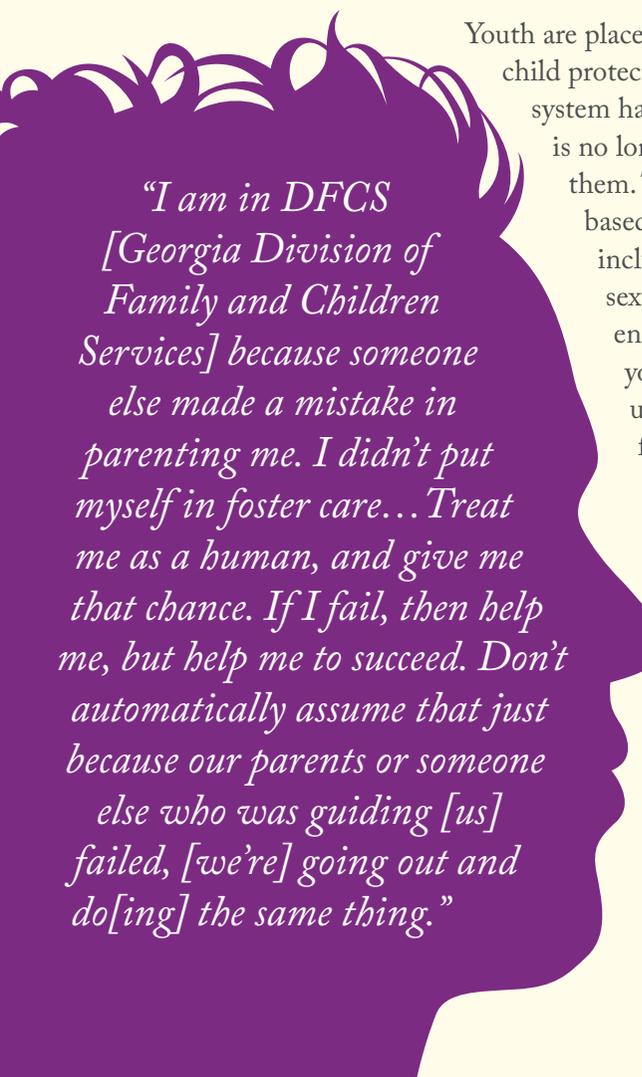
the youths' voice in the work of the organization. In 2010, TEAM-MOE began using the "FAST" Model (Frame the Issue, Ask the Right Questions, Select the Right Data Sources, Think About Solutions) to train current and former youth in foster care to interview their peers about teen pregnancy and prevention. Thirty-nine youth in care were interviewed for this project; the average age of participants was 17.5 years. The young people discussed their feelings about being in foster care, teen pregnancy, sex education, the role adults play in their lives—particularly when it comes to discussing sexuality and reproductive health—and what supports and services they thought would help them make healthy decisions about sex and pregnancy prevention. While this project specifically represents the voices of youth in foster care living in Georgia, the opinions and findings mirror what The National Campaign has found among youth in care nationwide.

This report combines messages directly from youth in foster care in Georgia with national research to provide insight and advice to adults working in the child welfare sector. Understanding a youth's feelings and opinions regarding the risks of early pregnancy and prevention strategies can help child welfare professionals provide more effective support for the young people they support in foster care. Below are suggestions on how to find the balance between helping youth in care have a "normal" adolescent experience while providing them with the support they need to overcome barriers they face as a result of being in the child welfare system.



What is life like for youth in foster care in the United States?

Adolescence is a period of transition and development often marked by risky behavior. When supported appropriately, many young people learn from their experiences and successfully navigate the often difficult and confusing path to adulthood. Teens in foster care too often find themselves at a disadvantage compared to their peers who are not in care, because their life experiences make establishing consistent supportive relationships extremely difficult.



“I am in DFCS [Georgia Division of Family and Children Services] because someone else made a mistake in parenting me. I didn’t put myself in foster care... Treat me as a human, and give me that chance. If I fail, then help me, but help me to succeed. Don’t automatically assume that just because our parents or someone else who was guiding [us] failed, [we’re] going out and do[ing] the same thing.”

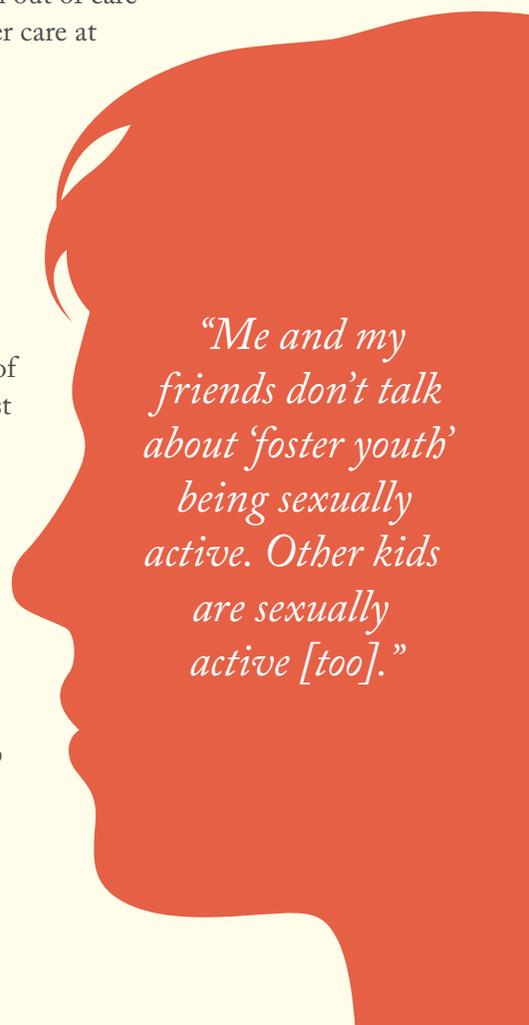
Youth are placed in foster care because child protective services and the court system have determined their home is no longer a safe environment for them. These situations are identified based on apparent maltreatment including neglect and physical, sexual, or emotional abuse. Upon entering the child welfare system, youth may face additional upheaval by being separated from siblings or moving between multiple placements such as group homes, residential facilities, kinship care, and non-relative foster homes. Out of approximately 400,000 youth in foster care in the United States,ⁱⁱ about 33 percent are teens between 13-18 years old.ⁱⁱⁱ Older youth entering foster care in particular tend to remain in the system longer than

those who are placed when they are younger. They are also *less* likely to be adopted or achieve permanency before turning 18 compared to their younger peers in care.^{iv} Not having an adoptive family or permanency plan in place before transitioning out of care puts older youth in care at an increased risk for negative outcomes including homelessness, unemployment, poverty, incarceration, and pregnancy at a young age.^v

FINDINGS ON YOUTH IN CARE IN THE U.S.

- Eighty percent of youth who transition out of care without an adoption plan entered foster care at age 10 or older.
- In 2009, youth age 18-21 who transitioned out of care had spent an average of 7.5 years in the system.
- Over half of youth who transition out of care experienced at least one episode of homelessness.
- One in four youth who transition out of care will be incarcerated within the first two years after they leave the system.^{vi}

For many youth, out-of-home care can be traumatic due to the instability of multiple, short-term placements; lack of emotional connection with caregivers or staff; and, in some cases, abuse within these places of care. It is difficult to safely seek support or develop trusting relationships in situations where trauma has been or is present. Youth in care are also more likely to have already experienced poverty, homelessness, and



“Me and my friends don’t talk about ‘foster youth’ being sexually active. Other kids are sexually active [too].”

What do youth in foster care think about the risks of teen pregnancy?

During interviews, youth in care identified several factors that put them at risk for early pregnancy. These factors, which echo findings from previous work with youth in care around the country, include: (1) low self-esteem as a result of the stigma youth often face for being in foster care; (2) a lack of guidance, making it easier to succumb to peer pressure; (3) lack of consistent relationships with trusting adults; (4) a history of abuse and neglect; (5) lack of opportunity during adolescence to experience “normal” and “healthy” intimate and social relationships; (6) wanting someone to love; and (7) concern about birth control.

STIGMA OF BEING IN FOSTER CARE

Being in foster care can inherently create dependency. This is largely due to young people’s minimal control over the decisions being made about their personal lives, including where they will attend school, their type of placement, and changing placements. On average youth can have four to five placements throughout their time in the foster care system, making it a challenge to form long term social relationships which can, in turn, be motivation for getting pregnant. As one youth notes, *“There’s a real need on their part to have a longer-term relationship, and they see a baby as a way to achieve that...thinking that having a baby with their boyfriend will cement that relationship as well.”* Intimate sexual relationships might satisfy important needs that would otherwise be met within the family relationship,

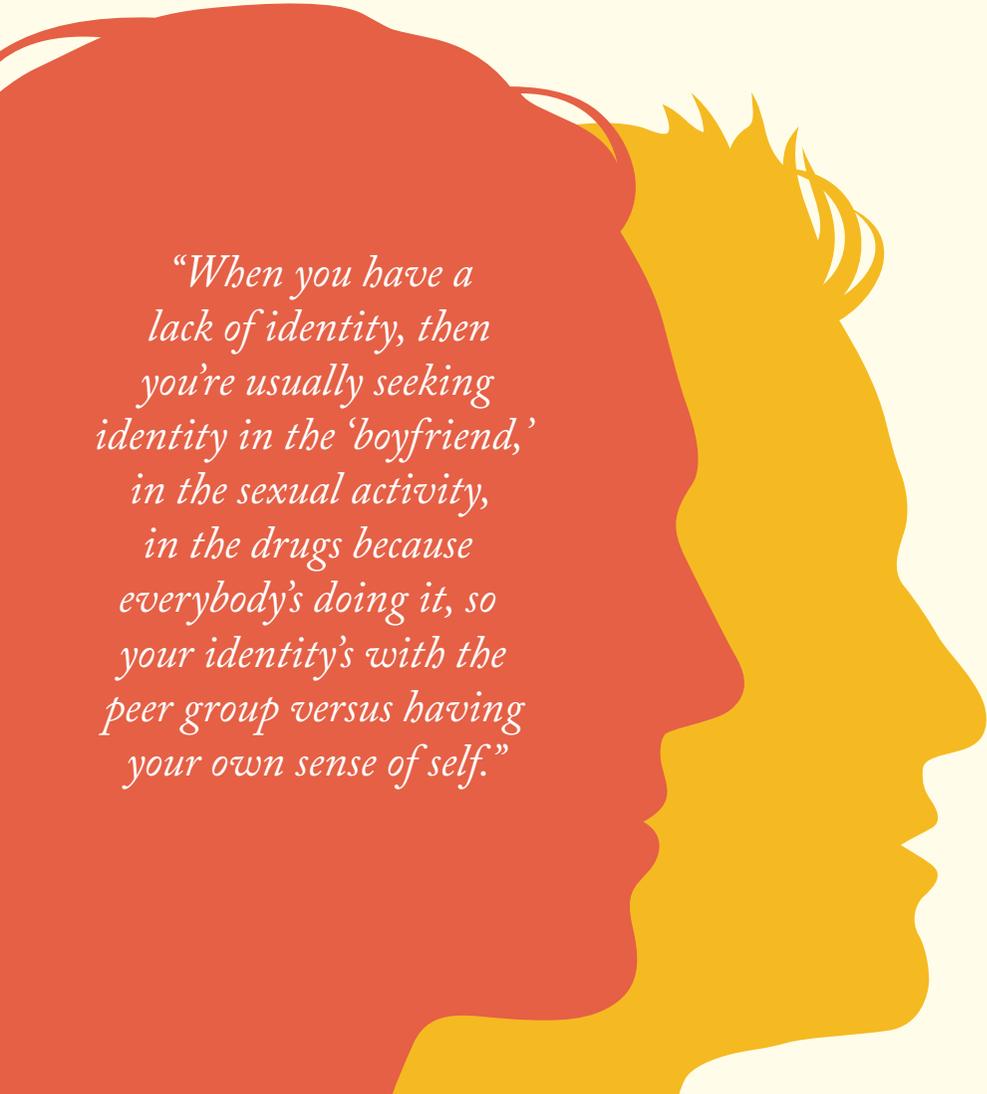
“With teen pregnancy it’s not about you anymore, it’s about the child. Most of us ain’t with the father so you got to think about what if he gets tired and he doesn’t want the baby. He can leave. You can’t go anywhere.”

instability, all of which have been linked to teen pregnancy. Consequently, many youth in care spend much of their time navigating the system in survival mode and looking to peers for support. As one youth respondent noted, *“You have to look out for yourself more when you’re in DFCS.”*

Although data provide a comparative view of the risk of early pregnancy faced by youth in care with their non-foster care peers, some youth in care expressed that using this information broadly and without context can unintentionally make them feel singled-out, or characterized as “hypersexual” compared to their peers. When youth in foster care in Georgia were asked to talk about teen pregnancy, several of the respondents felt frustrated and reiterated that, *“it’s not just about foster kids getting pregnant.”* They felt a more important message was to stress that *all* teens are at risk of becoming pregnant or causing a pregnancy if they’re sexually active and that not all youth in care are necessarily sexually active. Respondents also shared several structural and social aspects of the child welfare system they believe led to increased risky behavior and unintended pregnancies among youth in care.



including emotional support, safety, trust, and love. Another youth said, *“Foster kids get bullied more than other kids on the street.”* The stigma of being in foster care may also subject teens more bullying and peer pressure. Similar to all adolescents, youth in care want to fit in with their peers. Also similar to youth more broadly, this desire to be accepted may lead teens in care to having unprotected sex or using drugs.



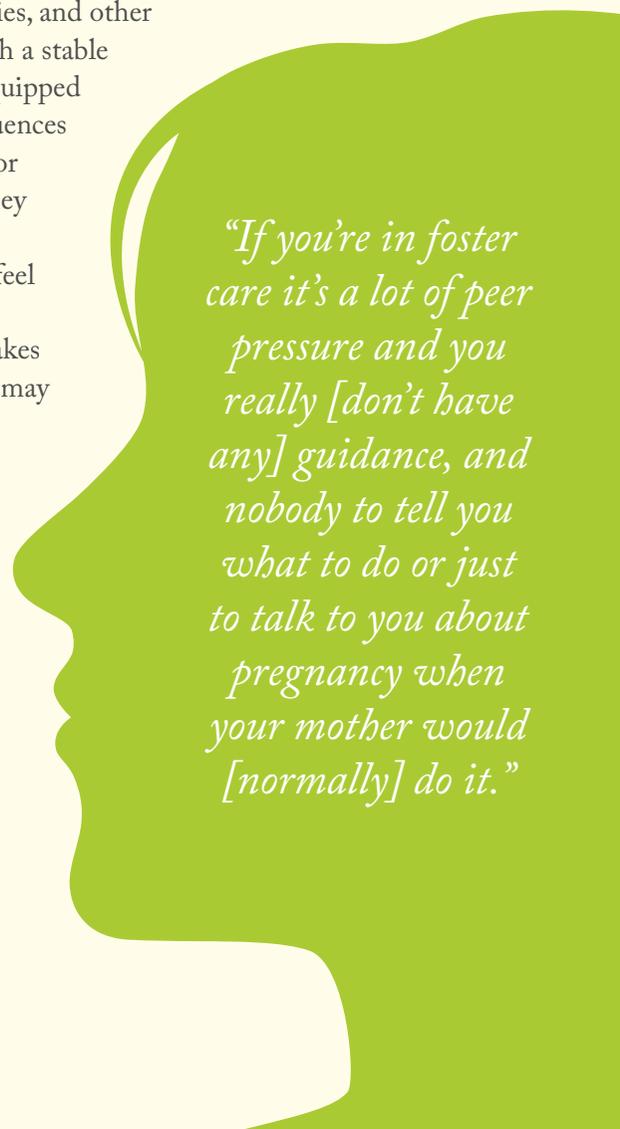
“When you have a lack of identity, then you’re usually seeking identity in the ‘boyfriend,’ in the sexual activity, in the drugs because everybody’s doing it, so your identity’s with the peer group versus having your own sense of self.”

FACING PEER PRESSURE WITH LITTLE GUIDANCE

Youth identified the lack of guidance while being in care, particularly as it relates to pregnancy prevention, as a factor that makes it more difficult to resist pressure to engage in risky behavior. Peer pressure is a normal aspect of teenage development. Teens who successfully navigate this pressure often do so with the help of a strong support network including parents, families, and other community influences. Teens with a stable family structure may be better equipped to resist the pressure of peer influences due to a desire to please parents or other mentors whose approval they care about.^{viii} Youth in care often lack strong support networks or feel like there are no adults who care about their well-being, which makes it difficult to resist activities that may have negative consequences.

LACK OF CONSISTENT RELATIONSHIPS WITH TRUSTING ADULTS

For most teenagers, adolescence is a time for experimentation and exploration. This is no different for teens in foster care. Teens in care often lack permanent mentors in their lives which can affect many of their decisions, including those about sex. Older youth in care, in particular, face



“If you’re in foster care it’s a lot of peer pressure and you really [don’t have any] guidance, and nobody to tell you what to do or just to talk to you about pregnancy when your mother would [normally] do it.”

multiple disadvantages when it comes to building consistent relationships with trusting adults, partly due to the average length of time they spend in the system and their number of placements. The strength of a relationship with a caring adult plays a pivotal role in helping youth in foster care avoid pregnancy and sexually transmitted infections (STIs).^{ix} This relationship can be with a relative, a social worker, or any responsible caring adult; the most important factors are that the relationship is consistent and built upon mutual trust.^x This might be particularly challenging for youth if they don't feel welcomed or supported by the child welfare system or their caregivers. As one youth notes, *"DFCS acts like we asked them to be in foster care. If I could go home, I would. I don't want anybody taking care of me and they're making it seem like such a big deal that they're doing this and that but I didn't ask them for anything."*

Other youth express challenges in developing positive relationships in both group homes and in-home placements. One youth mentioned that, *"... group homes aren't so warm and fuzzy because the relationships aren't there."* Another said about foster families, *"A lot of parents that do fostering don't really get to know the child like they should. I've been moved from home to home. I never really had a stable home."* Two more youth specifically stated that, *"...not having anyone to listen to how our daily life is going..."* and *"...living with adults who don't understand where we are coming from..."* are factors they believe contribute indirectly to sexual risk-taking. What is clear from the majority of these youth is the absence of a trusting adult they can turn to for advice and support.

"We deal with staff members who don't seem to care."

HISTORIES OF ABUSE AND NEGLECT

Teens in foster care cited abuse and neglect as factors that may place young people at higher risk of teen pregnancy. When asked about who might be at risk for getting pregnant at a young age, one youth mentioned, *"...young females that have been molested or raped, or in some kind of category where someone has sexually harassed them or abused them at some point in their lives."* Experiences with physical and sexual abuse are common among youth in care. Young adults who lived in foster care were nearly two times more likely to have experienced forced sex compared to all other youth.^{xi}

LACK OF OPPORTUNITY FOR "NORMAL" RELATIONSHIPS

While individual placements vary depending on the situation, in general there are a multitude of rules and restrictions young people face upon entering the child welfare system. Youth interviewed mentioned several times that the restrictions they face make it hard for them to have "normal" teenage experiences and connect with their peers. According to one youth, shielding them from the world *"...makes a young girl*

"This is like a lock down facility and it's not supposed to be. This is a foster youth group home not a DJJ [Department of Juvenile Justice] group. It shouldn't be a lock down facility. It should be open where you can go to sporting events, have fun, and feel like a real teenager."

rebellious and that makes them go out there and do way worse things than just have sex.” The ability to experience relationships during adolescence has a direct impact on the development of positive self-esteem that youth carry into adulthood. For youth in care, this opportunity is often stifled. Strong, positive peer relationships have proven to be helpful to youth overcoming challenges associated with turbulent family situations which would particularly benefit youth in care.^{xiii} Allowing youth the opportunity to engage in positive peer relationships, while providing them with the support and skills they need to navigate risky situations, is critical to healthy adolescent development.

WANTING SOMEONE TO LOVE

The idea of having a baby as a teenager is not always viewed negatively among youth in care. Several young people suggested that teens in care are actually motivated to get pregnant and have a baby as a means of receiving unconditional love. One youth said, *“Some young females actually want babies. It’s not an accident because they feel like they want somebody that’s going to love them.*

They don’t have nobody.” This urge for unconditional love was also expressed in focus groups among youth in care across the country.^{xiii}

Making the decision to start a family can be a common response to the instability and lack of control youth grow accustomed to while in care. They want to succeed at having a family in a way that their parents did not.

“While you’re in the system they try to put all of these rules and restraints on you. But, at the end of the day, when you get out there, you’re gonna do what you want to do.”

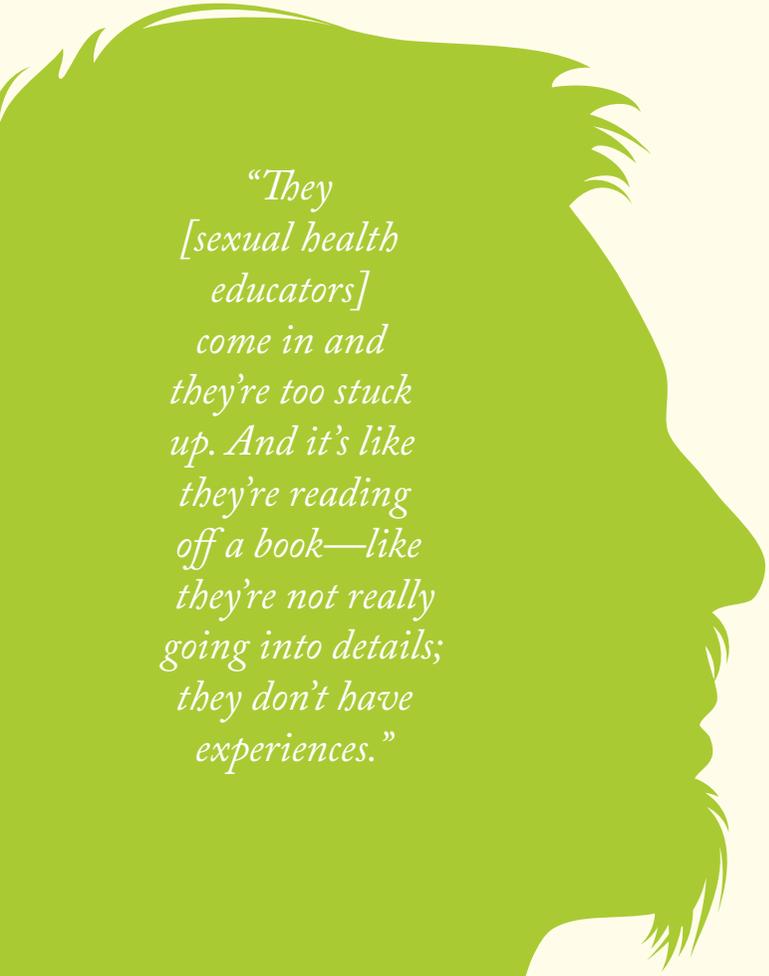
Some youth also believe that having a baby with their boyfriend will cement the relationship and provide some continuity in their life. Even though youth interviewed acknowledged that this belief frequently does not work, pregnancy and giving birth as a single mother is still not always seen as a detriment to their future, especially if the girl is *“...strong and they’ve got it together.”*

CONCERN ABOUT BIRTH CONTROL

Like youth in the general population, youth in care may not have received much reliable or accurate information regarding birth control. Some teens refuse to use certain birth control methods—hormonal methods, in particular—out of concern about possible side effects. However, rejecting hormonal birth control, including some of the most effective and long acting methods, puts youth in care at risk of unintended pregnancy. Young people’s attitudes about birth control reveal a need for more education about how methods work, the myths and misunderstandings about side effects, and the risk of pregnancy with each method. Educating youth on the importance of condom use is also

“I have enjoyed the joy that I bring to my child and the joy that he brings to me. It’s like waking up in the morning and sometimes you might not be able to get out of the bed, or you might be discouraged, or you feel that you’re down and out, but you see your child and it just motivates you to keep going.”

critical to helping them prevent pregnancies as well as STIs. When asked about condom use, several youth responded saying, *“Most of my friends don’t like condoms…”* or *“It doesn’t feel right.”* One girl said about her boyfriend: *“He feels like they suck... birth control sucks too.”*



“They [sexual health educators] come in and they’re too stuck up. And it’s like they’re reading off a book—like they’re not really going into details; they don’t have experiences.”



“I don’t feel that either one [condoms or birth control] are important to use.”



“I don’t want to use birth control. I don’t like taking medicine and I don’t want to take something that’s gonna change my hormones, like changing my period.”

What's Missing?

The youth interviewed provided valuable insight into the risks that youth in care face in regards to teen pregnancy as well as gaps in child welfare structures and supports. In addition to more support in general, youth in care could benefit from stronger resources and better information on topics related to pregnancy planning, prevention, and safer sex.

FOSTER PARENTS NEED TO BE APPROACHABLE AND PREPARED TO DISCUSS SEXUAL HEALTH AND SEXUALITY WITH THEIR YOUTH.

When asked about discussing sex and related topics with their foster parents, youth gave both positive and negative responses. It is clear that establishing relationships with their foster parents can be difficult for a variety of reasons, and discussing issues related to sexual health might be particularly fraught given the sensitive nature of the topic. Several youth mentioned the fear of being judged by their foster parents and other adults and how that can deter them from broaching these subjects. One youth said they would feel more comfortable talking about sex with their foster parent, "...if they wouldn't judge me or think of me differently." Another youth simply said, "I need to know they care." And another stated, "I need to have this conversation with a person who is not going to be jumping down my throat all the time." Previous negative experiences with foster parents can add to the hesitance of approaching them about these subjects. One youth said, "I've had so many foster parents in my life. I had several that were just scary—just too scared to talk to [them] about it."

"Listen to us first, then educate us later."

Foster parents can play a critical role in supporting youth to make safe and healthy decisions. They are in a position to facilitate these discussions if they are given the right tools and knowledge to offer advice and guidance to their youth. While some youth interviewed said they would never feel comfortable talking with their foster parents, others said that if the parent could "be honest and open" and "down to earth" then it would be easier. It is possible for foster parents and the youth they care for to establish two-way, healthy relationships and it can be extremely positive for both when that alliance is created.^{xiv}

SEX EDUCATION OFFERED TO YOUTH IN CARE NEEDS TO BE RELEVANT TO THEIR LIVES.

Despite the lack of evidence-based teen pregnancy prevention programs specifically developed for youth in care, many of the youth interviewed

"It would be easier for me to have a conversation if they came to me."

"Me, personally, I had a good foster parent. She was my best friend. I feel that I could talk to her about anything. I've been with her for seven years. I've been with her since I had my baby. She was down and upset but she got to a point where she got over it. And so [she just said], 'Don't do it anymore.'"

had previous experience with some type of sex education. In general, their feelings toward sex education were apathetic, *“We sit there and we listen even to the statistic... it’s like, I heard what you said but I don’t care.”* According to one of the youth interviewed, *“It’s not effective because after a certain amount of time you just block out everything.”* Again, youth identified the fear of being judged as a factor that inhibited them from participating in these programs. One young person said, *“As soon as you go to a pregnancy prevention class, they automatically assume that you’re having sex.”* One youth suggested that sex education should be mandatory or court-ordered to avoid being judged or seen as promiscuous for participating.

“Most [health educators] do and say the same things you heard at the last meeting. So what’s the point in going if you already know what they’re gonna say?”

Similar to youth in general, in order for messages in a sex education class to resonate with them, youth in care want to hear information delivered in a way that will connect with their personal experiences. This can be done through examples and facilitated discussions as opposed to a lecture-style class.^{xv} In other words, *“Make the sessions more conversational than informational.”* They also mentioned including conversations providing moral guidance in sex education programs such as, *“Good or bad, we want to know when is the right time to lose your virginity.”* This would be particularly helpful for youth who lack

relationships with trusted, adult mentors. The class could provide them some insight and skills when faced with decisions like having sex.

YOUTH IN CARE NEED ACCESS AND ENCOURAGEMENT TO VISIT HEALTH CLINICS FOR SERVICES.

Like all youth, youth in care need to be able to access health services, including reproductive health services. As one teen mentioned, *“Access can be contingent on the ability or the willingness of the adult to do that.”* Others also mentioned that in more suburban or rural settings access can be particularly challenging. Youth in care are also worried about being judged if they access sexual health services. As one youth stated, *“Some will not use the clinic because they have trust issues.”*

“We are tired of hearing ‘don’t do this or you’ll get an STD’ or ‘you’ll get pregnant.’”

“Looking at my situation now, I feel like I needed stronger birth control because it just wasn’t worth it to me.”

What now? How will you move forward to better support youth in care?

When working with youth in care, it is critical to be sensitive to their need to be considered a “normal” teen and have “normal” teenage experiences while taking into account increased risks they may face as a result of being in care. Finding the balance between these two concepts is difficult, but not impossible:

ADDRESS TEEN PREGNANCY AS SOMETHING THAT CAN HAPPEN TO ANY TEEN.

Youth in care have said they don't like being singled out or labeled, they simply want programs that deliver medically accurate and reliable information.

PROVIDE OR IDENTIFY TRAININGS FOR PRIMARY CAREGIVERS.

Medical providers should be familiar with the risk factors associated with being in care. In particular, providers should be able to refer young people to necessary mental health and reproductive health services and be prepared to handle issues of abuse, common among youth in care.

PROVIDE TRAINING FOR ADULTS WHO WORK WITH YOUTH IN FOSTER CARE.

Foster parents, social workers, and those who work directly with youth in care can benefit from professional development specific

to the topic of teen pregnancy prevention—starting with the basics, sex education 101. They need to be prepared to answer questions and refer young people to quality reproductive health resources.

OFFER EVIDENCE-BASED SEX EDUCATION ON A CONTINUOUS BASIS.

Youth in care report a lack of accurate information about preventing pregnancy, contraception, and other topics. Consider the fit of a program when engaging this population—in particular take into consideration the length (number of sessions) of a program, age-appropriateness, literacy level of your materials, as well as whether the program takes trauma into account.

MAKE SEX EDUCATION AN ON-GOING COMPONENT OF EXISTING PROGRAMS WITHIN CHILD WELFARE AGENCIES.

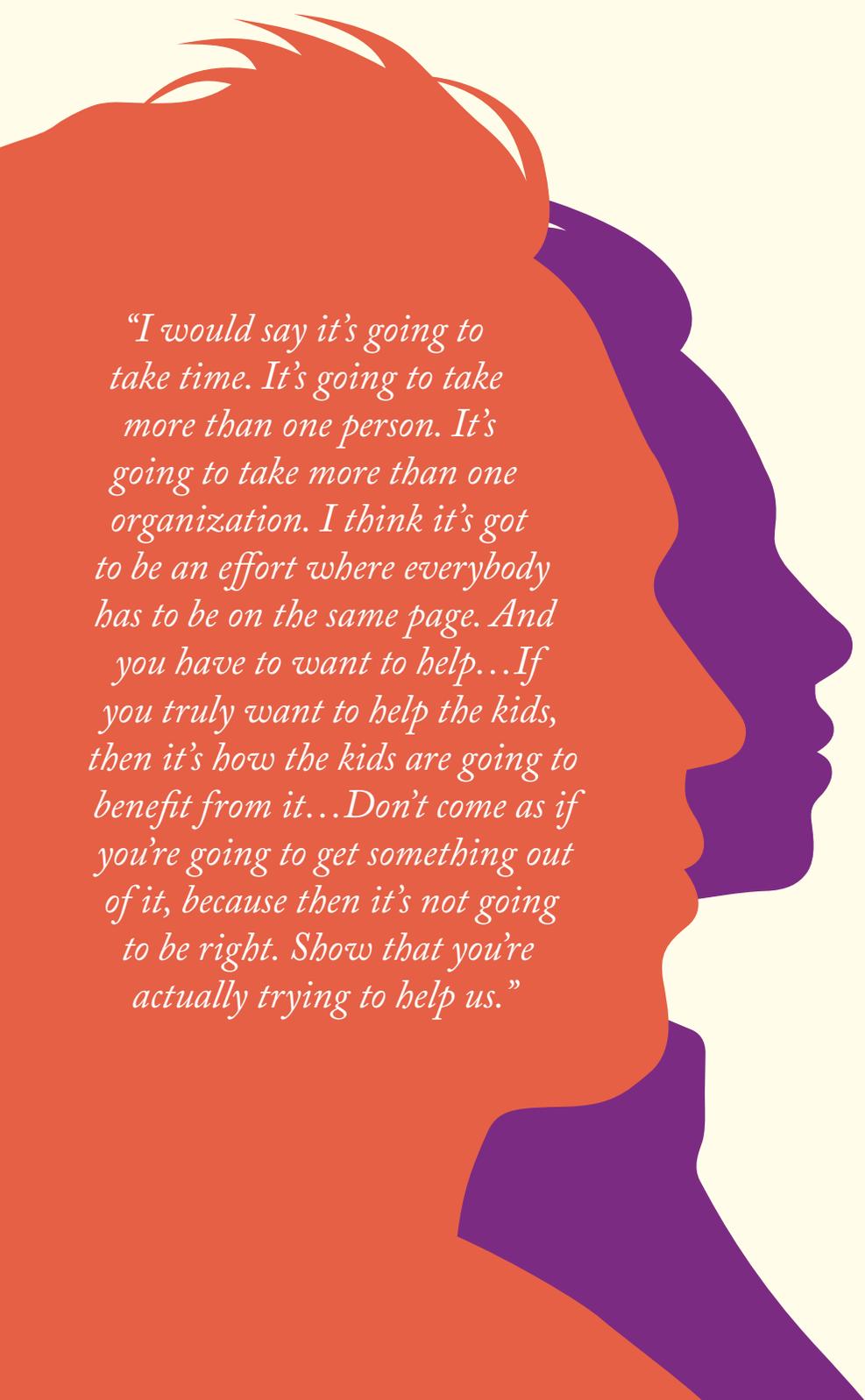
This will ensure that more youth will receive the knowledge required to make healthy decisions about sex, contraception, and related topics.

ENSURE YOUTH HAVE ACCESS TO AGE-APPROPRIATE RESOURCES AND SERVICES ON HEALTHY RELATIONSHIPS AND REPRODUCTIVE HEALTH.

Youth in foster care are often transient so they need to be able to access quality reproductive health resources from wherever they are. Consider developing wallet cards, or distributing existing resources such as the *Pocket Protector: A Guide to Birth Control Options* (available through the Campaign's Online Store: <http://bit.ly/Zltdjm>), and recommend websites teens can access with a mobile phone or text messaging resources where they can get their questions answered in real time.



“Give us a voice. And even if you don't give us a voice, advocate for us!”



“I would say it’s going to take time. It’s going to take more than one person. It’s going to take more than one organization. I think it’s got to be an effort where everybody has to be on the same page. And you have to want to help...If you truly want to help the kids, then it’s how the kids are going to benefit from it...Don’t come as if you’re going to get something out of it, because then it’s not going to be right. Show that you’re actually trying to help us.”

About this Publication

The National Campaign and GCAPP worked together on this report. Firsthand accounts from youth in foster care used in this publication were compiled by TEAM-MOE in collaboration with GCAPP between October 2010 and June 2011, before the federally funded Personal Responsibility Education Program (PREP) began in Georgia. The Georgia Department of Human Services (DHS) Division of Family and Children Services (DFCS) has since taken steps to incorporate these findings into their current PREP implementation with youth in the Georgia foster care system.

As a result of federal funding Georgia’s PREP initiative is (1) providing evidenced-based teen pregnancy prevention programming to youth in foster care; (2) providing science-based relationship education programming to youth in foster care; (3) providing training to adult caregivers (foster parents, group home staff, and case managers) who work with youth in foster care to increase their ability to discuss healthy decision-making about sexual health and interpersonal relationships; (4) including sexual health education and health services in foster youth’s written transitional living plans; and (5) ensuring that the sexual and reproductive health of foster youth are assessed as part of their regularly scheduled comprehensive health screenings.

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