

**Testimony Regarding
DCF Services to Prepare Youth Aging Out of State Care**

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Program Review and Investigations Committee

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Senator Kissel, Representative Mushinsky, and distinguished members of the Committee:

I am testifying today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families.

I. Introduction: Pregnant and Parenting Youth in Foster Care Face Unique Challenges

As you consider the challenges facing youth at risk of aging out of foster care, I urge you to take into special consideration the needs of a particularly vulnerable subset of this population: youth in foster care who are pregnant and/or parenting.

A. The Rates of Pregnancy and Parenthood are High Among Youth in Foster Care and Recent Foster Care Alumni

National research has shown that youth in or with a history of foster care are at a significantly higher risk of becoming pregnant as adolescents or young adults than are youth who have had no involvement in the foster care system—so much so that *Time* magazine has labeled teen pregnancy “an epidemic in foster care.”² According to the most comprehensive study of the outcomes for youth in and transitioning out of foster care, the Midwest Evaluation of Adult Functioning for Former Foster Youth (“Midwest Study”):³

- **Young women in foster care between the ages of 17 and 18 are more than twice as likely to have ever been pregnant than their peers who have no history in foster care, with one-third (33%) of 17 and 18 year-old young women in foster care reporting having ever been pregnant compared to 14% of 17 and 18 year-old women in the general population.**⁴

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² Amy Sullivan, “Teen Pregnancy: An Epidemic in Foster Care,” *Time*, July 22, 2009, <http://content.time.com/time/nation/article/0,8599,1911854,00.html>.

³ The Midwest Study is a longitudinal study produced by the Chapin Hall Center for Children at the University of Chicago together with the child welfare systems in Iowa, Wisconsin, and Illinois. The study followed youth in the child welfare systems of these states from age 17-18, as they prepared to exit care, until age 26. The study provides a comprehensive picture of youth in transition and allows for comparisons between youth in a child welfare system that provides care until age 21 (Illinois) and those in systems that youth generally age out of at 18 (Iowa and Wisconsin). The study began in the early 2000s and the final report was released in 2011. Mark E. Courtney, et al., Chapin Hall at the University of Chicago, “Midwest Evaluation of the Adult Functioning of Former Foster Youth,” (2011), <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>.

⁴ Mark E. Courtney et al., Chapin Hall at the University of Chicago, “The Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care,” 37-8 (2004). http://www.chapinhall.org/sites/default/files/CS_97.pdf http://www.chapinhall.org/sites/default/files/CS_97.pdf

- **By age 19, just over one-half (51%) of young women with a history of foster care reported having ever been pregnant, compared to only 20% of 19 year-olds with no involvement in the foster care system.⁵**
- **Of the young women with foster care history who reported having ever been pregnant by age 19, 46% reported being pregnant more than once.⁶**
- **By age 21, 71% of young women with a foster care history reported having ever been pregnant compared with only 34% of 21 year-old women in the general population.⁷**
- **Among 21-year-old males with a history of foster care, 49% reported having impregnated a partner compared to only 19% of 21-year-old men in the general population.⁸**

Although not all pregnancies among young women who are in or who have aged out of foster care result in live births, the high rates of pregnancy in this population correspond to high rates of childbearing. Among the adolescents and young adults evaluated in the Midwest Study, **21% of females in or with a history in foster care had at least one child by age 17 or 18, 32% had a child by age 19, and 56% had a child by age 21.** Among males in or with a history in foster care, 7%, 14% and 30% of young men in each of these respective age groups reported having any living children.⁹

The high incidence of pregnancy and childbearing among teens who are in or who have recently aged out of foster care reflect the facts that **teens in foster care are more likely to become sexually active at a younger age and are less likely to use contraceptives than teens in the general population.**¹⁰ Lack of early and consistent access to effective sexual education and contraceptives is certainly part of this problem, but this does not fully account for the incidence of pregnancy among teens in foster care. Research has shown that strong bonds with parental figures are a key factor for many youth who decide to delay sexual activity, and these are precisely the sorts of bonds that most youths in foster care lack.¹¹ Furthermore, **many young women in foster care report a desire to become pregnant in order to create the familial bonds that are missing in their lives and to prove that they can do better for their children than their parents and the child welfare system have done for them.**¹² Finally, some youth come into foster care once they

⁵ Mark E. Courtney et al., Chapin Hall at the University of Chicago, "The Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of at Age 19," 54 (2005), http://www.chapinhall.org/sites/default/files/ChapinHallDocument_4.pdf.

⁶ Amy Dworsky, Chapin Hall at the University of Chicago, "Preventing Pregnancy Among Youth in Foster Care: Remarks for a Congressional Roundtable with Senator Mary Landrieu, Russell Senate Office Building," 4 (July 16, 2009), <http://www.chapinhall.org/sites/default/files/DworskyFosterPregnancy-7-16-09.pdf>

⁷ Mark E. Courtney et al., Chapin Hall at the University of Chicago, "The Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21," Chapin Hall Center for Children at the University of Chicago, 50 (2007), http://www.chapinhall.org/sites/default/files/Midwest%20Evaluation_Report_4_10_12.pdf.

⁸ *Id.* at 51.

⁹ Mark E. Courtney et al., Chapin Hall at the University of Chicago, "The Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26," 109-10 (2011), http://www.chapinhall.org/sites/default/files/Midwest%20Evaluation_Report_4_10_12.pdf.

¹⁰ See, e.g., Amy Sullivan, "Teen Pregnancy: An Epidemic in Foster Care," *Time*, July 22, 2009, <http://content.time.com/time/nation/article/0,8599,1911854,00.html>.

¹¹ See, e.g., Amy Dworsky & Mark E. Courtney, "The Risk of Teenage Pregnancy Among Transitioning Foster Youth: Implications for Extending State Care Beyond Age 18," 32 *Children and Youth Services Review* 1351, 1354 (2010).

¹² See, e.g., L.T. Love et al., National Campaign to Prevent Teen and Unplanned Pregnancy, "Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care" (2005), http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope_FINAL.pdf.

are already pregnant or parenting because they have been rejected by their families. In short, the problems of teen pregnancy and parenting among youth in foster care are not simple; to address these problems effectively, policy reforms must be designed with an awareness of their complexity.

B. The Unique Challenges Facing Pregnant and Parenting Youth in Foster Care and Their Children

Pregnancy and parenting add unique challenges to the difficulties that youth involved in and aging out of the foster care system already face:

- Pregnancy, childbearing, and childrearing commonly interfere with academic success and educational attainment. **Research on pregnant youth in Illinois shows that pregnant and parenting youth were more likely to drop out of high school than to graduate, and for each additional child born to a young woman in foster care, the likelihood that she would complete a high school diploma or GED decreased by 45%.¹³**
- Research suggests that young mothers who age out of foster care are more likely than the general population to rely on public assistance and experience homelessness. Of those who do experience homelessness, young mothers are more likely to have their children removed from their custody than other homeless parents.¹⁴
- **Intergenerational involvement in the child welfare system is tragically common. The study on young mothers in Illinois with a history of foster care involvement found that 22% of the mothers were investigated for child abuse or neglect and 11% of the mothers had their children removed and placed in state care, perpetuating an intergenerational cycle of abuse/neglect and foster care involvement.**

II. Current Connecticut Programs to Support Pregnant and Parenting Youth In Foster Care Fall Short of What is Needed

A. Pregnancy Prevention

A key step in addressing the challenges that face pregnant and parenting youth in foster care is preventing pregnancy among teens and young adults in foster care in the first place. Thanks to a federal grant secured in conjunction with the Department of Public Health, DCF is currently overhauling sexual education for youth in foster care, adopting a mix of new, evidence-based educational programs.¹⁵ This is an important step, and one we recommend that the Committee examine to ensure its completion and evaluate its success. To be successful, **DCF must provide sexual education before the youth in its care become sexually active, and it must ensure that its adolescent caseworkers, foster parents, and congregate care staff are adequately trained and supported to initiate important and ongoing conversations about sexual education and decision-making outside of any formal sexual education curriculum.**

¹³ Amy Dworsky & Jan DeCoursey, Chapin Hall at the University of Chicago, "Pregnant and Parenting Foster Youth: Their Needs, Their Experiences," 18, 34 (2009), http://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf.

¹⁴ Casey Family Programs, "Improving Outcomes for Older Youth in Foster Care," 4 (2008), http://www.casey.org/resources/publications/pdf/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf.

¹⁵ Telephone Interview with Lisa Driscoll, Department of Children and Families, Child and Adolescent Development and Prevention (Sept. 31, 2013).

Beyond sexual education, youth in foster care also need consistent access to sexual health providers and contraception. The DCF policy manual is explicitly clear about the right of a young woman in foster care to access family planning and pregnancy termination services once she becomes pregnant.¹⁶ However, written DCF policy does not directly address access to sexual health services for preventative measures. Most social workers report encouraging and facilitating visits to Planned Parenthood once teens in their care are likely to become sexually active, but this is fairly *ad hoc* and depends on the quality of the social worker. Developing written requirements that caseworkers and foster families provide young men and women in DCF care access to important sexual health and preventative services within the community would be an important step to ensuring that youth are able to take advantage of those services.

B. Support for Pregnant and Parenting Youth in Foster Care

DCF describes specific programs in place for the support of parenting teens under its "Adolescent Parents' Program."¹⁷ This policy provides:

- **Financial assistance to youth participating in Supportive Work Education and Transition Program (SWETP)¹⁸ who are under the age of 18 and the custodial parent of a minor child or children.** Financial assistance is provided through enrollment in the Temporary Family Assistance (TFA) program through the Department of Social Services (DSS) and covers licensed day care for high school attendance as well as financial payments for the minor child; medical coverage is provided through HUSKY A, administered by DSS. DCF provides financial assistance for day care expenses incurred for work-related purposes and covers the cost of other licensed day care services once DSS day care funds are exhausted. DCF policy does not mandate that other sources of benefits such as the Supplemental Nutritional Assistance Program (SNAP) or Women Infants and Children (WIC) be identified for the children.
- **Financial assistance to youth participating in the Community Housing Assistance Program (CHAP) or SWETP programs who are 18 and older and are the custodial parent of a minor child or children.** According to the DCF Policy Manual, adolescent parents 18 and older who remain in DCF care are not eligible for TFA payments through DSS. Their financial assistance comes directly from DCF, and payments include funds for "the youth's living needs, financial payments for the minor child(ren) at \$100 per month per child, [and] licensed day care for school/work after placement in CHAP/SWETP." The children of youth in DCF care retain HUSKY A healthcare coverage through DSS.

¹⁶ DCF Policy Manual 44-5-44, available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=395024>.

¹⁷ DCF Policy Manual 42-20-40, available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327786>.

¹⁸ The SWETP program is a small, transitional living program that offers youth over the age of 16 but not yet ready for the fuller independence of CHAP (see below) more independence than residential facilities or group homes as well as life skills courses to help youth transition to their own apartments. SWETP-participating youth reside on the premises of a one of three facilities statewide, rather than in apartments they choose for themselves, and more supportive services are offered on the premises. See DCF Policy Manual 42-5-2, available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327750>. The Community Housing Assistance Program (CHAP) offers a greater amount of independence. It allows youth who remain in DCF care after age 18 and who have completed a life skills course to live in apartments in the community, with their rent and other living costs (e.g., food, furniture, bills) subsidized by DCF. See DCF Policy Manual 42-5-3, available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=327752>. While the language of the financial assistance policy for adolescent parents under the age of 18 says that it applies to both CHAP and SWETP participating parents, youth under the age of 18 are not in fact eligible for CHAP.

- Essential parenting equipment such as a crib and mattress, stroller, car seat and diaper bag for CHAP- or SWETP-participating adolescents who are the custodial parents of a minor child or children when or if this equipment cannot be provided through private donor programs.

Ultimately these programs may be falling short of meeting pregnant and parenting teens' needs in multiple ways. Most basically, the funding provided to adolescent parents is hardly adequate to meet a young child's needs. While DCF provides foster families \$797.63 per 31-day month to care for a child between the ages of 0 and 5,¹⁹ the TFA benefits that young mother in foster care in DSS Region B would receive to support her child amount to only \$470,²⁰ and for young parents 18 and older, DCF pays only \$100 per month for the needs of the young child. Raising the child-support payments to young mothers in foster care to be closer or equivalent to the foster care rate is not only a matter of equity, it is sound social and fiscal policy. The DCF foster care rate has been set at an amount determined to be necessary to meet an infant's essential needs. Providing just a fraction of this amount sets the young mother up to fail as she will lack sufficient funds to meet her infant's needs, and risk DCF involvement for *that* child. However, providing young families in DCF care the foster care rate will better enable young mothers to meet their infant's needs and focus on completing their education, assuring both mother and child greater financial stability over the long-term.

Additionally, the restriction of the benefits and policies outlined under the Adolescent Parents Program to CHAP and SWETP participants limits the extent of their effectiveness and runs counter to best practices for fostering pregnant and parenting teens. According to the Center for the Study of Social Policy, child welfare programs should provide a continuum of care options for parenting youth, and home-like settings are often best for teen mothers and babies.²¹ DCF's CHAP and SWEPT residential independent living programs play an important role in preparing youth to transition to adulthood, but they may not be the appropriate setting for every young mother who is in foster care and her child. Furthermore the CHAP and SWEPT programs may not be able to accommodate all pregnant and parenting youths who seek to participate in these programs.²² This Committee should examine whether young mothers in DCF care who are living in other arrangements such as maternity group homes²³ or foster homes are being connected to TFA benefits and are adequately supported in terms of their financial, day care, and essential parenting equipment needs without a policy that explicitly requires DCF to meet these needs.

Separately, DCF policy provides additional financial support to the foster families who are providing homes to parenting youths and their children.²⁴ Under this policy, foster families are compensated at

¹⁹ This is the effective rate as of 2007. DCF Policy Manual 36-55-25.2, available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=394382>.

²⁰ This is the 2012 rate for a family of 2 in Region B. See Robin K. Cohen, "OLR Backgrounder: Welfare to Work -- Eligibility, Benefits, Caseload, and Work Requirements," (Sept. 2012), <http://www.cga.ct.gov/2012/rpt/2012-R-0384.htm>.

²¹ Center for the Study of Social Policy, "Pregnant and Parenting Youth in Foster Care, Part I; A Guide to Service Improvements," 13, 16, <http://www.cssp.org/publications/child-welfare/pregnant-and-parenting-youth/Pregnant-and-Parenting-Youth-in-Foster-Care-Service-Recommendations-Guide.pdf>.

²² CHAP is available only to youth over age 18, and SWETP has only 24 beds in the entire state, only 4 of which are reserved for teen mothers. See Connecticut Department of Children and Families, "Congregate Care Rightsizing and Redesign: Young Children, Voluntary Placements: and a Profile of Therapeutic Group Homes," *Fostering the Future*, 61 (Aug. 2011), http://www.ct.gov/dcf/lib/dcf/latestnews/pdf/cc_right_sizing_report_young_children_and_voluntary_placements_8_4_11.pdf.

²³ As of 2011, DCF ran two maternity group homes, each with 6-12 beds, serving 23 pregnant and parenting youth in total. Pre- and post-natal support, parenting training, an educational program, professional counseling, and day care services are provided on-site in these group homes. *Id.* at 57-58.

²⁴ DCF Policy Manual 36-55-25.9, available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=394396>.

the foster care rate for both for the teen parent and for the child, even if the young parent retains custody of her child rather than committing the child to state care. This policy helps to remove disincentives for fostering young parents and to ensure that the young parents and their children can find homes in traditional foster family arrangements. Unfortunately, DCF policy addressing parenting teens in foster home settings *does not* specifically mandate that essential child-rearing equipment (like diapers) be made available; nor does it require workers to steer youth toward benefits for which they may be eligible, such as TFA. The Committee should investigate whether the other parenting needs of young parents in foster homes, such as day care, are being adequately supported at the level of their CHAP and SWEPT participating peers to remove any disincentive to placing parenting youth in a family setting. Furthermore, while the DCF Policy Manual suggests that this additional payment to foster families continues for youth who remain in state care within a home setting past the age of 18, anecdotal evidence from DCF caseworkers suggests that this is not the case. The Committee should investigate this matter to ensure that these transitioning youth are being adequately supported in a living situation that meets their unique needs.

III. Connecticut Can and Should Do More To Prevent Pregnancy Among Youth in Foster Care and Support Youth in Foster Care Who Are Pregnant and Parenting

A. Evaluate DCF Data on Pregnant and Parenting Youth in Connecticut Foster Care

An important first step in doing more to prevent teen pregnancy and to support pregnant and parenting teens in and aging out of foster care is knowing more about this problem specifically in Connecticut. For a long time, this has been nearly impossible due to lack of data collection on this population, but thanks to new data collection initiatives, the picture will begin becoming clearer in the near future. As of August of this year DCF has begun collecting data on pregnancy and parenting among the youth in its care.²⁵ Additionally, under a federal mandate that went into effect in October 2010, DCF is also required to collect longitudinal data on the outcomes—including the childbearing outcomes—at ages 17, 19, and 21 of youth who transition out of foster care to provide to the National Youth in Transition Database (NYTD).²⁶ While both sets of data will likely be limited at this point, the Committee should secure all available relevant data from DCF and take a comprehensive look at the population of pregnant and parenting youth in or with a recent history of foster care: their numbers, demographic make up, custodial status, living arrangements, educational attainments, employment status, health histories (including whether infants were born full-term and at normal birth weight), current benefits status, and the number of youth who remain in care to age 21 or return to care.²⁷

In addition to reviewing the data currently available, the Committee should ensure that DCF's new initiative to collect data on pregnancy and parental status of youth in its care is effective. By ensuring that caseworkers are receiving adequate instruction on collecting and inputting the data and that the information DCF records is as comprehensive as possible—including information about young men

²⁵ Telephone Interview with Lisa Driscoll, Department of Children and Families, Child and Adolescent Development and Prevention (Sept. 31, 2013).

²⁶ See Department of Health and Human Services, Administration for Children and Families, 45 C.F.R. 1356, <http://www.nrcyd.ou.edu/images/nytd/finalrule.pdf>, Feb. 26, 2008; see also, Jim Casey Youth Opportunities Initiative, "National Youth in Transition Database: Lessons Learned from the Jim Casey Youth Opportunities Initiative" (2010) <http://jimcaseyyouth.org/sites/default/files/documents/NYTD%20Lessons6sm.pdf>.

²⁷ The evening before the submission of this testimony, DCF provided Connecticut Voices for Children basic state-specific data collected on pregnant and parenting youths aging out of DCF care in calendar years 2010-2013. DCF also provided a rough estimate of the number of pregnant or parenting youths in DCF care in state fiscal year 2013. While these could not be incorporated into the body of this testimony, they have been included in an addendum at p. 11 for the Committee's reference.

in foster care who become fathers—the Committee can ensure that policy makers and researchers are able to get a full sense of the problems of pregnancy and parenting among youth in Connecticut’s care. Requiring DCF to provide annual reports on the pregnancy and parenting data would allow legislators and policy makers to have an up-to-date understanding of the nature and the scope of the problems to be solved.

B. Extend the Age of Foster Care Eligibility from 18 to 21 for All Categories of Youth Eligible Under the Fostering Connections to Success and Increasing Adoptions Act of 2008

There is no single or simple cure-all for the problems of teen pregnancy or the challenges confronting parenting adolescents who are in or have recently aged out of foster care. However, extending the maximum age of foster care from 18 to 21 for all federally eligible youth would be a significant step towards reducing pregnancies among 18 to 21 year olds and providing support and continuity for pregnant and parenting youth in this age group when they and their young families need it most.

Empirical research has shown that extending the maximum age of foster care from 18 to 21 can significantly reduce the incidence of pregnancy among youth in this age group. Among the young women evaluated in the Midwest Study, researchers found that remaining in foster care beyond age 18 corresponded with a 38% decrease in the risk of becoming pregnant by age 19, even after controlling for a variety of other factors.²⁸ For those who are already pregnant or parenting at age 18, broader criteria for foster care eligibility after the age of 18 would make it more feasible for these young parents to remain in foster care and more likely that they will be able to achieve their educational goals or economic stability, even if they are unable to balance the demands of parenting with the full-time schooling currently required under DCF standards. Finally, because a large number of young women with a history of foster care involvement become pregnant soon after the age of 18—when many will have aged out under the current eligibility criteria—extending foster care eligibility more broadly will allow DCF to reach these women with important parenting support and training. It will also mean these women are not on their own to identify and access important benefits and social services that are available to them and their children.

C. Adjust Caseworkers’ Caseloads to Accommodate the Demands of Supporting Pregnant and Parenting Teens

DCF caseworkers report that under current internal practices, the cases of pregnant and parenting teens who retain custody of their child are not weighted as being more time- or labor-intensive than the cases for the same teens were before they became pregnant or had a child. As a result, the social worker’s caseload is not adjusted to accommodate the increased needs of these young women and their young children. This practice should be changed to allow caseworkers to provide pregnant and parenting teens and their non-committed children the individualized support these young families need.

²⁸ Amy Dworsky, Chapin Hall at the University of Chicago, “Preventing Pregnancy Among Youth in Foster Care: Remarks for a Congressional Roundtable with Senator Mary Landrieu, Russell Senate Office Building” (July 16, 2009) <http://www.chapinhall.org/sites/default/files/DworskyFosterPregnancy-7-16-09.pdf>; see also Amy Dworsky & Mark E. Courtney, “The Risk of Teenage Pregnancy Among Transitioning Foster Youth: Implications for Extending State Care Beyond Age 18,” 32 *Children and Youth Services Review* 1351, 1355 (2010).

D. Provide Teen Parents With Parenting Training Targeted for Teen Audiences

DCF partners with programs and organizations such as the Nurturing Families Network and the Family Centered Services of Connecticut to provide home-visit parenting training to many pregnant and parenting youth in its care. However, these programs are not specifically designed to educate teen parents, and, according to caseworkers, they sometimes do not focus on skills that very young parents most need to develop. DCF should identify and utilize parenting resources that address the unique needs and challenges of teen parenting.

E. Provide Basic Parenting Training for All DCF Teens

Because most DCF youths will eventually become parents—many shortly after they have exited state care—and because they, by definition, were inadequately parented as children, DCF should prepare all of the teens in its care for parenthood. DCF officials report that **the current life skills curriculum provided to all DCF teens does not cover parenting skills,**²⁹ but that DCF will be reevaluating its curriculum soon.³⁰ We urge the Committee to ensure that parenting skills are reincorporated into the program so that all DCF youth are prepared to become good parents.

F. Create Parenting Mentorship Opportunities or Programs

One former teen mother who aged out of DCF care reported that what she most lacked as a teen parent in state care was a parent mentor figure and role model. DCF should work to develop a mentoring program pairing parenting mentors with parenting teens in state care. DCF already runs the One-on-One Mentoring Program (OOMP) in which it contracts with local service providers throughout the state to provide mentors to DCF involved adolescents ages 14-21. A mentoring program or initiative focused on recruiting parent mentors and matching them with young mothers or fathers could be operated through this same mentorship network. Such a program would provide young parents with examples of good parenting that so many have lacked and expand their network of adult support.

G. Create a DCF Parenting Youth Advisory Board and Support Group

The DCF Youth Advisory Boards (YABs) have provided an important outlet for youth in DCF care to weigh in on key policy issues that affect their lives. Unfortunately, because Youth Advisory Board meetings are often held in the evenings and DCF-funded day care services are only provided during the day for school and work, **most parenting teens are unable to participate in evening meetings of the YABs. This denies them the opportunity to articulate concerns and perspectives unique to the experiences of parents in DCF care.** Extending day care services to cover YAB meetings or creating an advisory board for parents that meets when day care services are already available would give teen parents a voice in influencing DCF policy. Parenting youth advisory boards could also serve as support groups where young parents in DCF care can support and learn from one another.

²⁹ Telephone Interview with Lisa Driscoll, Department of Children and Families, Child and Adolescent Development and Prevention (Sept. 31, 2013).

³⁰ *Id.*

H. Conduct Critical Self-Assessments of the Practices and Policies in Place To Prevent Pregnancy and Support Pregnant and Parenting Youth in the Foster Care System

These recommendations are only a start, meant to flag some of the most important issues that we urge Committee to consider in evaluating the performance of DCF's programs for pregnant and parenting youth in and aging out of foster care. A more thorough assessment must come from those with direct knowledge of how these services work in practice. The Center for the Study of Social Policy has developed a comprehensive guide³¹ for state and local administrators to assess the adequacy of services to pregnant and parenting youth in foster care along five critical axes:

- 1) State Infrastructure for Service Delivery, Financing, Monitoring and Accountability
- 2) Legal Rights, Placement, and Permanency
- 3) Physical, Socio-Emotional Health and Well-being
- 4) Education and Self-sufficiency
- 5) Engagement of Fathers

This guide also highlights exemplary state policies, programs, and resources. A companion guide³² provides an annotated list of best practices, evidence-based and informed programs and training curricula for serving pregnant and parenting youth and their children. The Committee should mandate a critical self-assessment within DCF of the current practices and policies surrounding pregnancy prevention and support for pregnant and parenting youth in or with a history of foster care to identify the successes and shortcomings of current services, many of which can only be identified from those within the system. DCF should be required to report its findings back to the Committee.

I. Consult Pregnant and Parenting Youths With Foster Care Experience

Finally, in identifying the successes and shortcomings of the current services for pregnant and parenting teens in foster care from the perspective of insiders, we urge the Committee not forget the voices and insight of those with direct experience as pregnant and parenting youths within the child welfare system and after aging out. Through DCF, the Committee could solicit the input of pregnant and parenting young women and men with a history of foster care involvement and give them a chance to voice how the system met—or failed to meet—their needs. Any assessment of the programs in place to serve this a key portion of youth transitioning out of state care should be informed by the experience and wisdom of those who lived these programs and policies first-hand.

IV. Conclusion

Pregnancy and parenting are serious problems among youth in and aging out of foster care, and no assessment of Connecticut's services for youth in transition could be complete without a serious evaluation of DCF's programs and policies targeting pregnant and parenting teens in its care. DCF has taken some important steps to meet the unique needs of the pregnant and parenting teens in foster care, but many of the existing policies and practices fail to adequately support these young

³¹ Center for the Study of Social Policy, "Pregnant and Parenting Youth in Foster Care, Part I; A Guide to Service Improvements," 13, 16, <http://www.cssp.org/publications/child-welfare/pregnant-and-parenting-youth/Pregnant-and-Parenting-Youth-in-Foster-Care-Service-Recommendations-Guide.pdf>.

³² Center for the Study of Social Policy, "Pregnant and Parenting Youth in Foster Care, Part II; A Guide on Effective Programs, Curricula and Other Resources," <http://www.cssp.org/publications/child-welfare/pregnant-and-parenting-youth/Pregnant-and-Parenting-Youth-Resource-Guide.pdf>.

women and men or to keep their numbers from growing. This Committee has an important task before it: ensuring that Connecticut adequately supports and prepares the pregnant and parenting youth in its care today is essential to the health, well-being, and success of their children tomorrow and key to breaking the tragic intergenerational cycle of child welfare involvement. We should be sure that Connecticut does the job well for this generation so that it need not try again with the next.

ADDENDUM

Initial Connecticut-Specific Data on Pregnancy and Parenting Among Youth in or Aging out of DCF Care

The evening before the submission of this testimony, DCF's Office of Research and Evaluation provided Connecticut Voices for Children access to state-specific data collected as part of the National Youth in Transition Database survey of youths exiting care. DCF also provided a rough estimate of the total number of pregnant or parenting youths in DCF care in state fiscal year 2013. While these data could not be incorporated into the body of the testimony, they may be of particular interest and value to the Committee and are reported here for the Committee's reference.

Pregnancy and Parenting Among Youth Discharged From DCF Care, 2010-2012:

2010: Of the 487 youths discharged from DCF care in calendar year 2010, 99 (20%) were parents or expecting parents. Of these 99 youths, 80 (81%) were mothers or expecting mothers and 19 (19%) were fathers or expecting fathers. 72 (73%) of the parenting or expecting youths had completed high school or earned a GED, and 13 (13%) were still working towards high school graduation or a GED. 60 (61%) of the 99 parenting or expecting youths had no employment, either part-time or full-time.

2011: Of the 358 youths discharged from DCF care in calendar year 2011, 62 (17%) were parents or expecting parents. Of these 62 youths, 46 (74%) were mothers or expecting mothers and 16 (26%) were fathers or expecting fathers. 43 (69%) of the parenting or expecting youths had completed high school or earned a GED, and 7 (11%) were still working towards high school graduation or a GED. 34 (55%) of the 62 parenting or expecting youths had no employment, either part-time or full-time.

2012: Of the 272 youths discharged from DCF care in calendar year 2012, 39 (14%) were parents or expecting parents. Of these 39 youths, 27 (69%) were mothers or expecting mothers and 12 (31%) were fathers or expecting fathers. 25 (64%) of the parenting or expecting youth had completed high school or earned a GED, and 6 (16%) were still working towards high school graduation or a GED. 27 (69%) of the 39 parenting or expecting youths had no employment, either part-time or full-time.

Pregnancy and Parenting Among Youth Ages 18-21 Reentering DCF Care, 2010-2012:

In 2010, 33 young adults who had exited DCF care at or after age 18 reentered DCF care. Of these 33, 5 (15%) were pregnant or parenting, and all 5 were female. In 2011, 21 young adults reentered DCF care. Of the 21, 5 (24%) were pregnant or parenting, and again all 5 were female. In 2012, 26 young adults reentered DCF care. Of these 26, 12 (46%) were pregnant or parenting; 10 were female and 2 were male.

Estimates of Pregnant or Parenting Youths Served by DCF in State Fiscal Year 2013:

As noted previously, DCF only introduced a field for recording pregnancy or parenting in its database system in August of 2013. Prior to this, DCF had to rely on a number of indicators of pregnancy or parenting (e.g. indications of payments for daycare or placement in a maternity home) to provide an estimate of the numbers of pregnant and parenting youth in its care. Based on these approximations, DCF estimates it served 213 unique pregnant or parenting teens in state fiscal year 2013.

