



The Importance of Resources and Relationships: An Introduction to the Special Issue on Expectant and Parenting Youth in Foster Care

Bryn King¹ · Svetlana Shpiegel² · Claudette Grinnell-Davis³ · Rhoda Smith⁴

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Adolescent and young adult birth rates in the United States have continued a nearly 30-year decline since 1991, with an estimated 15.4 births per 1,000 teens (ages 15–19) and 63.0 per 1,000 young adults (ages 20–24) in 2020 (Martin et al., 2021). Even between 2019 and 2020, the largest declines in birth rates were observed among women under 30, which included 15 to 19 year-olds, 20 to 24 year-olds, and 25 to 29 year-olds (Martin et al., 2021). Similar declines have been observed in Canada, Australia, and the United Kingdom (United Nations Population Division, World Population Prospects, 2022), although rates in those countries tend to be lower than in the US (Sedgh et al., 2015). Research has attributed at least some of the decrease in adolescent pregnancy and childbirth to abstaining from sexual activity and more effective use of contraception (Lindberg et al., 2016; Santelli et al., 2007). Important among these factors is the availability and quality of sexual and reproductive health care, including and especially contraception and unrestricted access to abortion services (Assifi et al., 2020; Lindberg et al., 2018).

Existing research also demonstrates that young people who have spent time in foster care exhibit higher rates of early pregnancy and parenthood than their peers in the general youth population and that their birth rates have not

declined at the same rate (Dworsky & Courtney, 2010; Font et al., 2019; King et al., 2014; Shpiegel et al., 2021). Given the recent reversal of *Roe v. Wade* by the US Supreme Court and the disproportional impact of restricted access to abortion services on vulnerable populations (Assifi et al., 2020; Bryson et al., 2022; Committee on Health Care for Underserved Women, 2020), there is a risk that rates of early pregnancy and parenthood will increase for all youth, but more so for those who have spent time in foster care (Finigan-Carr et al., 2015, 2018; Geiger & Schelbe, 2014). As such, a focus on expectant and parenting youth who are in or transitioning from care is especially relevant.

This special issue of the *Child and Adolescent Social Work Journal* features articles that explore predictors, experiences, contexts, and outcomes of early pregnancy and parenthood among young people who have spent time in foster care. The articles in this special issue add to a growing body of literature on this topic by providing empirical and theoretical insights into the ways in which young people with foster care backgrounds navigate pregnancy and parenthood and how the child welfare and other institutional settings can better respond to the needs of these young families. From factors associated with early childbirth to decision-making as parents, this issue underscores the need to consider the holistic nature of risk and protection, particularly when access to reproductive and sexual health services and basic safety net supports are increasingly under threat.

The risk of becoming pregnant and giving birth or fathering a child is particularly high during late adolescence and early adulthood among youth who have spent time in care, as they transition from life in the child welfare system to living on their own (Combs et al., 2018; King et al., 2014; Putnam-Hornstein & King, 2014; Shpiegel et al., 2021). Risk factors for early pregnancy and parenthood have been well-documented for youth who have experienced child welfare involvement or spent time in foster care. Over and above the

✉ Bryn King
bryn.king@utoronto.ca

¹ Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, M5S 1V4 Toronto, ON, Canada

² Department of Social Work and Child Advocacy, Montclair State University, Montclair, United States

³ Anne and Henry Zarrow School of Social Work, University of Oklahoma, Oklahoma, United States

⁴ Erikson Institute, Chicago, United States

risk presented by poverty, income inequality, and childhood and adolescent maltreatment (Font et al., 2019; Garwood et al., 2015; Madigan et al., 2014), young people who have spent time in care are at greater risk for early pregnancy and parenthood if they come into contact with the system as adolescents, if they enter or re-enter foster care as adolescents, if they experience placement instability or change placements because they ran away, if they have behavioral health concerns (including substance misuse), and if they are disconnected from positive social supports including school or family (Eastman et al., 2019; King, 2017; King, Eastman, et al., 2019; Ramseyer Winter et al., 2016; Shpiegel et al., 2017). And while these characteristics have been consistently identified as predictors for pregnancy and childbirth among adolescents in care or youth transitioning from care, factors associated with pregnancy and early childbirth among older children and younger adolescents entering care – a time when sexual and reproductive health services and education are typically initiated – are less understood.

Taussig & Roberts (2022) sought to address this gap in knowledge in the first paper of the special issue. The study explored pre-adolescent characteristics associated with early childbirth among both male and female youth who had entered care when they were between the ages of nine and eleven. Using data from the Fostering Healthy Futures study, children and their caregivers were interviewed at baseline, generating data in several domains, including demographic characteristics, placement type and number of caregiver changes, maltreatment types, a cumulative family risk index (including factors such as being removed from a single-parent family, maternal substance abuse, and maternal criminal history), school factors, mental health concerns, the quality of attachment to caregivers, birth parents, and peers, and attitudes and appraisals (e.g., future orientation, religiosity). Child participants from the original study were recruited as young adults, and approximately one-quarter of these youth who had spent time in care beginning in pre-adolescence became a parent between the ages of 18 and 22. Several factors were associated with early parenthood, including family risk factors, caregiver and school changes, and global self-worth. The authors consulted with an advisory group of young parents who have experience in the child welfare system to interpret the findings and contextualize practice and policy implications. While they caution against using these findings to further stigmatize youth in care and young parents, they suggest that the results indicate a need to engage with struggling parents more effectively before an older child or early adolescent is placed in care to mitigate the additional losses and potential chaos presented by removal. Moreover, they suggest that efforts to increase placement stability, supportive relationships, and access to sexual and reproductive health care could be key

interventions to prevent early pregnancy and childbirth for children who do enter care.

These conclusions echo the recommendations of previous studies on predictors of early pregnancy and parenthood among youth who have spent time in care, but they point to the need to consider those interventions at earlier ages and while children are still living with their primary caregivers. As previously noted, the risk of early pregnancy and childbirth is higher when young people enter care during adolescence, and research has documented that among female adolescents who spent time in care in the same year they gave birth, 65% gave birth while in care while the rest gave birth before entering care or after leaving care (King et al., 2014). Less is known about the trajectories of young parents who are still in care while they are pregnant and give birth, and support during and after pregnant youths' time in foster care may have a significant impact on the health and well-being of both the mother and her newborn, particularly with respect to early and adequate prenatal care. In one study, young mothers who gave birth and had a history of spending time in foster care in California were less likely to access any prenatal care than young mothers in the general population (Putnam-Hornstein et al., 2013).

Day and colleagues (2022) used linked Medicaid claims data and child welfare data to further document whether pregnant foster youth in Michigan received adequate prenatal care, as well as the factors associated with access to prenatal care. Among the population of adolescent (ages 14 and older) girls in care, 39% had at least one documented pregnancy (including those that did not result in a live birth). Central to this study, only 64% of female foster youth who were pregnant and gave birth while in care had adequate access to prenatal care, which was defined as seven or more prenatal visits. And while the study assessed demographic characteristics, placement types, and number of placements, they found that living in an urban setting was associated with lower odds of receiving adequate prenatal care. Moreover, they found that youth on Medicaid managed care had lower odds receiving adequate prenatal care compared to a fee for service model. The policy and practice responses to these findings are related to the need to provide targeted supports and services to prevent a first and repeat pregnancy, as well as a need to improve access to prenatal care for pregnant foster youth enrolled in Medicaid managed care programs and living in urban environments.

Relatedly, Frimpong-Manso and colleagues (2022) examined the experiences of pregnant and parenting young women who had been in residential care in Ghana and Uganda found that access to adequate sexual and reproductive health supports was identified as a key factor for early pregnancy. In both countries, access to continued resources after leaving care is limited, and the authors recruited 10

young mothers who had spent time in residential care and a subsequent transitional program to participate in interviews about their experiences of pregnancy and parenting. The participants identified several challenges with respect to pregnancy and parenting including the emotional stress of being pregnant while in care and abuse from their partners during their pregnancy, the financial and employment hardships that emerged after losing support from their partners and the facilities that had cared for them, and the persistent stigma and discrimination in the community as a result of their status as a pregnant or parenting young woman. Moreover, several participants reported that they were evicted from their programs when authorities discovered that the young women were pregnant. In contrast, mothers reported that their sense of optimism and their faith helped them to cope and persevere. The authors underscore the need for greater investments in institutional and community supports for young people in and transitioning from residential care, such as youth-developed sexual and reproductive health education and peer mentors. And while the context for these implications may be different from higher-income countries where the policies and resources are presumably already developed, these recommendations are quite similar to what has emerged from research in the US, the UK, and Australia.

Harty & Ethier (2022) also highlight a population that has been given less attention in the current research base on early parenting among foster youth – namely expectant and parenting fathers in care. They conducted a scoping review covering peer-reviewed and grey literature published between 1989 and 2021, which sought to review the full range of research on expectant and parenting foster youth to identify the extent that the existing literature focuses on young fathers and document the potential gaps for future research to fill. Their review revealed several areas where young fatherhood among foster youth was addressed including incidence, prevalence, predictors, and risk factors for early fatherhood while in care; fathering roles; legal rights; and practice with young fathers in care. Their findings point to several important implications for practice and policy as they relate to young people in care, and in particular, young men and fathers preparing to transition from care. Among these recommendations, the authors argue that improved mechanisms for collecting data about young fathers in care and understanding the impact of paternal establishment and existing policies and practices with and for young fathers in care could help to establish targeted services and supports that could both improve outcomes for young fathers and mitigate the cycle of intergenerational maltreatment.

Ethier (2022) focuses specifically on the transition to parenthood for young mothers in care, with an explicit analysis of narratives of relationship and identity. This qualitative study sought to document how young mothers in care

describe their experiences of changing identities during the transition to parenthood, how they experience their relationships with their children, the multi-level factors that provide key supports during this transition, and how involvement in the child welfare system shapes their experience of parenting. Data for this study were collected during a pilot study of a home visiting program for parenting youth in care (Dworsky et al., 2021) and consisted of 40 narrative interviews with 29 young women who were involved in the pilot study. The findings focused on the narratives of their relationships with themselves, their babies, their families of origin, their baby's father, and the child welfare system, and Ethier draws connections between these relationships in how they either support or constrain young people in their transition to motherhood. Implications from this study focus on the primacy of relational and trauma-informed practice for young mothers in care.

Purtell and colleagues (2022) also focus on the importance of relationships for young parents, however, this study examines service providers' perspectives on what leads to pregnancy and parenting for youth in care and the challenges and losses associated with leaving care. This study was conducted in Victoria (Australia) and before recent reforms that allowed young people to voluntarily remain in care past their 21st birthday. The analysis is informed by ambiguous loss theory and an understanding of the unique relational losses for young people when they both enter and leave care. And indeed, the findings indicate that disrupted relationships and an absence of consistent attachment relations were a precursor to early pregnancy and childbirth, and they were also replicated as young people transitioned out of care and were referred to typically siloed services that reflected specific issues without attention to the holistic needs associated with relational losses. Implications for the study also highlight the necessity of services that focus on cultivating and sustaining relationships and community connections, while limiting the more punitive aspects of child welfare surveillance and supervision that lead to disengagement and disconnection.

Villagrana and colleagues (2022) directly address the issue of service utilization for expectant and parenting youth with foster care histories by exploring the facilitators for service utilization at the service provider, agency, and system levels. The authors conducted focus groups and individual interviews with expectant and parenting youth and service providers in a Southwestern US state, and their findings echo the importance of relationships, trustworthiness, and sustained engagement at the service provider level. Participants also identified the need for agencies to provide concrete supports (e.g., transportation, childcare) and to do so in a way that is trauma informed and inclusive of multiple and intersectional identities. At a broader level, participants

emphasized the necessity of intersectoral coalitions and co-location of services, allowing for expectant and parenting youth to access services and supports in a more holistic and consistent way, which would also support the recommendations at the agency and provider levels.

In addition to essential support services, Schelbe and colleagues (2022) argue that postsecondary educational attainment is a key factor in ensuring long-term socioeconomic stability for young parents in and transitioning out of care and in promoting the health and well-being of young parents and their children. In this theoretical paper, the authors build from the Healthy Teen Network Young Parents Logic Model, which is a framework developed for pregnant and parenting youth, to consider the potential pathways for improving postsecondary educational attainment for pregnant and parenting youth in care. Their analysis is informed by the existing literature on postsecondary outcomes among youth transitioning out of care and a social-ecological perspective. The authors propose several policy and practice recommendations that address the determinants of educational attainment for this population, including specific interventions related to increasing the value, motivation, and connections to educational institutions and outcomes, as well as key mechanisms for ensuring the safety and well-being of young parents while they pursue their postsecondary goals.

Consistent with the theme of relationships and services promoting the health and well-being of young parents who have spent time in foster care, Aparicio and colleagues (2022) explored COVID-19 vaccination perspectives among this population. This study interviewed 23 young parents with foster care histories in January 2021, just before COVID-19 vaccinations were widely available. The findings indicate that this diverse group of young parents had concerns about vaccination for themselves and their young children and intentions to get vaccinated varied. Hesitancy was grounded in a need for self-determination and mistrust in the development of the vaccine and its potential efficacy. The authors highlight the need for providers to consider the larger context for concerns about COVID-19 vaccination for former foster youth who become parents, and their recommendations reflect the needs of this population by focusing on receiving accurate information in trusting relationships without judgment and continued stigmatization and facilitating access to vaccinations.

The final study in this special issue focuses on perinatal child protection involvement among adolescent parents, including those who have spent time in care. Dion and colleagues (2022) sought to contextualize existing evidence on the risk of child protection involvement for young parents through an evidence-based participatory procedure called Weight of Evidence. This process involved identifying

factors associated with young parents experiencing child protection investigations using a standard literature review and then conducting semi-structured mapping interviews with young Canadian mothers who experiences a child protection investigation focused on the care of their infants. These interviews allowed young women to prioritize factors leading to their involvement and to provide additional narrative of their experience, which led to revised cognitive maps that had been developed from the literature review. The authors also consulted with child welfare workers specializing in perinatal investigations to further contextualize the revised maps and then they returned to a smaller stakeholder group of young parents to consider the implications of the findings. Together, they identified possible interventions that could reduce the risk for child protection investigations involving the infants of young parents, which focus on reducing stigma, strengthening relationships, and increasing young parents' knowledge of their rights and capacity for self-advocacy.

As research has documented, early parenthood, particularly for young people who have spent time in care, has been linked to a range of adverse outcomes for young parents and their children, such as educational and vocational difficulties, decreased financial self-sufficiency, and increased risk of intergenerational child maltreatment and child welfare system involvement (Dworsky, 2015; Dworsky & Gitlow, 2017; Eastman & Putnam-Hornstein, 2019; Shpiegel et al., 2020; Shpiegel & Cascardi, 2018). Research has not consistently been able to disentangle whether these outcomes are associated with age or with the social and emotional circumstances young parents experience by virtue of their youth and socioeconomic status (King, Fallon, et al., 2019), but it is evident that younger parents and their children are both more vulnerable and more likely to come to the attention of child protective services (Boden et al., 2008; Jutte et al., 2010; Lee & George, 1999; Patel & Sen, 2012; Putnam-Hornstein & Needell, 2011). At the same time, young parents who have had involvement with child welfare report that becoming a parent presented opportunities for purpose, growth, building community, and enhancing capacity for resilience in the face of complex and multi-dimensional challenges (Aparicio et al., 2015; Pryce & Samuels, 2010; Schelbe & Geiger, 2017; Silver, 2015). The articles in this special issue add new knowledge about the risks for early parenting and the experiences of young parents who have had child welfare involvement, as well as offering depth and context on existing research. Consistent across studies is a set of recommendations that focus first on the quality and nature of supportive relationships and second on increasing access to resources and services that can ensure the safety, well-being, and health of youth while they are still in care

and when they become parents, as well as young children born to parents who have spent time in foster care.

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Declarations

Conflict of Interest We have no known conflict of interest to disclose.

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