

# CFRP POLICY BRIEF

## Supporting Pregnant and Parenting Teens in Care with Home Visiting

The Family First Prevention Services Act provides states the opportunity to allocate federal child welfare funding to primary child maltreatment prevention efforts, including providing home visiting services to teens in state conservatorship who are pregnant or parenting. In light of this new funding opportunity, this brief provides a primer on considerations for serving teen parents in state care with home visiting, with a focus on pregnant and parenting mothers. The brief includes a background of the unique needs that pregnant and parenting teens and teens in care face, an overview of home visiting models that are well-suited to serve this unique population, and implementation considerations for selecting and administering home visiting to best serve pregnant and parenting youth in care.

### Background and Purpose

The Family First Prevention Services Act (FFPSA) restructured federal child welfare funding with the goals of preventing children's entry into foster care, limiting the use of congregate care, and increasing access to substance abuse and mental health services. One impact of FFPSA is that states can now receive federal reimbursement for home visiting services for pregnant and parenting youth in state conservatorship (youth in care), with the goal of better supporting teen parents to reduce the risk that the teen's child will enter into the child welfare system.<sup>1</sup> This brief provides an overview of the considerations for serving teen mothers in conservatorship and identifies home visiting program models that are suited to serve this unique population.

### Pregnant and Parenting Teens' Unique Needs and Challenges

Parents play a vital role in their child's life. Positive parent-child relationships contribute to a child's healthy social, emotional, and physical development.<sup>2</sup> The transition into parenthood is an adjustment for all parents,<sup>3</sup> and it can be particularly difficult for teen parents.<sup>4</sup> Teen parents are not only navigating their new role as parents, but they are also transitioning from childhood to adulthood, learning to become financially stable, navigating new relationships with friends and family, and balancing school or careers.<sup>5</sup> Teen parents are less likely to graduate high school, earn their GED, or attend a two- or four-year university than other

teens.<sup>6</sup> Children of teen parents are also at a higher risk of having behavioral problems, chronic medical conditions, and beginning school less prepared than their peers.<sup>7</sup>

Pregnant and parenting teens in care face additional challenges. Youth in care have likely experienced the trauma of abuse or neglect and as a result, are at high risk of poor health and social outcomes and may have a limited support system to help them if they become parents.<sup>8</sup> Additionally, youth in care may be more vulnerable to teen pregnancy than their peers. Nationally, teens in conservatorship are twice as likely to have a child by the age of 19<sup>9</sup> and they are more likely to have a repeated pregnancy by the age of 19 than teens who have not entered the child welfare system.<sup>10</sup>

When foster youth struggle to find meaningful relationships with their birth or foster families, they may create them by having a child. One teen in foster care compared their experience in care and having a child by saying, “[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.” Another mother noted, “you got somebody to group up with.”<sup>11</sup> Pregnant and parenting teens in care often have complicated family histories and need tools to navigate those relationships, as well as knowledge and resources to care for their child.

## Existing Services for Teens

State and federal governments provide a variety of services, known as transitional living services, to teenagers in conservatorship as they prepare for adulthood. These supports include financial, housing, employment, health, and educational resources. The goal of transitional living services is to ease teens’ transition to adulthood if/when they do age out of care and to provide them with skills and access to resources in the event that they do not reach a permanent placement before aging out. Over the last few decades, federal legislation has provided important support for youth in care and youth transitioning out of care, leading up to FFPSA:

- **The Foster Care Independence Act of 1999** gives states the authority to provide supports to youth as they transition to adulthood.<sup>12</sup> In particular, this law established the John H. Chafee Foster Care Program for Successful Transition to Adulthood, formally known as the John H. Chafee Foster Care Independence Program, which offers \$140 million of funding to states’ transitional living services.<sup>13</sup>
- **The Fostering Connections to Success and Increasing Adoptions Act of 2008** gives states the option to extend foster care and adoption assistance programs to any child up to age 21 if the individual meets specific education, training, or work requirements.<sup>14</sup>
- **The Preventing Sex Trafficking and Strengthening Families Act of 2014** mandates that children 14 and older participate in the development of their case and transition plans.<sup>15</sup>
- **The Family First Prevention Services Act (FFPSA)** passed in 2018 extends federal funding for youth in care to children who are at-risk of entering the foster care system. In particular, FFPSA provides states the opportunity to allocate federal child welfare

funding to primary child maltreatment prevention efforts, including providing home visiting services to teens in state conservatorship who are pregnant or parenting.<sup>16</sup>

## Home Visiting Program Models

FFPSA provides the opportunity to build on existing services designed to prepare teens in care for adulthood and provide home visiting services for teens in care who are also pregnant or parenting. The traumatic experiences that cause teens to enter foster care also make them more vulnerable to child welfare involvement when they become parents. Providing home visiting services to support vulnerable families and help them to reduce safety risk factors in their home is an important strategy for breaking this cycle. Home visiting programs targeting the most at-risk families can reduce rates of child maltreatment and child fatalities.<sup>17</sup>

Home visiting programs strive to build parenting skills and increase early health and developmental outcomes for young children. Though goals and curriculum vary across program models, home visiting programs generally connect a family with low income with a professional or paraprofessional who conducts visits during the pregnancy and as the child grows.

In order to receive FFPSA reimbursement for home visiting, fifty percent of states' expenses must be spent on programs that meet the "well-supported" evidence-based requirements set by The Title IV-E Prevention Services Clearinghouse.<sup>18</sup> The Title IV-E Prevention Services Clearinghouse, also known as the Family First Clearinghouse, was developed by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to review programs, including home visiting programs, serving children and families and evaluate their ability to prevent foster care placements.<sup>19</sup> Programs are rated as "well-supported", "supported", "promising", or "does not meet criteria." The Family First Transition Act, passed in 2019, delayed the requirement that 50 percent of all expenditures must be spent on "well-supported" programs. During FY20 and FY21, states can receive reimbursement on programs that are "well-supported," "supported" or "promising". In FY22 and FY23, the requirement changes to only include reimbursement for programs that are "well-supported" or "supported." Finally, in FY24 and beyond, in order to receive federal reimbursement fifty percent of all program expenses must be spent on "well-supported" programs.

In the following section, we present information on home visiting program models that are a strong fit for serving pregnant and parenting teens in care. Given that the Prevention Services Clearinghouse continues to evaluate programs on a rolling basis, we identify program models that FFPSA has already reviewed and deems "well-supported" or "supported" as well as program models that are considered evidenced-based by the federal Home Visiting Evidence of Effectiveness (HomVEE) project. Programs and services recommended by state or local governments or already rated by other clearinghouses, such as HomVEE, are prioritized for Prevention Services Clearinghouse review, indicating that these additional program models may receive FFPSA support in the future. As we reviewed programs to best serve pregnant and parenting teens in care, we selected program models that target young children, beginning

prenatally or shortly after birth, and show evidence of effectiveness on at least one of three key outcomes for our target population: reduction in child maltreatment, increase in positive parenting practices, and increase in family economic self-sufficiency.

## Home Visiting Program Models Reviewed by the Title IV-E Prevention Services Clearinghouse

### Healthy Families America

Designated “Well Supported” by Prevention Services Clearinghouse · Meets HomVEE Criteria for Effectiveness

[Healthy Families America](#) works to prevent child abuse and neglect by promoting child well-being and nurturing care. In this model, home visitors conduct hour-long visits, including routine assessment of parent-child interactions, child development, maternal depression, and maltreatment. Healthy Families America supports family goal planning, and relationship building, as home visitors connect families to community resources. Home visits begin prenatally (or up to three months post-birth) and continue until age three, but preferably through age five. Parents participating in Healthy Families America have the option to join a parent support group and Healthy Families America has an adaptation of their model that specifically serves children in the child welfare system. HFA Child Welfare Adaptation provides guidance and recommendations to home visitors as they serve families with children up to age two in care.<sup>20</sup> Pregnant and parenting teens, with a child three months and younger, can enter this program.

### Nurse Family Partnership

Designated “Well Supported” by Prevention Services Clearinghouse · Meets HomVEE Criteria for Effectiveness

[Nurse Family Partnership](#) builds on adult learning and behavior change theory by using client identified goals to drive each visit. In the NFP model, one-on-one visits are coordinated between a registered nurse and client. Services begin during the prenatal period and continue through age two, with the frequency of visits determined by the family. This model incorporates maternal professional development, information about family planning, and supports to help mothers as they pursue educational achievement and/or participate in the workforce. Parents must enter by the start of their third trimester of pregnancy to participate in NFP.

### Parents as Teachers

Designated “Well Supported” by Prevention Services Clearinghouse · Meets HomVEE Criteria for Effectiveness

[Parents as Teachers](#) supports parents and caregivers by helping them understand early child development and positive engagement strategies. Families can begin the Parents as Teachers program during the prenatal period or enter after their child is born and are expected to participate for two years. Visits are either monthly or bi-monthly depending on the number of risk factors the family has. Parents as Teachers includes a “Goal\$ and Assets” Training Tool to help

parents improve their financial literacy, peer support groups, and [curriculum for teen parents](#). Parents as Teachers is a home visiting model that can serve both pregnant and parenting teens.

## SafeCare

**Designated “Supported” by Prevention Services Clearinghouse · Meets HomVEE Criteria for Effectiveness**

[SafeCare](#) strives to mitigate the behaviors that can lead to child abuse and neglect by encouraging positive parent-child interactions, improving the safety of the home environment, cultivating health care skills, and identifying and treating the symptoms of injury or illness. This intervention is broken up into three modules: planned activities training, which focuses on parent-child/parent-infant interactions, infant and child health, and home safety. Depending on need, families are typically served for eighteen to twenty-two weeks either weekly or bi-weekly. Families with children from birth to age five are eligible to enter the program, indicating that pregnant teens would not be served prenatally, but could enter once their child is born. The relatively short duration of this program means that teens may have a higher likelihood of completing the program, though it would not provide long-term continuity of care for teens, which could be important for teens at the point of aging out of care.

## Triple P

**Designated “Promising” by Prevention Services Clearinghouse ·**

[Positive Parenting Program \(Triple P\)](#) is an intervention program designed to give parents strategies and tools to manage their child’s emotional and/or behavioral problems. Triple P has five levels that vary in intensity depending on the needs of the parent or child. Levels one and two involve community-wide strategies and one-time parent seminars or consultation. Conversely, levels three through five can incorporate home visiting. Depending on the level of intervention, families with children at any age can be served in a range of four to ten weekly sessions. Triple P’s flexible model implementation makes it an ideal choice to serve parenting teens with a variety of needs.

## Home Visiting Program Models Not Reviewed by the Title IV-E Prevention Services Clearinghouse (to Date)

The Prevention Services Clearinghouse assesses programs on a rolling basis. Programs and services recommended by state or local governments or already evaluated by other clearinghouses are prioritized for review, signaling that the additional program models below may receive FFPSA review and/or receive FFPSA support in the future.

## Child First

**Meets HomVEE Criteria for Effectiveness · Under Review by Prevention Services Clearinghouse**

[Child First](#) is designed to prevent and treat the effects of trauma and adversity. In this intervention, home visitors assess the child and family’s needs, develop a child and family plan of care, address mental health concerns, and help connect the family to comprehensive

community-based services. Child First serves families from the prenatal period to age five twice a week in the first month of the program, then weekly for six to twelve months based on each family's goals. The target population and eligibility criteria allow both pregnant and parenting teens to participate in this program. Child First is well-suited for pregnant and parenting teens in care because it targets families in high-stress environments and helps them build healthy family relationships, while also connecting them to resources.

## **Early Intervention Program for Adolescent Mothers**

**Meets HomVEE Criteria for Effectiveness ·**

[Early Intervention Program for Adolescent Mothers](#) works to foster healthy pregnancies and nurturing infant interactions for teen mothers. Mothers in this program are screened for risk factors that may affect pregnant and parenting teens. This program teaches mothers self-management skills, gives them strategies to cope with stress and depression, and provides tools to communicate effectively with partners, family, peers, and social agencies. Early Intervention Program for Adolescent Mothers includes seventeen home visits, including two prenatal and fifteen postnatal visits, which range from 1.5 to 2 hours. Teens must begin this program during pregnancy, which limits eligibility, however, the model is ideal for the target population because it provides interventions that are uniquely designed for adolescent mothers.

## **Minding the Baby**

**Meets HomVEE Criteria for Effectiveness ·**

[Minding the Baby](#) primarily focuses on building attachment relationships between young parents and their first child by engaging in reflexive parenting. Both a nurse and mental health professional conduct home visits and maintain a relationship with the mothers' prenatal and pediatric clinicians in the Minding the Baby model. Minding the Baby is a thirty-month long program beginning in the second or third trimester of pregnancy through age two. During the first year after birth, visits occur weekly and then they switch to biweekly in the second year. Based on the target population and program goals of fostering positive health, mental health, life course, and attachment outcomes, Minding the Baby is well-suited for pregnant teens in care.

## **Play and Learning Strategies (PALS)**

**Meets HomVEE Criteria for Effectiveness ·**

[Play and Learning Strategies](#) uses videotaped examples of real mothers and children to strengthen early language, cognitive, and social development for children and to grow the bond between a parent and child. PALS has two intervention programs designed to either serve mothers and their infants or mothers and their toddlers. This program can be implemented in a group setting or one-on-one, with parent educators conducting home visits. PALS serves families after birth in an infant program, across ten weekly sessions, or a toddler program, which is twelve weekly sessions long. Considering the target population and eligibility criteria of this model, parenting teens can be served in Play and Learning Strategies.

## Implementation Considerations

Home visiting programs offer pregnant and parenting youth in conservatorship knowledge about parenting and child development and provide support as teens balance the demands of parenthood, school, employment, and relationships.<sup>21</sup> Each of the program models selected for inclusion in this brief is well-suited to serve teens in care; specifically, they are each evidence-based as determined by the Prevention Services Clearinghouse or the HomVEE review to promote positive outcomes including reduction of child maltreatment, increasing positive parenting practices, and/or increasing family economic self-sufficiency. The thoughtful adoption of home visiting programs to serve youth in conservatorship requires additional considerations to reduce the frequency of adverse outcomes and prevent additional interactions with the child welfare system. The following section includes implementation considerations to guide states or organizations as they select a home visiting program model(s) to serve pregnant and parenting teens in care.

### Service Locations and Target Population

To successfully serve teens in care with home visiting, implementers must consider how to serve a relatively small number of teens in different areas across their state. For example, Texas has a small number of pregnant and parenting teens in care at any time relative to the vast size of the state and the total number of teens in care. At any given time, there may only be a few teens who can participate in a home visiting program in any one location. Using FY19 as our benchmark, most counties have fewer than 10 pregnant or parenting teens in care, in a fiscal year, outside Texas' largest metro areas.

Considering the size of the target population, it could be more effective to utilize existing home visiting providers to serve teen parents to avoid seeking new providers for a small group of teens in a given location. State agencies or local providers could also choose to combine FFPSA and other funding streams to target a broader population to serve with home visiting, such as serving pregnant and parenting teens in care *and* other pregnant and parenting teens in the community. In this instance, implementing program models that specifically target young parents or parents at risk of child welfare involvement could be an effective way to prevent child maltreatment and promote the health and wellbeing of young parents and their families.

Lastly, particularly given the vast increase in virtual home visiting services as a result of the COVID-19 pandemic, state agencies and providers could consider using a virtual service delivery method to serve pregnant and parenting teens in care. Delivering services virtually could be an efficient way to reach teens spread out across a state with specialized services that address their unique needs as young parents living in the child welfare system.

### Program Length

Living arrangement instability is common for youth in conservatorship. For example, Texas youth typically have 2.4 placements while they are in care and teens who are aging out of care

have an average of 6.7 placements.<sup>22</sup> Serving teens in care requires selecting a home visiting program model that can account for high residential mobility of pregnant and parenting teens. This could include selecting program models that allow teens to transfer to a different site if they move or a program model with a shorter duration of services to allow more teens to complete the program prior to changing locations or aging out of care, when they might be less likely to continue participating.

Though choosing a shorter program might facilitate a higher completion rate, conversely, home visiting models that offer services over a longer period of time could provide more stability and support for teen parents, including after they age out of care. At present, the home visiting models designated “well-supported” by the Prevention Services Clearinghouse, Nurse Family Partnership, Parents as Teachers, and Healthy Families America, each serve families for over two years. Across a longer period of time, home visitors can build a stronger connection with families. Balancing reducing attrition with providing longer term support is a key consideration for program selection.

## Eligibility Criteria

Teen mothers are at a higher risk of having a preterm birth or child with a low-birth-weight, which can lead to health complications later in their child’s life.<sup>23</sup> These risk factors emphasize the importance of serving mothers during pregnancy, when possible. However, many of the home visiting program models that serve mothers during the prenatal period *require* that mothers enroll prenatally, limiting the participation of teens who enter care after their child is born or miss the enrollment window for a particular model. When choosing a home visiting model for youth in conservatorship, it is important to consider how to support both healthy pregnancies and healthy early childhood experiences. Ensuring that all teen parents in care can benefit from home visiting may require selecting more than one different model to guarantee that teens can be served prenatally when possible, but also allow for teen parents whose children are already born when they enter care to receive home visiting services as well.

## Navigating Changing Relationships

States provide youth in foster care transitional living services that aim to strengthen their independent living skills. However, pregnant and parenting teens also express difficulty in navigating peer and adult relationships. Often, young parents are learning how to build healthy romantic relationships alongside learning to be a parent. Youth in foster care are not only balancing co-parenting relationships, but also complicated relationships with their parents and/or foster caregivers. It is critical to consider a home visiting program that provides stable and continuous support to teen parents, like peer support and mental health assistance, as youth in care balance several competing demands.

## Father Inclusion

Father involvement is important to a healthy pregnancy and healthy child development. When fathers are involved in their child’s life, children are less likely to repeat a grade or be



suspended from school and are more likely to go to college or have stable employment after high school.<sup>24</sup> Additionally, when fathers participate in at least one or more home visiting sessions, families participate in home visiting programs for longer than families that do not have a father who participates.<sup>25</sup> When selecting a home visiting program for pregnant and parenting teens, it is important to select a service provider that engages both fathers and mothers and has an infrastructure to support young parents.

## Continuity of Care

To overcome the challenges of being a young parent, pregnant and parenting teens in care need strong networks of support and resources that promote healthy pregnancies, healthy relationships, and stable and continuous adult support. Between various caseworkers, school, and work, pregnant and parenting teens in care interact with many different adults and navigate through many different systems. Ensuring continuity of care across all these systems requires clear communication and training for all stakeholders. An Illinois pilot study of home visiting models serving youth in care revealed that home visitors need specific training on child welfare policies, procedures, and transitional living services. Additionally, caseworkers need training on home visiting programs and the services they provide. Information sharing between systems is essential to serving teens.<sup>26</sup> “In a trauma-informed child welfare system, all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, youth, caregivers, and service providers.”<sup>27</sup> Successful implementation of home visiting program for pregnant and parenting teens in care requires clear guidance and expectations on trauma-informed practices from state agencies to all stakeholders.

## Conclusion

The Family First Prevention Services Act (FFPSA) allows states to use federal funds to increase services for substance abuse, mental health, and child maltreatment prevention services. The goal of this legislation is to decrease the likelihood that children enter the child welfare system by giving states the opportunity to leverage child welfare funding for prevention services, including home visiting services for pregnant and parenting youth in conservatorship. Pregnant and parenting teens in care face a unique set of challenges and states can build a strong foundation for expectant and parenting youth in care through the successful implementation of home visiting programs. When selecting a program model to serve youth in care, states should consider community needs and characteristics, how to help teens balance relationships, include fathers, and use a systems-based approach, while also keeping in mind potential obstacles, where teens are located, participation rates, and eligibility criteria of home visiting models. Careful implementation of a home visiting model to serve youth in care can reduce the frequency of adverse consequences and increase positive outcomes for teens as they parent their children.

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