

Sub-strategy 1c: Reproductive health and parenting supports

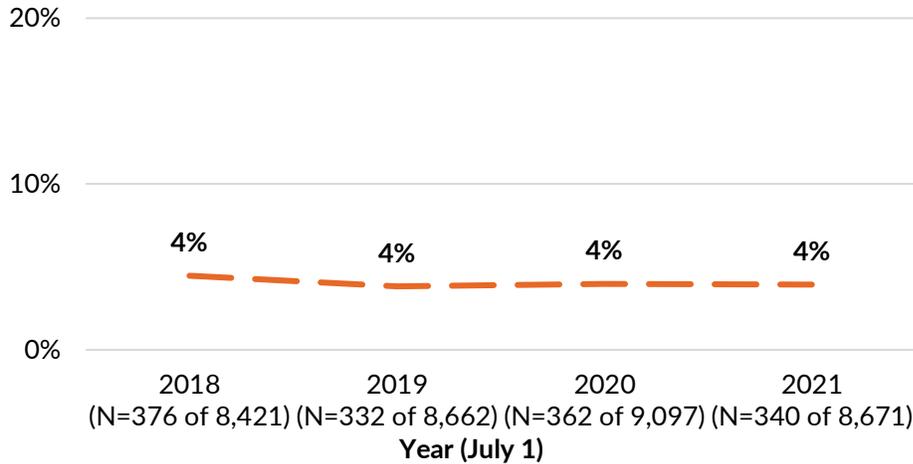
This snapshot accompanies Child Trends' [2022 Evaluation Report](#) for the Conrad N. Hilton Foundation's [Foster Youth Initiative](#). It highlights a sample of the Foundation's grantees' efforts, key data points, and ongoing barriers to connecting foster youth in Los Angeles (LA) and New York City (NYC) to reproductive health and parenting supports. Snapshots are available for each of the Initiative's sub-strategies focused on foster youth and caregivers.

Los Angeles

Highlights

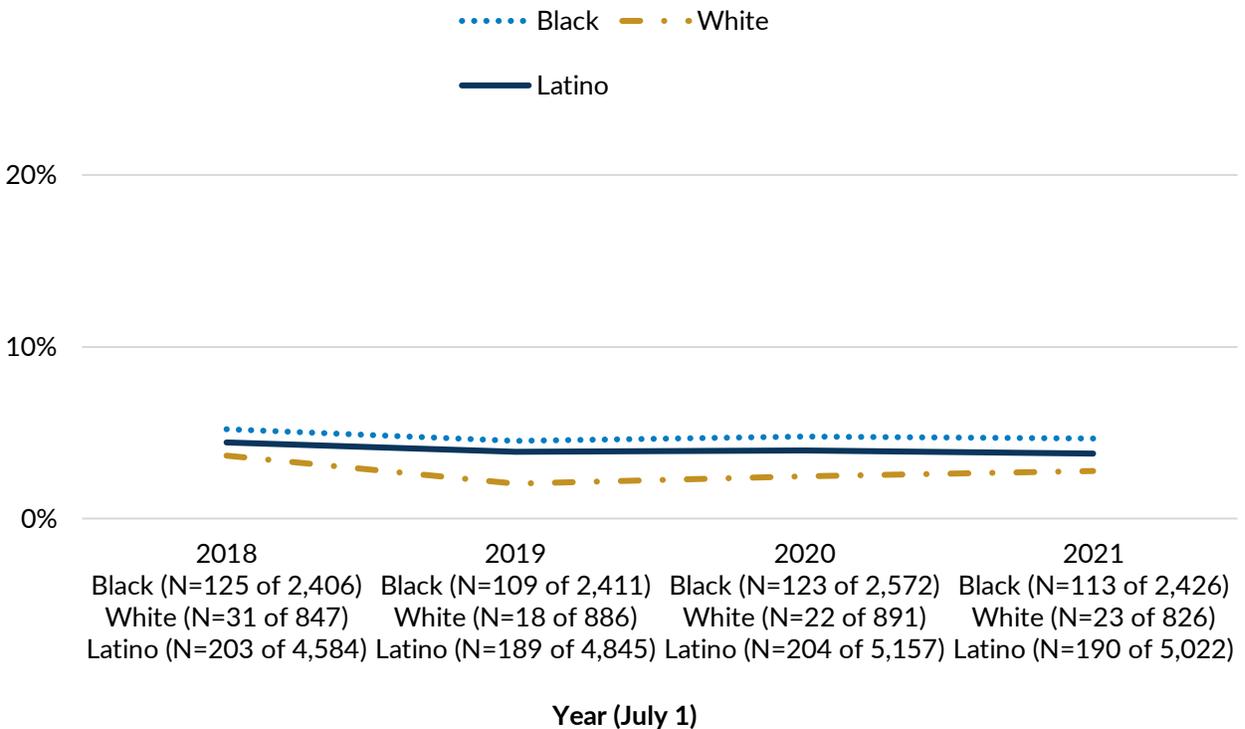
	<p>The 2021-2022 state budget included \$800,000 to establish the Expectant Parent Payment,ⁱ and the 2022-2023 state budget allocated \$35 million for the Emergency Child Care Bridge Program expansion.ⁱⁱ In addition, partners of the Reproductive Health Equity Project (RHEP), Children's Law Center (CLC), and other grantees continued to support passage and implementation of state legislation to support youths' access to reproductive health education (i.e., SB 89ⁱⁱⁱ) and to support parenting youth if a child welfare case is opened on their child (i.e., AB 670^{iv}).</p>
	<p>RHEP, Planned Parenthood of Pasadena and San Gabriel Valley (PPPSGV), and National Campaign to Prevent Teen and Unplanned Pregnancy work with community partners to develop and deliver educational resources about sexual health to youth. Grantees including the Alliance for Children's Rights, Public Counsel, and FosteringUNITY have staff who serve as advocates for young people in foster care and their children at Expectant and Parenting Youth (EPY) Conferences, and additional grantees provide a range of supports to EPY.</p>
	<p>RHEP has an active Youth Advisory Board, comprised of current and former foster youth, which works to reduce barriers to reproductive and sexual health care services for foster youth. For example, in 2021, Youth Advisory Board members published a brief to help stakeholders understand young people's intersecting identities (e.g., race, sexual orientation, gender, parenting status) and how they can increase barriers to service access.^v</p>
	<p>Grantees including National Center for Youth Law, Alliance for Children's Rights, Children's Law Center of California, and JBAY partnered to support AB 172^{vi} which requires the state to publish reproductive and maternal health outcomes for foster youth, disaggregated by gender, sexual orientation, and race/ethnicity to help identify disparities.</p>
	<p>Surveys and studies, some conducted by RHEP partners, have sought to identify and better understand foster youths' reproductive health and family planning needs, and have re-emphasized the need for additional data. For instance, in 2021 RHEP conducted a second wave of data collection for a multi-year study of youths' experiences obtaining sexual and reproductive health information.^{vii}</p>

Figure 1. Percent of parenting foster youth in care (ages 10-20), Los Angeles, 2018-2021



LA has reported consistent percentages of parenting foster youth since 2018. Rates for racial/ethnic groups have also remained consistent, with higher rates for Black youth (5 percent) than their Latino and White peers (4 percent and 3 percent, respectively).

Figure 2. Percent of parenting foster youth in care (ages 10-20), by race/ethnicity, Los Angeles, 2018-2021



Source: California Child Welfare Indicators Project Reports, provided by the LA Department of Children and Family Services^{viii,ix}

Barriers

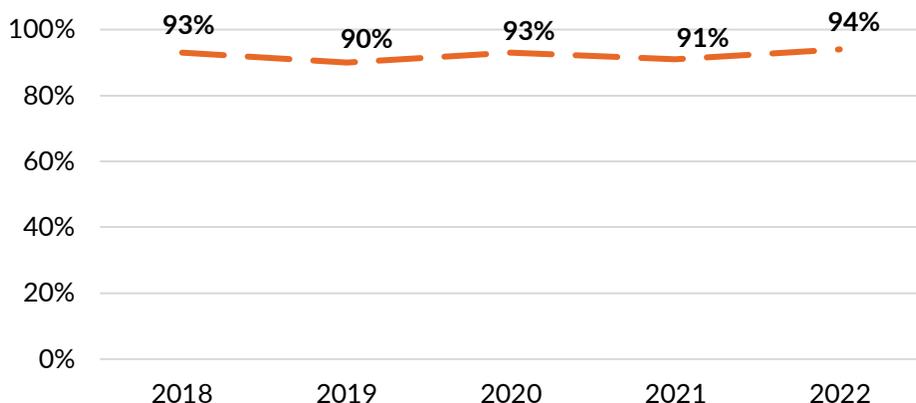
While grantees' advocacy work and programming have helped increase the reproductive health services, supports, and educational resources available to young people in foster care, the larger child welfare and healthcare systems are historically rooted in white supremacy and are deeply racially biased, which impacts progress toward equitable service provision for all youth. The work of ensuring youth in care receive education on sexual and reproductive health is spread across multiple public agencies in LA and California and, therefore requires champions across multiple youth-serving systems to ensure policies are implemented as intended. Additionally, while grantees and stakeholders have worked to target services to youth in the Initiative's focal populations, grantees report that organizations often do not have the resources or expertise needed to provide comprehensive services to a young person with intersecting identities (e.g., a young person who identifies as LGBTQ+ who is expectant or parenting and has been sexually exploited).

New York City

Highlights

	Foster youth may benefit from budget expansions at the state- and city-levels, including New York state's FY2023 inclusion of \$50 million to expand child care subsidy eligibility to families making 300% of the federal poverty level (previously 200%), \$15.6 million in start-up funds to establish or expand child care centers at all State University of New York (SUNY) and City University of New York (CUNY) campuses, and \$1.1 billion to increase access to universal pre-K. ^x The City also funded Mayor Adams' Citywide Doula Initiative, which provides birthing families with free access to doulas. ^{xi}
	Friends of the Children and The Door use two-generation models that support parenting youth as well as their children through home visitation services, childcare (or support accessing childcare vouchers), and parenting classes in which youth receive guidance and support from both peers and service providers.
	Mt. Sinai Hospital is developing youth-driven and culturally-specific social media strategies to circulate information about healthcare and reproductive health services more effectively and uses peer educators to provide information to youth on sexual and reproductive health, sexual trauma, and parenting.
	Grantees have developed programming for and informational resources that are representative of the Initiative's focal populations. For example, Health Research Incorporated's app to provide foster youth with medically accurate, age-appropriate information includes the representation of young people with intersecting marginalized identities, and JCCA facilitates workshops and peer learning groups focused on LGBTQ+ and race-equity issues. Reproductive health and commercial sexual exploitation are topics that have been covered in these groups.
	Grantees are collecting programmatic data to monitor access to sexual and reproductive healthcare by race/ethnicity, parenting status, and for victims of exploitation.

Figure 3. Percentage of youth reporting sexual health/family planning needs were met (of those needing services)



Over several years, NYC has reported consistently high percentages of youth who reported that their sexual health and/or family planning needs were met, among those who reported needing services.

Source: NYC Administration for Children’s Services’ Youth Experience Survey^{xii, xiii}

Barriers

Though a large proportion of youth in NYC who needed sexual health and family planning services have reported that those needs were met, and despite legislative progress in expanding access to services, barriers rooted in systemic inequities persist. Youth with marginalized identities and multiple intersecting marginalized identities – for example, a young person of color who has experienced commercial sexual exploitation – often face oppression related to their identities, and grantees and stakeholders highlighted the importance of ensuring young people’s access to inclusive, affirming, and trauma-informed health care. Parenting youth, and especially those with intersecting marginalized identities, face biases and challenges navigating resources such as housing, child care, and supports for other basic needs that may prevent them from engaging in school or work.

Endnotes

ⁱ The Expectant Parent Payment provides all expectant youth in out-of-home placement with monthly payments in the third trimester of pregnancy. For more information, see JBAY (May 2022). *Expectant Parent Payment Toolkit: Implementing Assembly Bill 153*, available at <https://jbay.org/wp-content/uploads/2022/05/Expectant-Parent-Payment-Toolkit-22.pdf>.

ⁱⁱ The Emergency Child Care Bridge Program expansion provides child care vouchers and navigator services to parenting foster youth. For more information, see *Our Victories*. (n.d.) Alliance for Children’s Rights. Retrieved May 5, 2023 from <https://allianceforchildrensrights.org/policy/>.

ⁱⁱⁱ Foster Youth Sexual Health Education Act (SB 89) went into effect on July 1, 2017, and mandates that young people in foster care have access to reproductive health education, information, and services and that caseworkers, judges, and caregivers be trained regarding their responsibilities in providing such resources. For more information see JBAY (March 2021). *Facts about the California Foster Youth Sexual Health Act (Senate Bill 89)*, available at <https://jbay.org/resources/sb-89-fact-sheet/>.

^{iv} AB 670 went into effect into effect on January 1, 2022, and enhanced existing policy by requiring that a parenting minor’s attorney be notified by the child welfare agency when an investigation is opened on their child in an effort to prevent removal and support reunification efforts if the youth’s child is removed. For more information see Children’s Law Center of California (n.d.). *CLC Enacted Legislation*, available at <https://www.clccal.org/wp-content/uploads/sites/80/2022/03/CLC-Legislative-History-2022.pdf>.

^v See Foster Youth-Led Intersections Working Group (August 2021). *Telling Our Own Stories: Former foster youth experiences with barriers and healing during COVID-19*, available at <https://fosterreprohealth.org/wp-content/uploads/2021/11/Telling-Our-Own-Stories.pdf>.

^{vi} For more information on AB 172, see: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB172.

^{vii} Gudeman, Rebecca (2022). Interview Survey of Adolescents in Foster Care in Los Angeles County Regarding Sexual and Reproductive Health Communication and Access to Resources: Findings From 2021, available at https://fosterreprohealth.org/wp-content/uploads/2022/05/2021_Youth_Eval_Report_RHEP_20220401_final-2.pdf. See recommendations on pages 37-40.

^{viii} 2018-2019 Data: Webster, D. et al. (2019). CCWIP reports. Retrieved 10/29/2019 & 10/30/2019, from University of California at Berkeley California Child Welfare Indicators Project website. <https://ccwip.berkeley.edu/>. 2020-2021 Data: CCWIP Reports. CWS/CMS 2020 Quarter 2 Extract; and 2021 Quarter 3 Extract. Data obtained from the University of California at Berkeley California Child Welfare Indicators Project and provided to Child Trends by DCFS on 02/03/21 and 04/11/22, respectively. Among foster youth ages 10-20 in care on July 1st of each year. Agency type includes child welfare only, as data for youth under the custody of the probation agency are not available for this analysis.

^{ix} 2020-2021 Data: CCWIP Reports. CWS/CMS 2020 Quarter 2 Extract; and 2021 Quarter 3 Extract. Data obtained from the University of California at Berkeley California Child Welfare Indicators Project and provided to Child Trends by DCFS on 02/03/21 and 04/11/22, respectively. Among foster youth ages 10-20 in care on July 1st of each year. Agency type includes child welfare only, as data for youth under the custody of the probation agency are not available for this analysis.

^x Assembly Speaker Carl E. Heastie (2022). *Assembly announces approved SFY 2022-23 budget, invests \$7 billion over four years in childcare*. <https://nyassembly.gov/Press/?sec=story&story=101547>.

^{xi} Official Website of the city of New York (March 23, 2022). *Mayor Adams takes action to reduce maternal and infant health inequities by expanding access to doulas and midwives*. <https://www.nyc.gov/office-of-the-mayor/news/149-22/mayor-adams-takes-action-reduce-maternal-infant-health-inequities-expanding-access-to#/0>.

^{xii} NYC Administration for Children's Services' *Foster Care Youth Experience Survey* (FY 2018-FY 2022). <https://www.nyc.gov/site/acs/about/FosterCareYouthExperienceSurvey.page>

^{xiii} "The [Youth Experience Survey] asked youth whether they are getting the healthcare they need for physical, dental, emotional, vision, sexual health, and alcohol or drug use. [. . .] Youth in 24-hour foster care for at least 90 days between the ages of 13-20 were eligible to complete the survey." (Source: Youth Experience Survey 2022). In 2022, 400 youth responding to the ACS Youth Experience Survey reported needing services for sexual health and family planning. Among those youth reporting a need for services, 94 percent reported that their needs were met. ACS is required to invite all eligible youth to participate in this survey.