

Pregnant and Parenting Foster Youth: Meeting the Unique Needs of this Underserved Population

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Introduction

Pregnant and parenting foster youth represent an underserved and often overlooked population with unique needs that existing systems do not meet. There are over 60,000 foster youth aged 0 to 21 in California ([CCWIP](#)). While the number of foster youth who are currently pregnant is unknown, approximately 750 foster youth are currently parenting (CDSS). Expectant and parenting foster youth, many of whom have experienced severe trauma, are disproportionately affected by mental health issues, homelessness, and commercial sexual exploitation (CSE).

California currently faces challenges in tracking the needs and outcomes of pregnant and parenting foster youth due to the complexities of the current data collection system; without accessible current data about this population, it is difficult to inform needed services and resources. Additionally, due

to varying levels of access to funding and resources, counties may vary widely in their approach and ability to provide support, leaving many young parents and parents-to-be without access to comprehensive resources, and service providers without clear guidance on how best to meet their needs. Placements are another area where parenting foster youth are lacking resources, in that there are very few STRTP beds dedicated to this population, and many Resource Families who serve this population receive minimal training on the needs and challenges of parenting foster youth and how to support them in care. The gaps in available data, varying available resources, inconsistent training for providers, and limited placement options underscore the need for more focused interventions. To address these gaps, key recommendations include the streamlining of data collection capacity, the development and support of specialized placements, and incentivized training for resource families and service providers. This approach ensures current data collection and analysis for this population is possible, and it makes live placement options for this population more easily accessible. By shining a light on this underserved population and developing more targeted systems, we can help break the cycle of trauma and instability that impact foster youth and their children.

Process

To gain a deeper understanding of the specific challenges faced by parenting foster youth, a multi-faceted approach was employed to gather insights and develop actionable recommendations. A diverse range of service providers for the parenting foster youth population, including Short Term Residential Therapeutic Programs (STRTPs) across the state, were consulted to understand the existing services, placement options, and training protocols available. Valuable insights into systemic challenges and existing support structures were provided by child welfare leaders and stakeholders from select counties, the California Alliance of Child and Family Services, and the California Department of Social Services (CDSS) Child Trafficking Program and Support Unit and Child Trafficking Research and Policy Unit. Discussions with Community Care Licensing (CCL) representatives provided an overview of regulatory requirements, licensing processes, and the current landscape of placement options available to pregnant and parenting foster youth.

Additionally, a literature review was conducted to examine the specific challenges parenting foster youth face, including housing instability, mental health struggles, and child sexual exploitation. Data and reports from CDSS were reviewed to understand how different counties may track and support this neglected population.

The information gathered through these methods was synthesized to identify key themes, best practices, and actionable recommendations aimed at addressing the specific needs of pregnant and parenting foster youth and improve their overall outcomes. Through this process, the significant gaps in available data and the fragmented nature of available information became further evident, underscoring the need to focus on synthesized state-wide data collection and analysis to better inform service and resource needs for this vulnerable population.

Population

Due to the lack of available data, it is difficult to study and fully understand the unique circumstances of this population; however, we do know that approximately 1,000 foster youth in California are pregnant or parenting at any given time. Research shows that by age 21, close to a third of women with a history of foster care have at least one child ([Combs, 2018](#)). Youth involved in the foster care

system, in general, are at significant risk of mental health challenges, homelessness, and CSE due to their traumatic experiences. These challenges are further exacerbated for parenting youth, who face an increase in environmental stressors and a lack of systemic support.

This cycle of trauma, instability, and state dependency on child welfare services can continue across generations. Parenting foster youth are at significant risk of having their own children involved in the foster care system. Within their first three years of life, roughly 50% of the children of foster youth are the subject of a Child Protective Services (CPS) report, and 19% are removed from the care of their parent(s) ([Eastman, 2019](#)). Although the children of foster youth are not dependents of the state, and should not be without cause, there are few programs in place to support their well-being or proactively prevent their future involvement in the system.

Data Collection and Analysis Practices in California

Data collection for child welfare is undergoing a dramatic change over the next few years. The current data system, Child Welfare Services / Case Management System (CWS / CMS), relies on individual child welfare workers and other child welfare system staff members for data input based on state requirements, and running data reports from this system can be a cumbersome and time-consuming task. In order to comply with the Preventing Sex Trafficking and Strengthening Families Act, CDSS implemented changes to CWS / CMS to require the input of data regarding CSE and pregnant or parenting foster youth ([ACL 16-32](#)) beginning in 2016. This information is required by statute to include the parenting minor's or non-minor dependent's county, age, ethnic group, placement type, time in care, number of children they have, and whether the children are court dependents and is required to be made publicly available on a quarterly basis ([ACIN I-60-15](#)), but this is not consistently adhered to. It is unclear whether there is any recourse for non-compliance regarding data collection and/or input. While data collection theoretically occurs for both youth at risk of or involved in CSE as well as pregnant and parenting foster youth, information is not readily available, and cross-referencing it is a cumbersome process. The state is adopting a new data system, CWS CARES (V2) in the hopes of a more user-friendly and accessible system and is expecting to go live in the fall of 2026.

Key Issues Parenting Foster Youth Face

Mental Health

The American Academy of Pediatrics has identified mental and behavioral health as the "greatest unmet health need for children and teens in foster care" ([NCSL](#)). At least 80% of foster youth struggle with their mental health, and 90% have experienced trauma ([JBAY](#)), though it has been argued that all foster youth have endured trauma from being removed from their homes and placed into the system. For foster youth who are pregnant or parenting, the risk of adverse mental health outcomes is significantly heightened due to the added stressors of parenthood without networks of support outside of the foster care system and because of trauma experience prior to and during foster care.

Pre-existing mental health conditions such as anxiety, depression, and post-traumatic stress disorder can be aggravated by the physiological and hormonal changes associated with pregnancy and

the stressors of young parenthood. Given their history of childhood trauma, family separation, and attachment wounds, the transition into parenthood can reactivate these devastating experiences and further isolate parenting foster youth. This precarious situation highlights the urgent requirement for specialized services and interventions that meet the socio-emotional needs of this population.

Commercial Sexual Exploitation

Reports show that victims of CSE are mostly young, and 95% are victims of sexual assault. Of these young victims, 50-90% have had involvement with the child welfare system. Almost one in seven youth aged 11-17 were subject to an open child welfare case when CSE concerns were first documented ([Urban Institute](#)). CSE can cause symptoms of severe trauma, system involvement, and pregnancy, among many other lifelong impacts. While signs of maltreatment can lead children to receive support from the child welfare system, these very same vulnerabilities are targeted by sex traffickers. For example, at Mary's Path, an STRTP in Santa Ana, where the average age a teen parent gives birth is 15.5 years of age, more than 80% report having experienced sex trafficking, and all have survived sexual and/or domestic violence ([Parenting Foster Youth Budget Request, 2023](#)). According to data gathered by the CDSS, over 33% of parenting foster youth were identified as victims or at risk of CSE in 2024. As previously mentioned, the collection and input of data is likely inconsistent; thus, the accuracy of this number is unclear.

Additionally, youth who are victims of CSE tend to run away from their placements more frequently. When this occurs, county child welfare agencies and providers alert law enforcement, and they are also required to report to the FBI and the National Center for Missing and Exploited Children. When a parenting youth runs away from a placement with their baby, the same protocols are followed, but because the baby is not a dependent, like the foster youth parent is, there is far less oversight regarding the baby. Providers may notify law enforcement when filing the missing persons report for the foster youth that their baby is with them, but this is not required.

Missing Foster Youth

According to a report by the Department of Health and Human Services, at the end of 2020, 2,767 California foster children were considered to be missing for an average of 41 days ([HHS](#)); this is one of the highest numbers in the nation. Data from the California Department of Social Services shows that at least 20 of those are parenting foster youth. There is no available data on what percentage of parenting foster youth were exploited while missing.

Homelessness

Foster youth face significant challenges related to housing instability. Nearly one-third of all youth experiencing homelessness have been involved in the foster care system ([AECE](#)). This problem is heightened for foster youth who are pregnant or parenting. Of the 32.2% of foster youth up to age 21 with at least one child, 82.2% of their children lived with them ([Tay Hub](#)). Parenting youth with experience in the foster care system are 28% more likely to have experienced homelessness and 58% more likely to have faced housing instability in the past year compared to their peers without children. Among these current or former foster youth with children, 15% report being homeless or couch surfing ([AFS4Kids](#)).

Existing national estimates and measurements may fall short of a complete census, but they

illuminate several factors that lead to housing instability among young adults. These factors include race, LGBTQ+ status, education level, household income, pregnancy or parenting, age, mental health issues, substance use history, and involvement with child welfare or the criminal justice system (Orsi-Hunt, 2023). These variables suggest that the housing instability faced by parents with foster care experience is influenced by a range of social determinants. Addressing homelessness among parenting foster youth requires strategies that account for the complex interplay of factors contributing to their housing instability.

Available Services and Support for Parenting Foster Youth

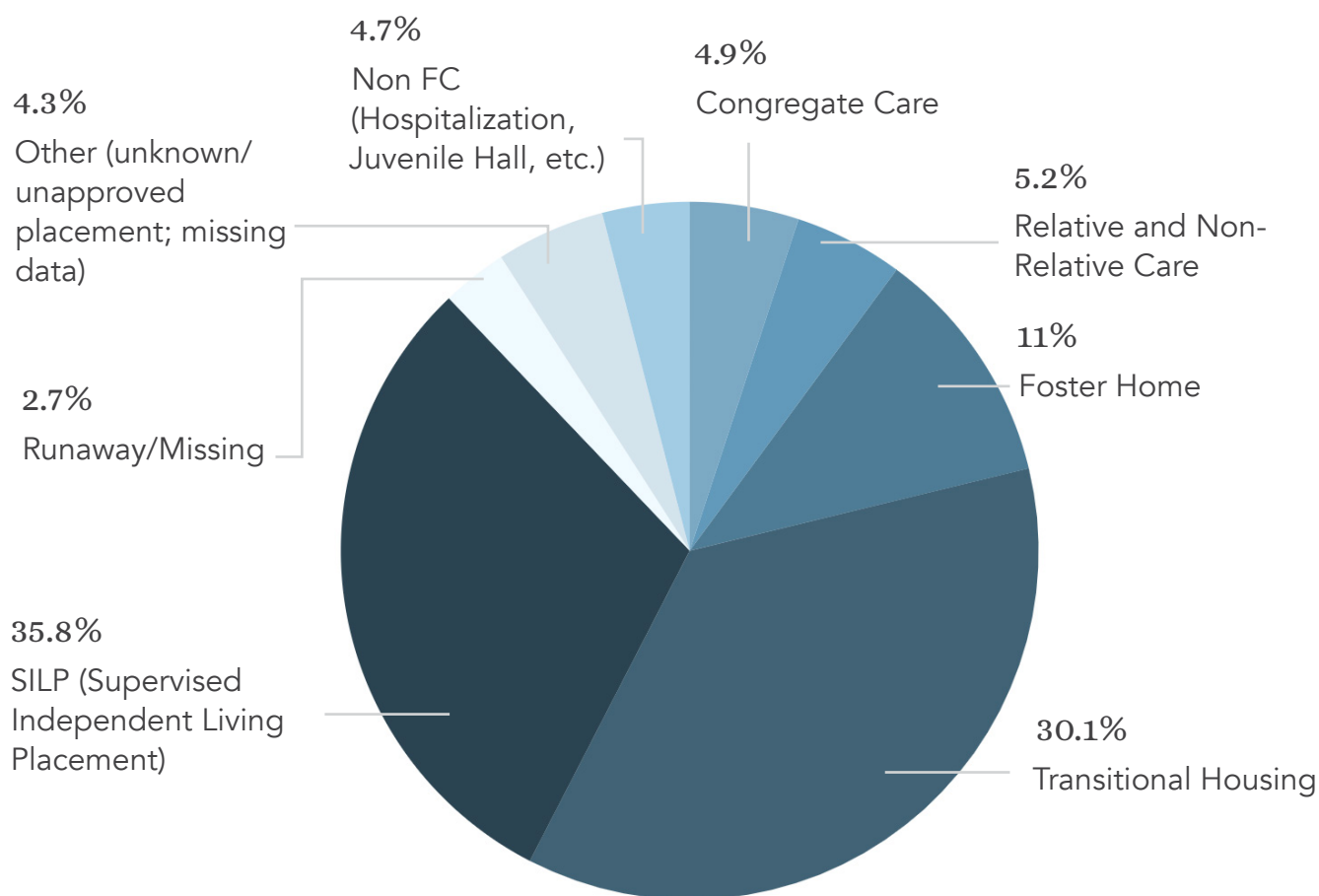
The resources available for serving parenting foster youth, such as placement and mental health support, vary widely from county to county. Because some counties track this information and others do not, there is no comprehensive statewide database that addresses these services, making it all the more difficult for providers and programs to work together to meet the acute needs of this population.

Placement Options

Despite the distinct needs of parenting foster youth, there are few placements that are designed specifically to serve them. Parenting foster youth who do not have familial relationships, or those with more complex needs, have even fewer options. It is difficult to find accurate information on available residential programs because CCL does not keep a live list or database of different placements and populations served statewide. This can, in turn, make it very difficult for child welfare workers to locate appropriate residential placements for parenting foster youth when that is needed. While there is a Facility Profile Directory that provides information on placement options for various populations, the directory relies on self-reporting by programs and so is often incomplete or out of date. In order to locate the accurate number of STRTP placements for this population, CCL was contacted directly. There are only eight licensed residential programs in California that serve this population, providing approximately forty-nine beds for parents living with their children; all of these programs are located in Southern California (CCL).

Resource Family information is also not publicly available, so while any resource family can technically care for this population, there is no available information on which families are actually willing to place a foster youth with their baby. Even if a Resource Family is able to take in a parenting foster youth, most do not receive specialized training regarding the unique needs of this population. Some Resource Families within the Resource Family Approval Program (RFA) or Short Term Residential Therapeutic Programs (STRTPs)/Group Homes may be able to meet the needs of parenting foster youth, there are not enough options to serve the entire population and limited information on their capacity. Moreover, it is unclear how the current Foster Family Agency insurance crisis will impact available placement options for this population. Other placements include living independently or with a relative, at a Supervised Independent Living Placement (SILP), transitional housing program (THP), or Whole Family Foster Homes (WFFH). WFFHs provide out-of-home care designed specifically for dependent parents and their non-dependent children, which can help foster youth develop the skills needed to provide a safe, stable, and permanent home for their children. Despite these options, there is a dire need for more placements, and, critically, more specialized placements tailored to the unique needs of parenting foster youth. Without expanding these resources, many parenting foster youth and their children are at risk of being left without the stability

they need to thrive. According to CDSS, as of July 2024 the breakdown of placement types for parenting foster youth was as follows:



Mental health treatment in each of these placement types varies. Short Term Therapeutic Residential Programs are required to provide mental health services and undergo a mental health program approval by the Department of Health Care Services (DHCS). Group homes have less stringent requirements but their regulations state that they must ensure that youth in care receive all necessary health-related services, including mental health. Foster homes are required to meet the needs of the child they are serving, but there is not a specific requirement regarding mental health treatment, with the exception of Intensive Services Foster Care (ISFC) homes, which require intensive treatment and behavioral support. While the SILP program has been focusing on access to mental health services overall, they are not required within that placement category. Similar to group homes, transitional housing placement regulations require that youth receive necessary mental health services. In summary, the only placement option that also includes approval and involvement by DHCS is the STRTP placement option. According to the California DHCS, half of children and youth receiving foster care do not receive any specialty mental health services (SMHS), which could help address trauma and prevent the development of later health conditions ([DHCS, 2022](#)).

Financial Support

While the state provides financial support for this population in the form of the Expectant Parent Payment and the Infant Supplement, the rates no longer cover the costs. The expectant parent payment provides \$2,700 to pregnant dependents three months prior to their due date, paid directly

to the pregnant foster youth. The infant supplement provides \$900 per month, paid to the caregiver or placement provider, except in the case of non-minor dependents (NMDs) placed in Supervised Independent Living Placements who may receive the payment directly. Between January 2022 and September 2023, 210 youth received the Expectant Parent Payment (issued three months prior to the birth), and between September 2022 and September 2023, 1,455 foster youth received the infant supplement. The infant supplement rate has not been increased since 2016, despite dramatic increases in the cost of living, diapers, formula, and other supplies due to inflation. Current efforts are being made to increase the infant supplement paid to parenting youth in the foster care system (Diane Dixon, 2024).

The Parenting Support Plan offers \$200 per month to NMDs living in a SILP who develop a Parenting Support Plan with an adult mentor. The Emergency Child Care Bridge Program for Foster Youth (Bridge Program) provides childcare vouchers or direct payments and helps families find a subsidized childcare placement, serving as a time-limited “bridge” but not a long-term childcare solution. Additionally, CalFresh and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offer essential support, with CalFresh providing financial assistance for food and WIC delivering food, health care referrals, nutrition education, and breastfeeding support for babies and children up to age 5, as well as pregnant women and new mothers.

Other Services

Although there are a few programs aimed at supporting parenting and pregnant foster youth, the scarcity of resources and support systems across the state means that their needs often go unmet.

- Adolescent Family Life Program (AFLP): Offers strength-based case management services twice a month to pregnant and parenting teens up to age 21 and their children.
- Health Care Program for Children in Foster Care (HCPFC): Provides each foster youth with access to public health nurses who assist with health education, appointment scheduling, medical case management, interpretation of lab results, and referrals for prenatal/postnatal care, home visiting, and parenting classes.
- Home Visiting Programs (e.g., First 5 Programs): Pairs parents with trained professionals who offer ongoing and personalized support during pregnancy and through the first year of their child’s life.
- Wraparound Services: While available, these services are not specifically tailored to pregnant and parenting youth.
- Commercial Sexual Exploitation of Children (CSEC) Programs: Some programs designed for trafficking survivors may include support services for parenting youth, but these services are not available across all counties.

These services provide much-needed support to pregnant and parenting foster youth, but they are not available in every county and are often siloed from other services, making holistic support of pregnant and parenting foster youth nearly impossible.

A Critical Gap in Support, Services, and Data

There is an urgent need for more specialized placement and placement options for parenting foster youth and enhanced training for service providers and caretakers. Most FFAs do not to provide

specific training to address the needs of this population, often relying on referrals from their network of Resource Family homes to find a placement for a child and their baby. Proper placements and training are crucial to minimize the risk of homelessness and exploitation and meet the unique mental health needs of this population. Additionally, financial support must be sufficient to meet the rising costs of parenting. Increasing the infant supplement is necessary to alleviate the financial strain faced by parenting foster youth.

The absence of comprehensive data on parenting foster youth in California creates a significant obstacle in developing tailored, evidence-informed services. The state's current data capacity impedes the ability to assess placements, qualifications, training, and support for mental health and CSE needs. There is no updated, statewide tracking mechanism for placement options or available beds for this population. Although some RFAs or THPs may accommodate parenting foster youth, the absence of specific requirements beyond a general mandate that the home "is trained to care for the population they serve" (CCL) leaves a lot open for interpretation. Since CCL licenses FFAs but does not have detailed data on the populations they serve, there are gaps in understanding the needs and availability of services. While some counties track this information, others may not, leading to inconsistencies in data collection and reporting across the state.

The county-based system further complicates accurate statewide data collection. Each county operates under its own set of data reporting practices in addition to state requirements, resulting in variability in data quality and availability. Additionally, since the children of foster youth are not dependents and therefore not the responsibility of the state, there are no established measures to monitor their well-being. This includes keeping track of whether they are missing when their parents run away from foster care, leaving a critical gap in the protection of these vulnerable children.

Recommendations

Existing systems fail to adequately address the needs of parenting foster youth, who often lack access to placements, mental health services, services specific to the treatment of Commercially Sexually Exploited Children, and financial resources for becoming a parent. To address these gaps and improve support for this population, several key recommendations are proposed:

- **Establish Specialized Placements**

Develop more specialized placement options specifically for pregnant and parenting foster youth to address their unique needs.

- **Create and Incentivize Training**

Enhance training for home providers to focus on the needs of parenting foster youth, specifically their risk of homelessness, mental health challenges, and CSE. The state should provide incentives to encourage the adoption of this specialized training.

- **Streamline Data Collection**

Implement a standardized approach to data collection across counties to better understand and address the needs of pregnant and parenting foster youth. This will improve the quality of support and enable more effective policy development.

- **Provide Live Placement Information**

Ensure that live placement information specific to pregnant and parenting foster youth is readily available. This will assist child welfare and placement workers in efficiently identifying placement options.

Conclusion

Addressing the needs of pregnant and parenting foster youth requires a comprehensive approach that includes specialized placements, targeted and incentivized training, and thorough data collection. By implementing these recommendations, California can better support this neglected population and disrupt the cycle of trauma and instability. With a focused approach and dedicated resources, we can create a more supportive and effective system that promotes the well-being and success of parenting foster youth and their children.

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