

# No Time for COMPLACENCY

## SEXUAL HEALTH NEEDS OF CALIFORNIA'S FOSTER AND TRANSITIONING YOUTH

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### Executive Summary

*Foster and emancipated youth are at increased risk for unintended pregnancy, HIV, and other sexually transmitted diseases*

There are approximately 72,000 children and youth aged 20 years and younger in state-supervised foster care in California, with about 13,000 of these youth aged 16 to 20 years currently transitioning out of foster care. Children and youth in foster care are often characterized by the absence of a dependable family or social network, an intense need for affection, the desire to possess something of their own that they do not have to share, exposure to sexual abuse, exposure to other types of violence, and limited skills in identifying and accessing resources to support themselves now and in the future. Studies have shown that youth who grow up in and emancipate from foster care are likely to have poor outcomes in education, employment, housing, and physical and mental health.

Foster and emancipated youth are at increased risk for unintended pregnancy, HIV, and other sexually transmitted diseases (STDs) due to high-risk sexual behaviors such as unprotected sex and sex with multiple partners. Young women who had been in foster care are more likely to have been pregnant than are same-aged peers who had not been in foster care.



Adolescent parenthood can have considerable costs for both young women and their children, and delaying pregnancy among foster youth is widely considered a worthwhile goal for child welfare policy.

Youth in foster care tend to change schools frequently due to changes in foster placements and thus may experience lapses in school attendance, falling behind not only in academic subjects, but also missing the sex education sometimes delivered in traditional schools. Foster and former foster youth are therefore less likely to have had access to sex education classes, despite their increased risk for unintended pregnancy, HIV, and other STDs.

## CURRENT STUDY

To better understand how these challenges might apply to California, and to bring the issue of foster youth's sexual and reproductive health into focus for the California Connected by 25 (CC25) Initiative, the Walter S. Johnson Foundation contracted with the Center for Research on Adolescent Health and Development at the Public Health Institute to conduct a sex education and reproductive health needs assessment for foster and transitioning youth in three California counties. The needs assessment was designed to answer the following four research questions in regard to foster and transitioning youth aged 14 to 21 years:

- What are the sexual and reproductive health needs and challenges of foster and transitioning youth?
- What barriers stand in the way of addressing these needs and challenges?
- What suggestions do staff and former foster youth have regarding these needs, challenges, and barriers?
- What should be done to promote foster and transitioning youth's sexual and reproductive health and to address the issues and challenges that these youth face?

## METHODS

The primary aims of the study were to provide in-depth descriptive information about the sex education and reproductive health needs of foster and transitioning youth, and recommendations on how counties can improve the provision of these services to foster youth in general and to transitioning-age foster youth in particular. Fresno, Orange, and San Francisco counties were selected to represent the Central urban and rural, Southern urban, and Northern urban regions of the state.

Various data were collected in the three counties using surveys, interviews, and focus groups. The study procedures and data collection techniques varied across the three counties only to the degree that was necessary to compensate for the difference in the structure of the counties' foster care delivery system.

The data collection instruments included interview protocols for the director of the Department of Children and Family Services (CFS), the CFS manager of independent living program (ILP), the CBO managers of ILP, public health nurses, community-based providers of ILP and other services, and foster parents. The instruments also included web-based surveys of CFS social workers. In addition, a paper-and-pencil survey was designed for the ILP caseworkers who participated in the focus groups. Finally, focus group protocols were developed for ILP caseworkers and for former foster youth. A total of 99 participants provided data for this study, with 34 from Fresno County, 37 from Orange County, and 28 from San Francisco County.

Data collected from interviews, surveys, and focus groups were analyzed by county, with each county treated as a separate case. Data also were compared across counties, with similarities and differences noted across counties. Converging evidence to address the research questions was sought across participant role and county.

## RESULTS

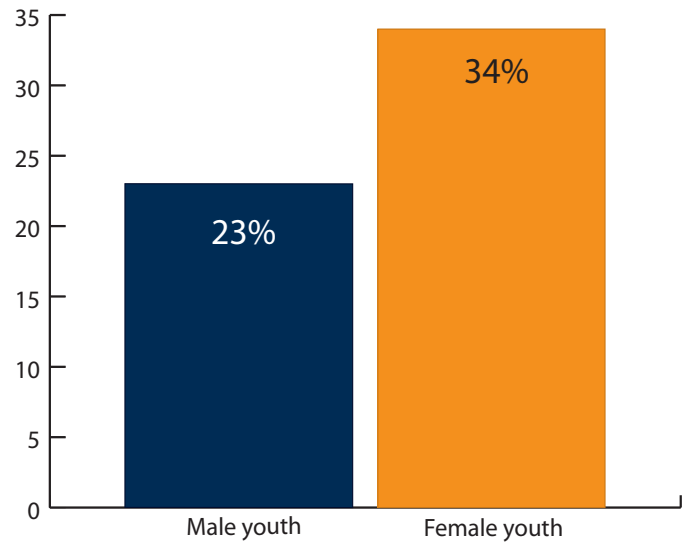
### WHAT ARE THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS AND CHALLENGES OF FOSTER AND TRANSITIONING YOUTH?

Foster and transitioning youth face substantial sexual and reproductive health challenges. These challenges can

*“None of my foster parents—I had 14 placements—ever brought up the issue of sex; they were able to establish a curfew and don’t do this and don’t do that, but never a sit down, one-on-one talk.”*  
— former foster youth

include the acceptance of early pregnancy in their families of origin and by their peers, a stronger longing for love and a sense of belonging among many foster youth in comparison with non-foster youth, and becoming pregnant to hold onto a partner. Foster youth might not obtain school-based sex education because many school districts do not teach it, because of the frequent changes in placement foster youth often experience, and because caregivers may

Social Workers (N = 32) Who Often Talk With Youth on Ways to Prevent STDs and Pregnancy/Fathering a child

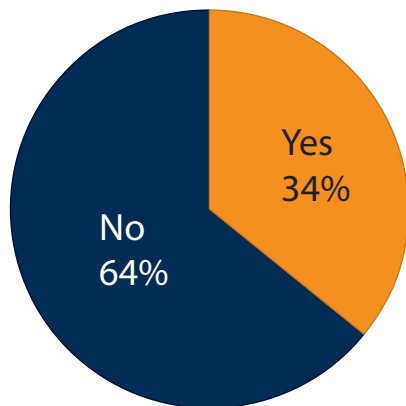


withhold permission for youth to participate. Although sex education workshops are offered through ILPs in many counties, not all youth participate in ILP, and of those participating in ILP, not all youth attend the sex education workshops that are offered. Youth who do get basic sex education may not be sufficiently cognitively engaged, motivated, or assertive to avoid unprotected sex. Youth expressed a strong desire for one-on-one support from a caring adult to help them think through sex-related issues and make wise choices, and they expressed disappointment in not having sufficient opportunity to discuss these issues with foster parents, CFS social workers and ILP caseworkers. When youth get pregnant, they do not always get counseling for pregnancy options. It appears that pregnant youth do get prenatal care, although the responsibility for helping youth obtain this care is diffused across staff and caregiver roles. Staff do not consistently offer youth who become pregnant assistance in preventing subsequent pregnancy, nor do they consistently discuss this issue with the pregnant youth’s caregivers. CFS social workers and ILP caseworkers reported some discussion of prevention issues with youth, and tended to discuss these topics more frequently with female than with male youth.

### WHAT BARRIERS STAND IN THE WAY OF ADDRESSING THESE NEEDS AND CHALLENGES?

Important barriers that stand in the way of addressing these needs and challenges were identified. These include unclear CFS and ILP policies about appropriate roles and potential liability, inadequate communication between CFS social workers and ILP caseworkers and foster parents and other caregivers, inadequate CFS social worker and ILP caseworker training on adolescent sexual health, and

Social Workers Who Said They Received Sufficient Training in Comprehensive Sex Education



a diversity of religious and moral beliefs and values among staff, foster parents, and group home caregivers that may prevent youth from getting sex education and reproductive health services.

*“Before we identify ourselves as a resource we need to put in some serious training and some serious protocols ... we need to be able to identify what legally we can talk about.”*

– social worker

### WHAT SUGGESTIONS DO STAFF AND FORMER FOSTER YOUTH HAVE REGARDING THESE NEEDS, CHALLENGES, AND BARRIERS?

Suggestions included providing regular sex education workshops open to all foster youth, having sex education start prior to the age of ILP eligibility and including peer-to-peer components, using graphic and community-prevalence information on STDs and especially HIV, training on condom use, and providing youth the opportunity to discuss sex education issues one-on-one with trusted adults in an atmosphere of safety and respect. Foster youth said they want more opportunity to discuss these issues with foster parents as well as with CFS social workers and ILP caseworkers. Foster parents, CFS social workers, and ILP caseworkers agreed that they need more training in adolescent sexual and reproductive health issues. Gender issues need to be better addressed, particularly a perception by males that protection is a female responsibility. Female youth expressed a need for a more customized approach to helping them protect themselves from pregnancy and STDs, one that takes into account their personal needs and preferences. Staff and youth recommended more information for lesbian, gay, and transgendered youth. Staff and youth also suggested that to be more accessible, information and resources for youth should be offered together, including increased access to condoms. Finally, staff said that pregnant youth should receive additional services for pregnancy counseling and the prevention of subsequent pregnancy.

*“Social workers should discuss dating relationships at every meeting with foster youth. Ask direct questions about sex and safety. Offer to take them to the clinic to get birth control. Make it a normal conversation, part of normal social work practice.”*

– social worker

## KEY RECOMMENDATIONS

This section covers the final question we addressed in this study: *What should be done to promote foster and transitioning youth's sexual and reproductive health and to address the issues and challenges that these youth face?*

All youth should have one or more trusted adults with whom to discuss sexual and other issues they face as they deal with life's increasingly complex challenges. There is a compelling need to help connect transitioning foster youth to caring, committed adults who can serve in this role both before and after a youth has left care. In the long term, sex education and reproductive health services should be interwoven with other child welfare improvement efforts to holistically address issues such as absence of trusted adults, low expectations, and the need to belong, all of which can contribute to risky sexual behaviors and pregnancy. With this overview in mind, nine policy recommendations are made, derived directly from our findings in this study. These nine recommendations are summarized below, with more detail on each provided in the full report.

### 1. COUNTY POLICIES, PLANS, AND PROCEDURES

Counties should develop and implement specific policies, plans, and procedures to help prevent pregnancy and STDs and promote sexual health among foster youth. These should include specification of appropriate roles for all adults who care for youth, including CFS social workers and ILP caseworkers, public health nurses, foster parents, and other caregivers.

### 2. ACCESS TO COMPREHENSIVE SEX EDUCATION

Foster youth should have regular access to ILP and non-ILP workshops on comprehensive sex education, including but not limited to methods of contraception and HIV and other STD prevention, personal goal setting, positive relationships, and information on what raising a child entails.

### 3. EARLY ACCESS TO COMPREHENSIVE SEX EDUCATION

Foster youth in their early teens should have access to sex education prior to becoming age-eligible for ILP.

### 4. TRAINING FOR STAFF AND FOSTER PARENTS

Training should be provided on various aspects of adolescent sexuality and reproductive health for all CFS staff, including supervisory staff as well as social workers, and for ILP caseworkers and foster parents.

### 5. STAFF AND FOSTER PARENTS INITIATE SEXUALITY DISCUSSIONS

Staff and foster parents should routinely initiate discussions with youth around the issues related to sexuality, including self-image, relationships, goal setting, planning and decision making, and protection from STDs, unwanted pregnancy, and sexual exploitation.

### 6. SERVICES TO PREGNANT YOUTH

Policies should be developed to ensure that a full range of services are provided to pregnant youth, including counseling on pregnancy options, assistance in preventing subsequent pregnancies, and linkages to providers of prenatal care.

### 7. INFORMATION AND RESOURCES ON-SITE

Sexual and reproductive health information and resources, including condoms, should be conveniently available on-site at ILPs and other youth serving agencies.

### 8. CAREGIVER RECRUITMENT REINFORCE RIGHT TO SEX EDUCATION

Recruitment processes for caretakers in foster homes as well as group homes need to clearly state that foster youth must be allowed to attend school-based, ILP-based, and other community programs providing sex education.

### 9. FUNDING AND IMPLEMENTATION OF SECTION 16521.5

Section 16521.5 of the California Welfare and Institutions Code, which addresses age-appropriate pregnancy prevention information and health services for foster youth, should be fully funded and implemented. As a first step, a formal analysis of its current implementation should be conducted.

## CONCLUSION

The current CC25 Initiative assists youth transitioning from foster care by providing pro-social activities to encourage resilience and school retention, by teaching important life skills, by encouraging youth to set long-term goals, and most important, by helping youth to identify, develop, and maintain committed relationships with significant, caring adults. Nevertheless, given the high rates of pregnancy and STDs among youth in foster care and the reported gaps in sex education and reproductive health services in the foster care system, more attention needs to be placed on addressing sexual and reproductive health needs of foster and transitioning youth.

Addressing these needs will require substantial long-term efforts, and counties cannot be expected to meet this obligation alone. Together with further developing their own resources and expertise in these areas, counties are encouraged to form strategic partnerships with other public and private agencies and with outside experts who are active in this field. These coordinated commitments and strategic partnerships will help ensure that sex education and reproductive health services play a larger role in a comprehensive, integrated continuum of services offered to foster youth to support a successful transition into adulthood.

The full report is available at <http://teenbirths.phi.org>.

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## SEX EDUCATION CURRICULA

An additional study component was to identify and review available sex education curricula that were developed for or are commonly used with foster youth. We reviewed four available curricula:

- Power Through Choices
- Streetwise to Sex-wise
- Reducing the Risk
- Safer Choices

Each of these curricula is described in the full report, together with information on how to order them. In addition, key information about each curriculum's objectives, theoretical background, and strategies and materials is summarized.



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