

5-2024

THE CONTRIBUTING FACTORS OF PLACEMENT INSTABILITY FOR PREGNANT FOSTER YOUTH

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THE CONTRIBUTING FACTORS OF PLACEMENT INSTABILITY FOR
PREGNANT FOSTER YOUTH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Amanda Garza
Shayneskgua Colen

May 2024

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ABSTRACT

Objective: This systematic review examined the myriad challenges that pregnant foster youths experience in securing stable placements within the foster care system. **Methods:** Employing the PRISMA methodology, a literature search spanning September 2013 to May 2024 was conducted across various databases. The search strategy used keywords relating to foster care, pregnancy, placement stability, and associated factors contributing to instability. **Results:** Twenty-two relevant studies were identified, representing diverse research methodologies and geographic locations. A synthesis of the findings revealed that systemic issues inherent in the foster care system, including bureaucratic inefficiencies and resource constraints, exacerbate placement difficulties among pregnant foster youths. Individual-level factors such as age-related dynamics, experiences of neglect and maltreatment, substance abuse issues, mental and medical health needs, attachment difficulties, and the separation of sibling groups were additional key contributors to placement instability within this population. **Conclusion:** Understanding the complex interplay of these multifaceted factors is vital for informing the development of targeted interventions and support systems tailored to the unique needs of pregnant youths in foster care.

DEDICATION

To pregnant foster youth and their babies in foster care.



ACKNOWLEDGEMENTS

We want to start with the faculty and staff at California State University, San Bernardino in the department of social work. For all the support you have given us on this social work journey.

We want to thank our family members, friends, and fiancés for their endless support, loving critique, and, most importantly, their never-ending faith in us during all our academic ventures.

Lastly, we know each other. We did not know each other before joining the advanced standing program, we clicked on July 24, 2023, on GroupMe chat, when we started discussing the topic for our research paper. Our topic was similar, so we agreed on becoming research partners. We supported each other from day one.

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CHAPTER ONE:

PROMBLEM FORMULATION

Introduction

The number of children in the foster care system has increased in the U.S. for decades. For instance, 700,000 children are permanently or temporarily separated from their biological homes and forced into substitute care in foster homes. Girls in foster care are 2.5 times more likely to get pregnant compared to their peers in the general population (Center for the Study of Social Policy, 2018). This chapter aims to understand the factors that contribute to pregnant foster youth being more vulnerable to placement instability. This chapter begins with defining foster care and pregnancy among youth. Then it goes on to provide a description of how common foster care placement is in the United States followed by the prevalence of pregnancy among foster youth.

Definitions

Foster Care

Foster care refers to a system in which a minor is placed in a group home or state-certified private home that appoints a trained guardian, or foster parent to take parental authority of the minor. Typically, most foster children are victims of maltreatment and abuse and must seek a safe living environment to address their physical or mental health needs. This results in placement in temporary or permanent foster care. Primarily, foster care aims to protect such children from

future harm by providing round-the-clock care (Font and Gershoff, 2020). In the U.S. alone, 62% of the children who spent their time in foster care were a result of neglect, 36% substance abuse by their parents, and 14% resulted from parents' inability to parenthood. In comparison, 13% were due to physical abuse (US Department of Health and Human Services, 2019). In the United States, children are allowed to stay in foster care until the age of 18, while some states allow extensions for up to 21 years (Though, 2017).

Teen Pregnancy

Teenage pregnancy occurs when a minor woman between the ages of thirteen and seventeen becomes pregnant due to contributing factors identified within this chapter. Young women who become pregnant while in foster care face a higher risk of placement instability.

Placement Instability

Placement instability refers to the lack of permanency resulting in foster youth being moved from placement to placement without the security of a long-term home (Rock et al., 2013). Foster youth are considered a vulnerable population who rely on the child welfare agencies as appointed by the court. Finding placement and permanency for youths who have been separated from their biological families or in foster care has proven to be a challenge. An increase in placement changes is more likely to occur for children who are older in age, have more complex needs such as in medical or mental health needs and or have a history within the foster care system.

Placement instability is a salient issue for pregnant youths who enter foster care or youths who become pregnant while in foster care because securing placements to meet the needs of not for one minor but for two is challenging (Capacity Building Center for States, 2019). Understanding the factors that contribute to pregnant foster youth being more vulnerable to placement instability can potentially be the starting point to finding permanency for them.

Prevalence

The number of children in the foster care system currently stands at 700,000 children that are permanently or temporarily separated from their biological homes (Font, S. A., & Gershoff, E. T., 2020).

Prevalence of Pregnancy in Foster Care

In 2011, the national teenage pregnancy rate was 52.4 pregnancies per 1,000 females aged 15 – 19. Thus, roughly 5% of females in this age group became pregnant (Kost & Maddow-Zimmet, 2016). According to Combs et al. (2018), teenage pregnancy rates vary dramatically by race, as the rate for Black (92.6 per 1,000) and Hispanic/Latino (73.5 per 1,000) female teenagers is more than two times the rate for White females (35.3 per 1,000). Thus, teen pregnancy rates among foster youth are expected to be higher compared to non-welfare youth among all demographic groups and ethnicities.

Risk Factors of Pregnancy in Foster Care

Several factors make young women more vulnerable to teenage pregnancy while in foster care. First, foster children are at a high risk of sexual abuse prior to and or during their placement into the foster care system. The age of vulnerability can range from early childhood to late adolescence while they remain in the care of their biological families and or in the foster care system. According to a study that examined the vulnerability of adolescent children to sexual abuse and sex trafficking, 41% of adolescent children aged between 13 and 15 years old had the highest number of sexual abuses (Curry et al., 1998). This finding highlights the vulnerability of foster youths to sexual abuse and early pregnancy.

In addition to this population's higher risk of sexual abuse, foster children and youth are also more vulnerable to engaging in specific activities that make them more likely to become pregnant. Youth in this population might begin exploring their sexuality and are at risk for not practicing safe sex or taking other precautions of safety against sexually traumatic diseases. Foster youth may also be at risk for sexual trafficking if continued trauma is not addressed. Due to contributing factors of low self-esteem or mental health concerns, foster youth may find themselves working under pimps due to the need for finances or support they believe they are not receiving in their foster homes. Additionally, foster youth are at risk of becoming dependent on their pimps to

recruit other youths in vulnerable positions in exchange for emotional reassurance.

Consequences of Pregnancy in Foster Care.

A consequence of pregnancy while in foster care is placement instability. Finding a permanent home for pregnant youth is a challenge because providing for the needs of the unborn and or newborn is overwhelming for most foster families. However, providing for newborns and parentified youth are not the only issues leading to multiple placements. Consequences can include the total care that can come from raising a newborn, as their needs are dependent on necessities such as diapers, formula, car seats and cribs, which is a high increase in financial burden and responsibility to ensure the needs are being met.

Interventions

Interventions of birth control and sexual educational programs have been put in place to prevent pregnancy among youth in the foster care system. Though it is not mandatory to receive sexual educational services, policy is established to have services available to foster youth through their medical insurance that grants counseling for sexual education. Furthermore, foster youth are required to receive well-child and physical examinations annually and can be granted medical advice for hormones and sexual education.

Conclusion

The purpose of the chapter was to understand the factors that contribute to pregnant foster youth being more vulnerable to placement instability. The

understanding is to aim towards identifying the social problem of pregnancy in foster care and highlighting the impact that pregnant foster youth have a more difficult time securing placement due to risk factors.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter will discuss various contributing factors to placement instability for foster youth as a generalized vulnerable population. Based on the discussion, the topic of placement instability is apparent upon foster youth as it impacts the probability of establishing permanency. Contributing factors such as types of abuse and neglect, mental health needs, behaviors and temperament have substantial impact when finding placement for foster youth and child welfare agencies hold responsibilities for providing services and resources for the population to have an increased chance of securing permanency.

Demographic Factors

Age

Age has proved for years to be a pervasive problem that affects placement stability in foster care. According to Deedat (2020), most foster care families prefer younger children over older children. This situation has made older children and youth in foster care face placement disruptions on multiple occasions. Most significantly, most foster families perceive older children as difficult to manage, and they would rather take in young children and babies whom they thought would be easier to model or “easier to manage.”

Race and Ethnicity

Besides age, other studies have found race and ethnicity to have significant placement disruptions. For instance, Black or African American and Hispanic foster youths were most likely to face placement changes compared to other races, irrespective of their gender. Based on findings by Font and Kim (2021) found that Black and Hispanic children had an increased risk of instability compared to their White peers. However, in another study by Sattler et al., (2018) found that placement disruption is mostly caused by child factors for Hispanic children, and placement mismatch or substandard care for Black children. Foster parents may end up becoming adoptive parents if children in foster care are not united with their biological parents or relatives. Hence, Black children and Hispanic children are likely to face fewer opportunities because of mismatch. While the study did not include the ethnicity of the foster parents, the obvious fact remained that the race and ethnicity of the children played a role in their placement stability.

While legislation such as the Multiethnic Placement Act (1994) requires diverse recruitment of foster care parents, there is still limited research into whether foster parents' cultural background plays a role in the adoption and subsequent care of the child (Sattler et al., 2018). Ethnicity is a complex interplay of culture, personal factors, and systematic issues. Thus, welfare agencies are responsible for acting competently by acknowledging and respecting the cultural diversity of both foster parents and children.

Gender

While several studies have found that male children are more positively associated with placement instability, their findings are not inconclusive (e.g., Webster et al., 2000). On the other hand, female children of Hispanic origin were most likely to face placement disruption compared to males of the same origin (Sattler et al., 2018).

Foster Parents' Preparedness

According to a child welfare report, placement stability can be affected by the foster parents or caregivers' level of preparedness. Foster parents may struggle to provide for children with high needs. The children's needs are expected to increase as they progress in their foster homes, as they may require help with their academic, mental health or medical concerns. The increased demands of the children may fail to increase the parents' current income, hence forcing the termination of the placement.

While efforts are always made to match children with the right foster parents, it might not always be true. Foster parents who are not equipped with knowledge and skills that meet the children's diverse needs are most likely to cause an unstable environment. For example, a systematic review by Mancinelli et al. (2021) evaluated various variables influencing foster parents' level of parenting stress, parenting style, and distress. The study outcome was to understand their adjustments or lack of them and how they impact their well-being and that of foster children. The study found that the emotional stability and

support of foster parents is a result of rigorous training to psychologically prepare them to deal with various shortcomings of the children in their care.

Foster children deal with various emotional issues, such as grief, separation, and loss, that might impact their overall emotional stability. Deedat (2020) claims that children who have been clinically diagnosed with emotional disturbance are at risk of placement instability. Courtney and Prophet (2011) in their study found that children diagnosed with emotional disorders had higher odds of facing placement instability (at least three placements on a factor of 3.6). Besides emotional disorders, having any other clinical diagnoses also increases the placement instability of the. While foster homes are considered temporary solutions till a child is reunited with his or her biological family, the chances of children with behavioral and physical health issues reuniting with their family are significantly reduced. As a result, such children are likely to face more placements compared to other children without known behavioral or physical issues. Through education, foster parents will likely be equipped with knowledge and tools to help such children emotionally and physically (Courtney & Prophet, 2011). If such is lacking, then children will have to be moved to foster homes that can provide such needs.

Geography

Another factor that affects placement stability relates to geographic factors. Accessibility to key amenities such as schools and hospitals is likely to disrupt the child's placement. Also, there is the aspect of neighborhood security

the child's welfare is likely to consider when terminating the placement. Risky and violent neighborhoods are considered to have a negative impact on a child's development, especially if the child has experienced maltreatment before (Huang et al., 2019).

Type of Maltreatment

Sexual Abuse and Sex Trafficking

The risk of sexual abuse is apparent highly amongst foster youth as this population is most vulnerable. The risk is evident amongst male and female foster youth who have been placed in foster care or were victims prior to placement. In a study conducted by Gonzalez-Blanks and Yates (2016), foster youth took an Adolescent Health survey to assess sexual risk-taking, in which 30.6% of the participants were 15 years or younger at coital debut, 32.3% never used birth control during their sexual encounters, 18.2% had been diagnosed with a sexually transmitted infection, 33.7% reported having sex with six or more partners, and 7.8% had exchanged sex for material goods at least once. With statistical data in place, foster youth were more likely to be targeted and exposed to sexual activity as opposed to their peers who were not in foster care.

Along with risk of sexual abuse, this population is vulnerable to sex trafficking when running away from foster care and or when in placement. Foster youth may often feel unwanted, unsupported or neglected by their foster parents while in placement and may result in episodes of running away or seeking validation elsewhere. The probability may lead to foster youth being at risk for

sex trafficking and actively prostituting themselves for finances, food, support and or validation from a pimp. In a study conducted by Latzman et al. (2019), who surveyed 524 youth with a history of sex trafficking, found a minority of youth (15%) experienced human trafficking the first time they ran from foster care. Most youths had prior runaway episodes without trafficking allegations, with more than a third having run from foster care more than 10 times. It is recommended that stabilizing foster care placements should be prioritized to limit the number of runaway episodes to avoid the risk of sexual trafficking among foster youth.

Child-Related Factors

Substance Abuse

Foster youth are at high risk of being exposed to substance abuse before being placed in foster care and during placement. Due to exposure from family history, trauma, stress, or peer influence, foster youth can be impacted to turn to substances as a coping mechanism for these various factors. A study was conducted by Vaughn et al. (2007) in which 406 17-year-old foster youth were interviewed, and it was found that 45% of foster care youth reported using alcohol or illicit drugs within the last six months, 49% had tried drugs sometime during their lifetime, and 35% met criteria for a substance use disorder. Substance use disorders could increase the probability of placement instability as foster youth risk becoming addicted to substances and having to enroll in treatment services. Foster parents would initially need to take on a supportive role to prevent further use of substances and or participate in

treatment plans with foster youth. Substance use may also decrease the likelihood of placement as foster parents would need to have experience caring for foster youth who have an addiction.

Behavioral Needs

Based on past trauma, experience, or development, foster youth are a vulnerable population with risk of behavioral needs. Behavioral needs can include developmental delays, aggressive behavior, mood disorders, manic episodes and or self-harming or suicidal idealizations. Nearly two-thirds of children in foster placement have mental and behavioral health problems, and estimates of developmental disorders range from 20% to 60% (Deutsch et al., 2015). Various factors can affect the way in which behaviors become apparent in foster youth in which foster parents are required to participate in training when being matched with youth who have specific needs. It can be significantly difficult to place certain foster youth depending on their behavioral needs as placement becomes unavailable to accommodate certain behaviors.

Temperament

Personality and character traits could be reactive within foster youth as they may have a likelihood of mental health issues or mood disorders. However, it is a topic that can be approached with healing for foster youth by providing therapy or counseling. Foster parents receive training when working with foster youth, developing a relationship that meets their needs and existing accommodations.

Gaps in Knowledge

Thus far, research has focused on understanding the factors impacting placement instability among foster children and youth. However, less is known about why pregnant foster youth face similar challenges when it comes to placement instability. Further findings can implement what certain factors contribute to placement instability for pregnant foster youth and determine the reason they are more likely to age out of foster care without long-term permanency.

Study Objective

To respond to this gap in knowledge, this study aimed to systematically review published articles that can help elucidate how pregnant foster youth experience placement instability.

Conclusion

The purpose of the chapter was to discuss various contributing factors to placement instability for foster youth as a generalized vulnerable population. The contributing factors included types of abuse and neglect, mental health needs, behaviors and temperament as they have substantial impact when finding placement for foster youth. It was determined that child welfare agencies hold responsibilities for providing services and resources for the population to have an increased chance of securing permanency.

CHAPTER THREE:

METHODOLOGY

Method

This review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology (Moher, Liberati, Tetzlaff, & Altman, 2009). Between the period of September 2023 to May 2024, the CSUSB OneSearch electronic library database was used to search the following terms: (1) “Foster care,” “Foster youth,” “Foster care system,” and (2) “Pregnant youth,” “Pregnant foster youth” “Pregnant teenagers.” The terms were used to search for peer-reviewed articles. Google Scholar was used to locate articles.

An overview was made to determine relevant information of existing data dating furthest back to 1998 and to current standing information of 2024; however, information found relevant within the last ten years were utilized to strengthen supportive statistical data, and past ten years were utilized to compare data. The studies examined for systematic review reflect statistics of foster youth aged thirteen to twenty-one years old as the maximum age for participants. Quantitative data and qualitative data were utilized from research to make comparisons of studies. Additionally, full-text articles related to the following key words: foster care, foster youth, foster care system, pregnant foster youth, pregnant youth, and pregnant teenagers were utilized to find literature and data on the OneSearch database and Google Scholar.

CHAPTER FOUR:

RESULTS

Introduction

This chapter is focused on summarizing the contributing factors for multiple placements among pregnant foster youths as a generalized vulnerable population. It begins by describing organizational characteristics, followed by contributing factors such as types of abuse and neglect, mental health needs, substance abuse and age as they have substantial impact when finding placement for pregnant foster youth. It is the responsibility of child welfare agencies to provide services to address these contributing factors to increase the chances of securing placement.

Organizational Characteristics

Children and adolescents in the foster care system are the responsibility of child welfare agencies as dependents of the juvenile court. These agencies determine the best-fit placement in foster homes for children with various needs, including pregnant youth. Child welfare agencies may terminate placement if allegations of abuse and neglect have been reported, there are too many children placed in one home, or the child is placed in a setting that will not cater to their needs. Child welfare agencies must appropriately place children according to their required accommodations and take consideration of other individuals in the home such as the foster parents or other foster children. Pregnant youths require an environment that enables them to see the pregnancy

through full term. Such an environment may include spaces with limited exposure to toxic chemicals and substances, spaces to exercise regularly, or spaces with limited exposure to alcohol, tobacco, or any other drugs with a negative impact on the child's development. As a result, the agency may be obligated to move a pregnant youth from one environment to another to ensure that her needs are met and, thus, contribute to multiple placement changes. The agency must also take into consideration the foster parents' experience with caring for pregnant foster youths or identifying foster parents who are willing to take on the responsibility.

One organizational characteristic that has been found to impact placement stability among particularly vulnerable subgroups of children and youth in the foster care system is worker contact with foster families (Pelech et al., 2013). Using a quasi-experimental matched comparison group design, Pelech and colleagues (2013) compared the rates of placement changes between foster children with Fetal Alcohol Spectrum Disorder (FASD) who received enhanced practice standards (n = 98) and foster children with FASD who received standard care (n = 84). Part of the enhanced practice standards required caseworkers to meet with foster families at least once a month. Foster children in both groups were comparable in most characteristics, including gender, race, and presence of other disabilities. However, foster children who received enhanced practice standards were statistically significantly younger and spent more years in care. The study found that foster children who received the enhanced practice

standards experienced a decline in placement changes, whereas the foster children who received standard care experienced an increase in placement changes. Notably, the salient factor that was associated with placement changes was worker contact, so a higher level of contact between caseworkers and foster families resulted in lower rates of placement changes among foster children and youth with FASD. This study highlights how the number of required contacts between foster families and caseworkers impacts the stability of foster placements. The findings of the study can be extrapolated to this systematic review as pregnant foster youths share similarities to foster children and youth with FASD in their level of needs.

Age

Concrete evidence suggests that older children experience more placement instability than younger children. Older children are used in this context to refer to adolescent children. Pregnancy notwithstanding, adolescent children have a higher mobility rate than younger ones. This is due to various factors, including abuse and neglect from their biological families and or experience in foster care. Additionally, older foster children have higher levels of needs, which can include mental health accommodations or behavioral needs, as older adolescents are at high risk of exposure to substances, violence, and or past trauma. In a study conducted by Oosterman et al. (2007), the study identified older age, externalizing behavior, previous residential care, and previous placements as risk factors for instability. Pregnancy occurs primarily

during adolescence, so pregnant foster youth, who tend to be of older age, are at higher risk of placement instability.

General Neglect and Maltreatment

Neglect is both a reason for foster care and a contributing factor to placement instability. The experience of neglect can cause long-lasting trauma that follows through into new homes and environments if not addressed adequately and promptly. Pregnant youth are more vulnerable to repeating the cycle of neglect towards their own offspring based on their experiences with their biological family or in the foster care system (Combs et al., 2017). This causes concern when securing placement for pregnant foster youth because foster parents must now take into consideration the responsibility of the youth and their offspring in care. Since pregnant children in foster care have higher needs, foster parents may fail to provide for such needs, and as a result, the child feels neglected, with the only option being to re-enter new foster care (Deedat, 2020).

Substance Abuse

Substance use and abuse is a leading concern among foster youth who may begin to use due to factors of peer pressure, family history, trauma, and coping. It can be examined that “Data from the 2002–2003 National Survey on Drug Use and Health (NSDUH) revealed that youth aged 12 to 17 years who have ever been in foster care had higher rates of past year use of any illicit drug than youth who have never been in foster care (33.6 vs. 21.7%),” as evident of high risk (Coleman-Cowger, et al., 2011).

Pregnant foster youth may also be vulnerable in this category to use drugs during or after pregnancy due to stress and hardship-related experiences. This can stem from harsh exposure from living with biological families and witnessing parents or caregivers have a history with abusing substances or stem from a social environment that consists of peer pressure. An increase in exposure has become more apparent through the generations, in which pregnant foster youth may be at risk due to the feeling of wanting to cope with past trauma. The lack of education can also be prevalent among pregnant foster youth as they begin to experiment with substances as a form of self-relief or to feel a part of a social group. Due to concerns of using substances, they are at risk for needing treatment or preventative services to stop the increase of addiction. Foster parents can find concerns in addictive behaviors as pregnant youth not only endanger themselves and others, but they risk the safety of their offspring and risk potential removal from their care as a result of substance abuse. These addictive behaviors can also pose a threat to the individuals in the existing household and intervention should be needed to prevent crises within the home.

Mental and Medical Health Needs

Another factor contributing to multiple foster care placements has been the child's physical, behavioral, and emotional health needs. Pregnant girls in foster care have special medical and mental health needs that must be met promptly. However, foster parents have shown an inability to provide for such needs. Despite various agencies' efforts, this issue has remained among the

most challenging for child welfare agencies for decades (Deedat, 2020). Various studies have shown that foster parents are not only overwhelmed by the needs of the pregnant girls but also show a lack of commitment or preparedness to meet the girl's medical and mental health needs, such as taking them to clinics or therapeutic appointments to avoid personal depression (Seltzer et al., 2016). Instead, the best solution has been dissolving pregnant girls' placement and moving them into another foster care. As such, most pregnant girls find themselves in multiple placements before eventually finding a willing foster family to meet their needs.

Attachment or Bonding Difficulties

Pregnancy among young girls comes with many issues, among them low self-esteem and lack of peer support. Pregnancy deprives the girls of time to associate, interact, and socialize as children. This can create a lack of socialization within peer groups as pregnant young girls lose their time as children to become parents to their offspring. Children quickly develop bonds with other children; however, with pregnancy, separation occurs when they are forced to be placed in care. The disrupted relationships have been detrimental to girls coping in new foster homes because the memory of prior lack of attachment from their biological parents is evoked.

The absence of healthy and stable attachment always leads to children having difficulty developing beneficial relationships (Bowlby, 1969). If pregnant girls experience adverse attachment events by being maltreated by their previous

caregivers, they are most likely to develop disoriented and disorganized attachment patterns in their new placement (Main et al., 1985). This can strain relationships in placement and represent a disservice for pregnant young girls establishing mentorships with their foster family for guidance and support.

Larger Sibling Group Separation

There are scenarios where the girls were placed in foster care as group siblings. However, because of the pregnancy, they are forced to be separated from their siblings to a more accommodating environment that can care for their needs. Sibling relationships in foster care provide children with positive support and protective factors (Child Welfare Information Gateway, 2017). It is more unlikely that one foster family can take in a sibling group, let alone pregnant girls. Consequently, pregnant girls are more likely to face placement disruption than any other group.

Support Services Availability

The availability of support services tailored to the unique needs of pregnant foster youth significantly influences placement stability. Pregnant teenagers require a range of services, including prenatal care, counseling, parenting classes, and access to childcare facilities. However, according to Deedat (2020), the scarcity of such services within the foster care system can lead to placement disruptions. Insufficient support services may result in foster homes ill-equipped to address the comprehensive needs of pregnant youth, leading to frequent moves in search of better support (King et al., 2022).

Inadequate support services can exacerbate stress and isolation experienced by pregnant foster youth, impacting their mental well-being and overall placement stability. Therefore, enhancing the availability and accessibility of support services specifically tailored to pregnant foster youth is crucial in mitigating placement instability and ensuring their well-being.

Case Worker Turnover and Workload

High turnover rates among child welfare case workers and overwhelming workloads pose significant challenges to ensuring stable placements for pregnant foster youth. Case workers play a critical role in assessing the needs of pregnant teens, coordinating services, and facilitating placements. Nonetheless, frequent turnover and excessive caseloads can hinder the continuity of care and support (Rock et al., 2013). Murphy et al. (2012) say that pregnant foster youth may experience delays in receiving necessary services and advocacy due to changes in case workers or overwhelmed staff. Moreover, the lack of consistent support and advocacy from case workers can contribute to feelings of abandonment and mistrust among pregnant youth, leading to placement disruptions as they struggle to navigate the system alone (Rouse et al., 2021). Addressing caseworker turnover and workload issues through improved recruitment, retention strategies, and workload management practices is essential in providing consistent and effective support to pregnant foster youth, thereby promoting placement stability and better outcomes.

CHAPTER FIVE:

DISCUSSION

Introduction

The aim of this systematic review was to understand the factors that impacted placement instability among pregnant foster youth. The factors for pregnant foster youth consisted of organizational characteristics, age, general neglect and maltreatment, substance abuse, mental and medical health needs, attachment and bonding difficulties and the larger sibling group separation. It was found that each of these factors had an impact on placement instability for pregnant foster youth.

Comparison of factors

Based on the factors that have impacted pregnant foster youth for placement instability, they are different compared to the factors that have impacted the general foster youth population as pregnant foster youth are less likely to find secure placement due to a complex interplay of factors. It was found that age was a significant factor when determining placement for youth in general; however, pregnant foster youth are more impacted as their ages can range from beginning puberty to older adolescence. Pregnant foster youth are also more likely to have experienced general neglect and maltreatment, as this population was at a higher risk for a lack of supervision and support from their caregivers. However, as similar to the general foster youth population, pregnant

foster youth were also impacted by substance abuse and behavioral needs. Both populations were impacted by these factors as their child-related factors.

Limitations

Limitations were identified during the data collected for the systematic review, as there were not many articles that referenced pregnant foster youth as a vulnerable population. Little research was found for pregnant foster youth as compared to the general foster youth population, as there were limited studies that found evidence on placement instability for pregnant foster youth. The information found reflected impacting factors for both populations; however, less was provided regarding pregnant foster youth.

Conclusion

Per recommendations, it would be beneficial for child welfare agencies to certify more foster homes that are specific to meeting the needs of pregnant foster youth. As it is the responsibility of child welfare agencies to find placements and secure permanency for all foster youth, more needs to be done to ensure they are finding placements for pregnant foster youth. Implementation of specialized training for foster parents can be established to offer a higher level of care rate and skills to accept pregnant foster youth into their homes alone. The establishment of specific group homes can also be implemented for pregnant foster youth only to provide stability and resources.

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ASSIGNED RESPONSIBILITIES PAGE

This research project was completed collaboratively by AMANDA GARZA and SHAYNESKGUA COLEN.

The following sections were completed as follows:

Written Report and Presentation of Findings: AMANDA GARZA and SHAYNESKGUA COLEN

a. Abstract: SHAYNESKGUA COLEN

b. DEDICATION: AMANDA GARZA AND SHAYNESKGUA COLEN

c. Chapter One, Introduction: AMANDA GARZA AND SHAYNESKGUA COLEN

d. Chapter Two, Literature Review: AMANDA GARZA AND SHAYNESKGUA COLEN

e. Chapter Three, Methods: AMANDA GARZA AND SHAYNESKGUA COLEN

f. Chapter Four, Results: AMANDA GARZA AND SHAYNESKGUA COLEN

g. Chapter Five, Discussion: AMANDA GARZA

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