

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(10) Foster Care	Effective Date:	September 2020
	Policy Title:	Expectant or Parenting Youth in Foster Care		
	Policy Number:	10.21	Previous Policy #:	N/A

CODES/REFERENCES

O.C.G.A. §31-9-2(a)(5)

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Promote positive outcomes for expectant and parenting youth in foster care through engagement, support and services for the youth, the child and their caregivers.
2. Ensure pregnant youth in foster care receive appropriate prenatal care.
3. Ensure physical and legal custody of the child of a parenting youth remains with the parenting youth in foster care unless it is determined contrary to the safety of the child.
4. Ensure that expectant or parenting youth in foster care (both mothers and fathers), receive the services and support needed to provide proper care for their child, support bonding with their child and successfully navigate the developmental stages of adolescence (see Practice Guidance: Supporting Expectant and Parenting Youth).
5. Ensure that the case plan and/or Written Transitional Living Plan (WTLP) for expectant or parenting youth is updated to include outcomes related to providing proper care and support for their child, if applicable (see policy [8.3 Family Preservation Services: Case Planning](#), [10.23 Foster Care: Case Planning](#) and [13.3 Independent Living Program: Written Transitional Living Plan](#)).
6. Notify Revenue Maximization (RevMax) via the Notification of Change (NOC) in Georgia SHINES anytime a youth in foster care has a child.
7. Provide foster care maintenance payments for a child, who is not in DFCS custody, but is placed together with their parenting youth in foster care (see policy [9.1 Eligibility: Foster Care Maintenance Payments](#)).
8. Conduct a purposeful contact with the mother in foster care and infant within 24 hours of the birth to provide support, plan for the discharge of the parenting youth and child and assess child safety and wellbeing.
9. Determine the frequency of purposeful and collateral contacts needed to support the parenting youth and their child, in accordance with policy [19.15 Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).
10. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) when coordinating activities regarding the health condition of the expectant and parenting youth in accordance with policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information, when applicable.
11. Document all case management activities regarding the expectant and parenting

youth and child in Georgia SHINES within 72 hours of occurrence.

PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Discuss the following with youth who suspect they are pregnant:
 - a. Their feelings about the possible pregnancy.
 - b. Their concerns.
 - c. Possible support persons, including information on the father.
 - d. Need for a medical exam to confirm the pregnancy.
 - e. Person they want to accompany them to the initial medical exam.
2. Ensure youth who suspect they are pregnant receive a medical exam to:
 - a. Confirm the pregnancy.
 - b. Assess their health and the health of their unborn child.
 - c. Determine a due date for the child.
 - d. Develop a plan for ongoing prenatal care, including the plan to manage any ongoing physical or mental health concerns (see policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#)).
3. Consult with the Social Services Supervisor (SSS) for guidance when a youth in foster care believe they may be expecting a child.
4. Discuss the following with the expectant youth once the pregnancy is confirmed:
 - a. Their feelings now that the pregnancy is confirmed.
 - b. Importance of complying with prenatal care.
 - c. Referral for counseling or family planning services as appropriate.
 - d. The youth's plan for informing her parents, the expectant father, the placement resource and others, when appropriate, and any support needed.
 - e. Next steps.

NOTE: Per Georgia law, any female, regardless of age or marital status, is authorized and empowered to consent, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed, or directed by a duly licensed physician, when given in connection with pregnancy, the prevention of pregnancy, or childbirth.

5. Coordinate a family meeting if the youth has disclosed the pregnancy and has agreed to the meeting and the individuals to be included.
 - a. The individuals may include:
 - i. Expectant mother
 - ii. Expectant father, if appropriate
 - iii. Expectant mother's family, if appropriate
 - iv. Expectant father's family, if appropriate
 - v. Current placement resource
 - vi. Any other support team members as determined by the youth

NOTE: Information about the pregnancy must be disclosed by the expectant youth.

- b. Discuss the following:
 - i. Whether the expectant mother is ready to make an informed decision about parenting, adoption or another option for the unborn child, and if not, any additional services that are needed to support them.
 - ii. The age/maturity level, protective capacities and desires of both expectant parents.
 - iii. The expectant father's involvement and ability to provide support with the

- pregnancy and parenting the child.
- iv. The need for paternity testing and/or legitimation by the expectant father.
- v. The expectant mother's support person during labor and delivery.
- vi. The educational plan for the expectant mother, including any additional educational services needed to support the youth during the pregnancy.
- vii. The placement resource's willingness to support the expectant mother throughout pregnancy and ensure the receipt of appropriate prenatal care.
- viii. The placement resource's willingness to maintain the parenting youth and child in the home, provide support to the youth in caring for the child and intervene if safety concerns arise.
- ix. Financial supports available for the child of the expectant youth.
- x. Items needed to provide for the child (i.e. crib, car seat, clothing, other baby items).
- xi. Plans for childcare.
- xii. Services available to support the expectant mother (i.e. peer support groups, visiting nurse's programs, mentoring, etc.).
- xiii. Alternative placement options for the expectant mother and child, if they cannot remain in the current placement.
- xiv. Changes needed to the expectant youth's Written Transitional Living Plan (WTLP) to ensure outcomes that enhance their ability to provide proper care and support for their child, if applicable (see policy [13.3 Independent Living Program: Written Transitional Living Plan](#)).
- xv. Any permanency planning needs for the child of the expectant parents regardless of whether the infant enters foster care.
- xvi. The process for assessing allegations of maltreatment by the parenting youth should any arise.

NOTE: If the expectant youth is not in agreement with having a family meeting, the discussions/planning above should occur during ongoing case management activities to ensure proper planning and decision making.

6. Update Georgia SHINES indicating the youth is an Expectant Youth or Expectant Youth (see Forms and Tools for Georgia SHINES Job Aid: Documenting Expectant Parenting Youth).
7. Arrange for services for the expectant mother and/or expectant father in accordance with policy [19.17 Case Management: Service Provision](#). Services should include, but not limited to the following:
 - a. Family planning and/or professional counseling to assist in the decision-making and planning related to the pregnancy (i.e. Planned Parenthood).
 - b. Parenting education classes specific to the needs of parenting youth which include support for co-parenting.
 - c. Prenatal care visits.
 - d. Childbirth preparation classes (i.e. Lamaze classes).
 - e. Mental health and/or substance abuse counseling, if applicable.
 - f. Information on healthy relationships (i.e. GA-PREP, Title V Sexual Risk Avoidance, Relationship Smarts, etc., if available).
8. If the expectant youth decides not to become a parent (i.e. adoption or other options), ensure he/she have the supports and services needed (i.e. family supports, counseling, conferring with the GAL/attorney, etc.).
9. Discuss planning and preparation activities for the birth, if the expectant youth decides

to have the baby:

- a. Ongoing prenatal visits.
 - b. Items the baby and the youth will need after the birth.
 - c. Who will support the youth during childbirth.
 - d. The importance of bonding with the baby during pregnancy and after birth.
 - e. Potential risk factors for infants such as safe sleep, failure to thrive, crying baby, shaken baby, falling off beds/changing tables and watering down formula, with the expectant youth and placement resource during purposeful contacts. Observe sleeping arrangements for the infant prior to the birth to ensure appropriate safe sleeping (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol).
10. Locate an appropriate placement for the expectant mother as soon as possible, if the current placement resource is unable to care for the youth during pregnancy or is unable to care for the youth and child after the birth (see policy [10.3 Foster Care: Changes in Placement](#) and policy [10.4 Foster Care: Selecting a Placement Resource](#)).
11. Assist the expectant or parenting father, who is in foster care, in planning for his child.
- a. Include the expectant father in the family meeting with the expectant mother, if applicable.
 - b. Discuss the following with the expectant or parenting father, who is in foster care:
 - i. The identity of the expectant or parenting mother.
 - ii. The mother's plan for herself and their child.
 - iii. The involvement the expectant or parenting father desires with his child.
 - iv. The process for legitimating, including paternity testing.
 - v. The expectant or parenting father as a possible placement resource for the child, if appropriate.
 - vi. Financial supports available if the child is placed with the father whether DFCS obtains custody of the child or not (i.e. foster care maintenance payments; Medicaid; Women, Infants and Children (WIC); etc.).
 - vii. Visitation arrangements for the expectant or parenting father and his child, if they are not residing together.
 - viii. The expectant or parenting father's child support obligations.
12. Ensure the expectant youth is well supported to maintain their education and other wellbeing goals. Engage caregivers, family supports, the school, and any other support system as needed and in conjunction with the youth.
13. Immediately after an expectant youth in foster care gives birth:
- a. Notify the SSS of the youth giving birth for guidance on case management related activities.
 - b. Conduct a purposeful contact with the mother in foster care and child, within 24 hours of the birth (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)). Include the following:
 - i. An assessment of their safety and well-being (see policy [19.11 Case Management: Safety Assessment](#)).
 - ii. Potential hospital discharge date.
 - iii. Supports for the parenting youth upon the return home.
 - iv. Assessment of needed baby items.
 - v. Discussion of safe sleeping practices in accordance with the Infant Safe to Sleep Guidelines and Protocol, including observation of the sleeping

- arrangements.
 - vi. Discussion of motor vehicle safety recommendations, including use of an infant car seat and hot car safety.
 - vii. Upcoming medical appointments for the parenting youth and child.
 - c. Obtain information from the hospital on the health of the parenting youth and child including the discharge planning information.
 - d. Conduct a purposeful contact with the placement resource to discuss the support needed for the parenting youth and child and discuss the following:
 - i. Safety of the child, including a discussion of safe sleeping practices, motor vehicle safety and any needed baby items. Observe the sleeping arrangements of the parenting youth and infant.
 - ii. Expectations of the placement resource's role regarding the care of the child.
 - iii. Types of support the placement resource can offer parenting youth.
 - iv. The plan to ensure how the parenting youth can continue with typical childhood experiences (i.e. school attendance, spending time with friends, extracurricular activities, school dances, prom, graduation, etc.) while being responsible for the care of their child.
 - v. Applying the reasonable and prudent parenting standard with the parenting youth.
 - e. Discuss the assessment with the SSS and determine whether any safety concerns exist in accordance with policy [19.11 Case Management: Safety Assessment](#). If there are no safety concerns, DFCS should not seek custody of the child. If there are safety concerns and DFCS must obtain custody, refer to policy [17.1 Legal: The Juvenile Court Process](#).

NOTE: Immediately report any known or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
 - f. Update Georgia SHINES with the Parenting Youth and their child's information in accordance with the Georgia SHINES Job Aid: Documenting Expectant and Parenting Youth:
 - i. Add the child to the Person Detail page;
 - ii. Update the status to indicate the Expectant Parent is now a Parenting Youth;
 - iii. Update/Add the Payment of Care.
 - g. Notify RevMax of the birth via the NOC in Georgia SHINES, indicating whether the youth and child are in the same placement and whether DFCS obtained custody of the child.
 - h. Assist the parenting youth with applying for medical assistance for the newborn child, if DFCS does not obtain custody of the newborn child.
 - i. Fax the Medical Assistance Application to the appropriate RevMax Specialist (RMS).
 - ii. Notify the RMS that the Medical Assistance Application is for the child of a parenting youth in DFCS custody.
 - iii. Complete the Person Detail for the child in the parenting youth's case in Georgia SHINES.
14. Provide ongoing support to the parenting youth (mother and father), including:
- a. Increased frequency of purposeful contacts and collateral contacts.
 - b. A referral to a home visiting program (i.e. Early Head Start-Home Visiting; Healthy Families Georgia; Nurse-Family Partnership; Parents as Teachers, SafeCare), if

- applicable.
- c. Assistance in applying for Women, Infants and Children (WIC) vouchers; child support (if the non-custodial parent is not a minor in foster care); or any other financial/non-financial assistance.
 - d. Assistance in locating a medical home (primary care pediatrician) for the child to obtain routine infant health checks for the child and any follow-up care.
 - e. Ensuring ongoing medical care for the new mother in foster care, including assessing for post-partum depression (see policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#)).
 - f. Facilitating visits between the child and parents, if not placed together (see policy [10.19 Foster Care: Visitation](#)).
 - g. Facilitating ongoing parenting support from the placement resource for both parents and mediating any conflicts between the parenting youth and placement resource.
 - h. Facilitating academic success for the parenting youth.
 - i. Coordinating child care and early education for the child, if appropriate.
15. Inform the parenting youth of the need to obtain placement authority if the child is separated from the parenting youth (i.e., if there are safety concerns that require removal, the youth runs away, youth is arrested and detained, etc.). Discuss the following with the parenting youth:
- a. Relative or fictive kin, including the other parent, who the parenting youth may voluntarily allow to care for the child until safety threats can be resolved.
 - b. What it means for the child to be placed in foster care, including:
 - i. The legal process (see policy [17.1 Legal: The Juvenile Court Process](#)).
 - ii. The case planning process (see policy [10.23 Foster Care: Case Planning](#)).
 - iii. Roles and responsibilities of the placement resource and parenting youth if the child and parenting youth remain placed together.
 - iv. Safety threats that prohibit placement together and what needs to occur to facilitate placement together.
 - v. A visitation plan if they cannot be placed together.
16. Follow Chapter 10: Foster Care policy, if the child of the parenting youth enters DFCS custody.

The SSS will:

1. Conduct a supervisor staffing with the SSCM to discuss:
 - a. The emotional and physical well-being of the expectant and/or parenting youth.
 - b. Planning and preparation activities for the birth.
 - c. Services needed by the expectant or parenting youth.
 - d. Placement options for the expectant youth and child, after the birth.
 - e. Ongoing support for the expectant or parenting youth.
 - f. Safety, permanency and well-being of the parenting youth's child.
2. Notify the Social Services Administrator and County Director of any youth in foster care who is an expectant parent or who has just given birth.
3. Participate in any family meeting, as required.
4. Ensure a purposeful contact occurs with the parenting youth and child within 24 hours of the birth.

5. Ensure he/she is accessible to the SSCM to provide guidance and consult with the SSCM in “real time” after the birth of the child to discuss:
 - a. Information gathered concerning areas of family functioning including parental protective capacities of the parenting youth.
 - b. Whether safety concerns exist that require a report be made to the CPS Intake Communications Center (CICC) and/or placement authority be obtained for the child.
 - c. Discharge planning for the parenting youth and child.
6. Assist with obtaining placement authority, if necessary.
7. Ensure contact standards for purposeful contacts and collaterals are reassessed and increased to meet the needs of the parenting youth and their child.
8. Ensure Georgia SHINES is updated regarding the status of the expectant and parenting youth and their child, in accordance with the Georgia SHINES Job Aid: Documenting Expectant and Parenting Youth.

PRACTICE GUIDANCE

Case Planning with Expectant or Parenting Youth

A parenting youth’s WTLP, if applicable, should include outcomes to enhance their ability to meet the needs of their child and these outcomes should be addressed during the periodic reviews and permanency hearings held on behalf of the parenting youth (see policy [17.2 Legal: Case Reviews and Permanency Plan Hearings](#)). If the parenting youth’s child is placed in DFCS’ custody, a foster care case plan should be developed with the parenting youth (see policy [10.23 Foster Care: Case Planning](#)).

Custody of the Parenting Youth’s Child

When a youth in foster care has a child, the child should remain in the custody of the youth unless it is determined that the parenting youth has abused or neglected the child and the child is unsafe in the custody of the parenting youth. Parenting youth may need time to adjust to their new role and responsibilities as a parent. Therefore, it is critical the parenting youth and child are in a safe, caring environment that allows the youth the opportunity to enhance their parenting skills. Identifying expectations and outlining responsibilities of the placement resource and the parenting youth regarding the care of the child are critical in facilitating a successful placement. The SSCM and placement resource must give the parenting youth the liberty to parent while providing the support to make their parenting efforts successful. Ongoing safety must be thoroughly assessed through purposeful and collateral contacts.

Youth in foster care face numerous challenges in preparing to transition to a successful adulthood. They often lack strong family connections or a supportive role model to assist them in transitioning to adulthood. For youth in foster care who are expecting or parenting, the process of transitioning to adulthood is accelerated even if the youth is ill-prepared to assume adult responsibilities. Therefore, expectant or parenting youth in foster care need a strong support system and targeted services to assist them in enhancing their parental protective capacities while they strive to become successful, self-sufficient adults.

If the child of a parenting youth in foster care is ever removed and placed apart from the parent, judicial placement authority must be obtained. The child should be entered into

Georgia SHINES as a child in foster care, once DFCS has received legal custody through juvenile court. If the issues requiring the removal from the parenting youth are addressed and the court sanctions reunification, the child should be placed in the same placement as the parenting youth if safe and appropriate.

Engaging the Youth Regarding Disclosing the Pregnancy

Youth in foster care are at higher risk of teen pregnancy than their counterparts not in foster care. The trauma from the abuse or neglect which resulted in the youth's placement into foster care may lead to physical and emotional health problems as well as increased vulnerability to teen pregnancy. Lack of a stable parent-figure to educate a youth about pregnancy prevention also contributes to the higher risk of teen pregnancy for youth in foster care.

Most youth do not plan to become pregnant or impregnate someone else when they engage in sexual activity. Thus, learning they are expecting a child can be overwhelming. They may struggle with anxiety, depression, feelings of helplessness, fear, worries about the future and/or low self-esteem. It is important that the SSCM recognize these struggles and ensure appropriate services are initiated to assist this youth.

The SSCM may need to recognize and set aside their own personal biases about teenage pregnancy and/or the options available to the expectant parent related to the pregnancy to fully support the expectant youth. Youth may find it difficult to disclose the pregnancy to their parents, other family members, and/or their placement resource. The disclosure must come from the youth; however, the youth may need assistance and support from the SSCM regarding how to disclose and handle other's responses once they learn of the pregnancy. The SSCM should explain to the youth the importance of support from their parents, other family members and the placement resource throughout the pregnancy and parenthood. Reiterate to the youth that their parents, family and placement resource care about them, and although they may be disappointed, they want what is best for the youth. Some tips for youth to consider when disclosing they are expecting include:

1. Take a deep breath, process the news and develop a plan.
2. Determine when and where to disclose.
3. Prepare what to say.
4. Practice what to say with the SSCM or a friend.
5. Anticipate the reactions of others and their possible questions.
6. Disclose in a relaxing, comfortable manner/environment.
7. Listen to their responses and reassure them that you can handle this with their support.
8. Answer their questions as best you can.
9. Discuss next steps.

Supporting the Expectant and Parenting Youth¹

¹ Casey Family Programs: 12-2017: [What are some strategies for supporting pregnant and parenting teens in foster care?](#) and, Center for the Study of Social Policy (CSSP). (n.d.-1). [Improving outcomes for pregnant and parenting youth in foster care: Federal policy recommendations](#). Center for the Study of Social Policy (CSSP). (n.d.-2). [Pregnant and parenting youth in foster care. Part I: A guide to service improvements](#).

Expectant and parenting youth in foster care need help to guide them along positive developmental pathways and provide their children with the care they need to learn, grow, develop, and reach their full potential. SSCMs can facilitate this by:

1. Supporting the healthy development of the youth parent:
 - a. Ensure the parent receives consistent medical attention, including prenatal and postnatal care.
 - b. Provide supports that promote age appropriate developmental goals and address relevant mental health issues, including the impact of trauma.
 - c. Provide education related to substance abuse (specifically the risks that substance use poses to the developing child), sexual health, the prevention of subsequent pregnancies, and sexually transmitted infections.
 - d. Encourage healthy relationships with partners, peers, family members, and other supportive people.
 - e. Promote self-sufficiency and independent living outcomes for expectant and parenting teens by helping them obtain high school diplomas/GEDs and pursue additional education and employment opportunities, or job training.
2. Supporting the healthy development of the child:
 - a. Ensure the parent receives consistent medical attention, including prenatal care, to increase the likelihood of a healthy birth.
 - b. Assist the parent in registering for other supports such as Medicaid and Supplemental Nutrition Assistance Program so the child receives regular medical care, including developmental screenings.
 - c. Connect the children of youth mothers and fathers with developmentally appropriate resources, childcare, and services for the child, including transportation and educational opportunities.
3. Supporting strong parent-child relationships that promote attachment and bonding:
 - a. Provide access to programs that promote positive parenting and emphasize nurturing as well as age-appropriate discipline.
 - b. Connect the youth to models of good parenting practices and programs that provide education about essential parenting skills and the importance of responsive parenting.
 - c. Offer opportunities to practice parenting skills in a supportive environment.

Funding for a Parenting Youth's Child

The Title IV-E program allows for states to claim reimbursement for the cost of a child living in the same placement as its parent in foster care without obtaining custody of the child (see policy [9.1 Eligibility: Foster Care Maintenance Payments](#)). The added cost of care for the child is reimbursed through the parenting youth's IV-E status. Only one payment is made to the placement provider. State funds may be used if the child remains in the custody of a parenting youth in foster care who is not IV-E eligible (see policy [9.10. Eligibility: Special Situations \(Trial Home Visits, Runaway, Parenting Youth in Foster Care and Out-of-State IV-E Foster Care\)](#)).

Georgia Personal Responsibility Education Program (GA-PREP)²

² <http://gaprep.dhs.ga.gov>

State PREP awards grants to public and private agencies for educating youth through evidence-based programs to reduce teenage pregnancy, STDs including HIV/AIDS, and STI's among high risk youth. PREP targets youth ages 10-19 who are in foster care, live in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. PREP is funded by both the Administration of Children and Families (ACF) and Family and Youth Services Bureau (FYSB).

Georgia's Personal Responsibility Education Program (GA-PREP) is administered by the Division of Family and Children Services (DFCS), a division of the Department of Human Services (DHS). Through a competitive funding solicitation, GA-PREP awards grants to public and private agencies for educating youth ages 10-19 and up to 21 if expecting or parenting. GA-PREP serves the larger goals of GA's DHS by providing high risk youth free access to evidence-based teen pregnancy prevention programs and supplemental adult preparation subjects.

The Georgia Home Visiting Program³

The Georgia Home Visiting Program is a statewide effort, sponsored by the Georgia Department of Public Health and supported by your community to ensure that every child in our state gets a great start in life. The program is designed to create a community culture of care, encouragement, and support for all families before and after the birth of a child. Across hundreds of Georgia communities, services are available to ensure that these important early years are rich with opportunities for children to be educated, safe, and healthy. A free Information & Referral Center offers connections to relevant local resources and information.

Home Visiting Evidenced Based Models in Georgia

1. Early Head Start-Home Visiting⁴

The Early Head Start-Home Visiting (EHS-HV) model provides high-quality, culturally competent child development and parent support services with an emphasis on the role of the parent as the child's first and most important relationship. EHS-HV targets low-income pregnant women and families with children birth to three. To be eligible, most families must be at or below the federal poverty level. The EHS-HV model must make at least 10 percent of their enrollment opportunities available to children with disabilities. The scope of services in the home-based model is comprehensive and includes the following:

- a. Developmental screening, ongoing observation and assessment, and curriculum planning.
- b. Medical, dental, and mental health.
- c. Child development and education.
- d. Family partnerships and goal setting.
- e. Community collaborations to meet additional family needs.

2. Healthy Families Georgia⁵

All Healthy Families programs in Georgia are nationally accredited, evidence-based home visiting programs. Services are designed to strengthen families beginning

³ <https://gahomevisiting.org>

⁴ <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/early-head-start-home-based-option>

⁵ <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/healthy-families-georgia>

prenatally up to the age of 5 years of a child's life when vital early brain development occurs. Well trained, experienced Family Support Workers provide valuable education, community resources, and tangible support all children and families need to thrive. The mission of Healthy Families Georgia is to promote child well-being and prevent the abuse and neglect of our children through the provision of quality, long-term, intensive home visitation services. The program is designed to strengthen nurturing parent-child relationships, promote healthy childhood growth and development and enhance family functioning.

3. Nurse-Family Partnership (NFP)⁶

Nurse Family Partnership aims to empower first-time mothers living in poverty to successfully change their lives and the lives of their children through evidence-based nurse home visiting.

4. Parents as Teachers⁷

The vision of Parents as Teachers (PAT) is that all children will learn, grow and develop to realize their full potential. Within this evidence-based home visiting model, certified parent educators provide information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. PAT sites provide at least two years of services to families with children between prenatal development and kindergarten. Generally, families should be enrolled by the child's 3rd birthday. Sites are affiliated with PAT National Center (PATNC) to ensure model fidelity. The model uses the following four core components to service children and families:

- a. Home Visits. Each home visit includes parent-child interaction, family well-being and development centered parenting.
- b. Referrals to Community Resources.
- c. Health and Child Development Screenings.
- d. Group Connections.

5. SafeCare⁸

SafeCare is an evidence-based parenting program that addresses both physical abuse and neglect in parents of very young children (ages 0-5). Neglect represents the largest portion of DFCS referrals in Georgia (73.8%) and nationally (78.3%). Children ages 0-5 are among the most vulnerable and are most likely to be victims of substantiated maltreatment. SafeCare is the first of a series of evidence-based programs DHS hopes to implement to best serve the families of Georgia.

The Lamaze Method of Childbirth⁹

The Lamaze method, developed by the French obstetrician Ferdinand Lamaze, has been used in the United States since the late '50s and remains one of the most commonly taught types of childbirth classes. The original focus was on using controlled breathing techniques to cope with labor. According to Lamaze International, the goal of Lamaze classes is to "increase women's confidence in their ability to give birth." Toward that end, women learn a variety of simple coping strategies, of which breathing is only one. The classes aim to help women "learn how to respond to pain in ways that both facilitate labor and increase comfort."

6 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/nurse-family-partnership-nfp>

7 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/parents-teachers>

8 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-ga/safecare>

9 www.babycenter.com

The Lamaze philosophy of birth stipulates that "birth is normal, natural, and healthy" and that "women have a right to give birth free from routine medical interventions." But Lamaze also educates women so that when interventions are needed, or pain relief medication is desired, women can give true informed consent.

Planned Parenthood¹⁰

Planned Parenthood Federation of America, Inc. or Planned Parenthood, is a nonprofit organization that delivers vital reproductive health care, sex education and information to millions of people worldwide.

Teen Parent Connection¹¹

Teen Parent Connection (TPC) is a system of care that provides the support, guidance, and assistance needed by teen mothers and fathers to succeed as adults and parents. TPC serves pregnant or parenting teens (both moms and dads) aged 13-19 in state custody and their child (or children), or teen parents with a child in state custody. Teen Parent Connection services are currently available in Metro Atlanta, North Georgia, and Middle Georgia.

At Teen Parent Connection, Life Coaches are the centerpiece of our program. TPC Life Coaches are credentialed coaches with specialized training and experience in working with teen parents. These Life Coaches work with the team of professionals serving teen moms and teen dads and their children as part of a System of Care. Life Coaches can address the challenges of working with teens in myriad settings by using a keen awareness of the challenges they face and breaking them down in an individualized manner.

Life Coaches reach out to teens through home visits, phone contacts, and engagement in both individual and group settings. They choose from a host of programs tailored to the individual teen parent and their child. Services include:

1. Screenings and assessments
2. Parenting skills training for individuals and groups
3. Job skills training and career placement
4. Life skills support (financial literacy, educational support, medical/health support, building healthy relationships, etc.)
5. Legal support
6. Peer support and advocacy

Teen Parent Connection (TPC) accepts referrals from anyone working with an expectant or parenting teen in custody. Teens may also refer themselves. For more information, contact the Multi-Agency Alliance for Children at www.info@maac4kids.org.

Title V Sexual Risk Avoidance Program¹²

The Administration for Children and Families provides funds under the Sexual Risk Avoidance Education (SRAE) Program. The SRAE Program funds projects to implement sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. The program teaches the

¹⁰ www.plannedparenthood.org

¹¹ www.maac4kids.org/teen-parent-connection

¹² www.federalgrants.com/Sexual-Risk-Avoidance-Education-Program

benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity. Visit <https://www.acf.hhs.gov/fysb/grants/georgia-app> for a list of SRAE programs.

FORMS AND TOOLS

[Infant Safe to Sleep Guidelines and Protocol](#)

[Documenting Expectant and Parenting Youth - Georgia SHINES Job Aid](#)