

TECHNICAL REPORT

Parents Aging Out of the Child Welfare System

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Executive Summary

Youth in the child welfare system, and especially youth aging out of care, are at risk for becoming parents at an early age. The evidence represented by existing U.S. research studies indicate that these youth become parents at higher rates than their non-foster youth peers. The exact number of pregnant and parenting youth aging out in Florida is unknown at this time. However, an on-line, non-representative Department of Children and Families (DCF) survey of youth found that 26% of Florida's youth aging out became parents by age 22 ($n = 318$), pointing to the urgent need to employ rigorous research approaches to better understand the extent and the needs of this special population. These young parents have experienced high levels of trauma and face risk factors that impact their ability to provide a safe and nurturing home for their children. Parenting while aging out of the child welfare system can create additional challenges for parents and their children. This technical report details the currently known prevalence of parenting among youth in and aging out of care (who will be referred to as "parents aging out"), and the related issues, potential strategies, and recommendations for meeting the needs of parents aging out of the Florida child welfare system. The following ten recommendations are offered:

1. Obtain an accurate count of the number of parents aging out. Data about both the parents and their children should be collected.
2. Parents aging out and their children should have the opportunity to live together when possible.
3. Parents aging out who live with their children should have access to appropriate housing options that meet the needs of the parents, as well as the children.
4. For a successful transition out of care, parents aging out, like their non-parenting counterparts, should have access to services that will help them meet their goals in various aspects of their lives.
5. Independent living skills for parents aging out need to prioritize the well-being of the parent and the child; thus the skills may be different than the independent living skills for non-parenting youth aging out.
6. Trauma-informed therapeutic interventions should be offered to parents aging out so they can address their own trauma (e.g., child abuse and neglect, intimate partner violence, loss of loved ones, violence).
7. A continuum of culturally and linguistically competent and trauma-informed specialized parenting interventions should be available to address the needs of parents aging out.
8. Parent education for youth aging out should be tailored to address the specialized needs of young parents and their children.

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9. Specialized training and resources to meet the unique needs of parents aging out should be provided to all child welfare professionals.
10. Universal parent education training should be offered to all youth aging out.

What is Known?

Aging out of the child welfare system is a process that takes place in the years preceding and immediately following leaving care. In this report, “youth aging out” is defined as youth in the child welfare system who are eligible for independent living services, as well as the young adults who recently left the system. While these two groups may have different available resources, they share many similar backgrounds and experiences that unite and distinguish them from other parents.

Prevalence of Aging Out and Early Parenting

In 2013, 10% of the U.S. foster care population, or 23,090 youth, aged out of the child welfare system. In the same year, 18,003 children under the age of 18 were in Florida’s foster care system and 30%, or 5,409, of these children were between the ages of 12-18.¹ It is estimated that about 1,800 youth age out of Florida’s child welfare system every year.²

National and state prevalence data of pregnancy and teen childbearing for youth aging out are largely unavailable, yet all available studies of sampled youth confirm that current and former foster youth get pregnant and become parents at higher rates than their non-foster youth peers.³ Prevalence estimates of foster youth pregnancy and parenting vary depending upon location and methodology. The range is between 16% and approximately 50%.^{4,5,6,7} An analysis of the data from the Midwest Study, the best available study of aging-out youth, and the National Longitudinal Study of Adolescent to Adult Health, a nationally-representative sample of adolescents, found that 50% of female youth still in care or recently aged out become pregnant by age 19 compared to approximately 20% of same-aged females in the general population.⁷ See Appendix 1 for an overview of the scope and heterogeneity of the studies in this area.

Unfortunately, representative prevalence data on pregnancy and parenting among aging out foster youth in Florida are not currently collected or available. However, the Florida Department of Children and Families (DCF) administers voluntary, online surveys to both current foster youth and those who have aged out of care. In 2015, 1,300 youth (770 females and 530 males) ages 13 to 17 participated in the survey.⁸

While the survey may not be representative of all foster youth in Florida, survey results indicate approximately 3% ($n = 36$) of the 770 female respondents reported being pregnant at the time of the survey. In addition, approximately 4% ($n = 52$) of 13-17 year olds, including 7% ($n = 21$) of 17-year-olds, reported having children at the time of the survey (Table 1).

Table 1: 2015 Survey Responses of 13 to 17 Year Old Youth in Foster Care⁸

Responses to the statement: “I have a child or children”⁸

Age	13	14	15	16	17	Total
Yes	0	8	11	12	21	52
No	188	257	254	286	263	1248
Total	188	265	265	298	284	1300
Percent Yes	0%	3%	4%	4%	7%	4%

Pregnancy and parenting is more prevalent among Florida youth who have aged out of the child welfare system. In 2015, 1,288 (899 females, 389 males) Florida youth who aged out completed the National Youth in Transition Database survey.⁹ (See Table 2.) Of the young women who answered questions about giving birth, 17% of 18 year olds, 23% of 19 year olds, 29% of 20 year olds, 42% of 21 year olds, and 45% of 22 year olds reported having given birth to a child.⁹ Fewer young men reported fathering children; however, 19% of 22-year-old respondents reported doing so.⁹ These statistics are currently the best available for aging out youth in Florida. It is important to emphasize that there is a significant need for better quality studies that specify inclusion criteria, response rates, and comparable data for youth outside of the foster care system. Studies that use validated social science methods will improve understanding of the prevalence of pregnancy and parenting among aging out youth in Florida and will serve to inform effective public policy decisions.

Table 2: 2015 Survey Responses of 18 to 22 Year Olds Aged out of Foster Care⁹Have you ever given birth or fathered any children that were born? (*n* = 1,288)

Age	18			19			20			21			22			Total	%
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total		
Yes	14	2	16	47	0	47	61	6	67	73	14	87	81	20	101	318	26
No	68	59	127	160	54	214	152	47	199	101	74	175	101	88	189	904	74
Declined	2	5	7	12	4	16	10	4	14	7	7	14	10	5	15	66	
Total	84	66	150	219	58	277	223	57	280	181	95	276	192	113	305	1,288	
% Yes*	17%	3%	11%	23%	0%	18%	29%	11%	25%	42%	16%	33%	45%	19%	35%	26%	

*Does not include those who declined to answer the question.

The naïve observer might assume that high teenage pregnancy and birth rates among foster youth indicate that these youth desire to become pregnant and have children. However, social science research reveals that foster youth often do not actively seek parenthood, but rather have children due to high rates of sexual activity, not using contraception, and experiencing forced sex.¹⁰ For example, Florida data generated in 2014 indicated that only 7% of aging out respondents ages 18-22 reported receiving family planning counseling or services during the prior two years.⁹ In fact, parenting is often an “unwanted” obstacle for youth aging out of foster care. The most recent study specifically eliciting the perspectives of pregnant youths was conducted in 2009, and found that two-thirds of pregnant youth in foster care or those with a history of foster care considered their pregnancy “unwanted,” compared to one-half of their pregnant, non-foster youth peers.¹¹

Rates of Custody and Visitation

Of current foster youth ages 13-17 years old living in Florida who had a child, 44% (*n* = 21) did not live with all of their children.⁸ Child welfare professionals anecdotally shared that reasons foster youth do not live with their children included the parent giving the child up for adoption; having to live in a foster or group home where an infant or young child could not be accommodated; having grandparents or other family raise the child; and having the child removed from their custody and placed in foster care.

Eighty-three percent (*n* = 19) of those who did not live with all of their children had visits with their children.⁸ Thirty-one percent (*n* = 17) of the youths’ children had a case plan.⁸ With the data available on pregnant and parenting youth aging out in Florida, it is clear that pregnancy and parenting are relevant issues for Florida foster youth that must be addressed.

Cost-benefit Analyses

Several cost-benefit studies have found that extending foster care and keeping youth in care past their 18th birthday decreased tax payers’ expenses (e.g., various forms of public assistance, justice system costs) and increased the young adults’ lifetime earnings due to an increased educational level. The benefit-to-cost ratios are between 1.5 to 1 and 2.4 to 1, which means between \$1.50 and \$2.40 was saved for every \$1.00 spent on youth in foster care after age 18.^{12,13,14}

Studies have concluded that early intervention with at-risk children from birth to age three can improve their cognitive and social-emotional development and capacities.¹⁵ These capacities are directly related to their subsequent educational achievements which enhance the probability of their economic well-being in adulthood. While a cost benefit analysis specifically examining the provision of additional services to aging out youth *and* their children has not yet been conducted, existing cost benefit studies of services that enhance early childhood development strongly suggest that investing in these youth and their young children will generate nontrivial social benefits.

What is Important?

Youth aging out face many challenges in young adulthood as they transition from foster care to life on their own with limited or no assistance. It is not surprising that these young adults encounter more hardships, as they likely have known limited positive life experiences and received insufficient support in comparison to their counterparts. In fact, when compared to their peers, youth aging out demonstrate poorer outcomes across multiple domains including education, employment, housing, mental and physical health, substance abuse, justice system involvement, and early parenting.^{16,17,18}

Consequences of Early Parenting for Youth Aging Out

Foster care youth experience poorer outcomes than non-foster peers across multiple domains;^{16,17,18} however, these outcomes are exacerbated when they become parents early in life. Not only do these outcomes impact the youth aging out, but the lives and developmental trajectories of their children. Children of youth aging out have an increased risk for experiencing maltreatment. Some of the increased risk is due to the relative developmental limits and care giving inexperience of adolescent parents. Adolescent mothers in general, are more likely to exhibit abusive or neglectful parenting behaviors.^{19,20} Similarly, parents among youth aging out are at risk for abusive or neglectful parenting behaviors.²¹ Studies of parents who were previously in foster care found that 22 to 39 percent had been investigated for child abuse or neglect, with 10 to 11 percent of the cases resulting in children being removed from their parents' custody.⁴ These data suggest intergenerational transmission of child maltreatment through multiple generations.

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Pregnant and parenting teens in the child welfare system have most likely experienced a high incidence of adverse childhood experiences, including childhood sexual abuse and loss of primary caregivers. Cumulative traumas, or complex traumatic experiences, are observed more frequently in foster youth²³ and can impact youth in ways markedly different than acute, single-incident traumatic experiences (e.g., witnessing death of a parent). The effects of complex trauma on foster youth are expansive²³ including disturbances in development as well as their physical and mental health. Domains such as emotional stability, conflict resolution, aggressive responses or physical punishment, sleep disturbances, and suicidal ideation are commonly affected.²⁴ Their histories of unhealed trauma can create obstacles to providing safe and nurturing homes for their own children.²⁵ Providing trauma-informed therapeutic interventions to address the parenting youth's trauma is essential to enhancing the parent-child relationship and to help break the cycle of intergenerational maltreatment.²⁶ (For more information see the Florida Institute for Child Welfare Technical Report – *Trauma-Informed Care: Strengths and Opportunities for Florida Child Welfare Professionals*).²⁷

Florida's Commitment to Parents Aging Out

The needs of pregnant foster care youth and parents aging out have garnered more nationwide attention in recent years. Within the state of Florida, multiple stakeholders have recognized the importance of the issue and have addressed the needs of parents aging out. In 2013, Florida's Independent Living Services Advisory Council recommended parenting skills should be offered as part of the life skills development.²⁸ DCF's response to the Council's report included a commitment to "identifying the issues and obstacles faced by teen mothers and fathers in foster care."²⁹ The following year, Florida's Independent Living Services Advisory Council provided a list of recommendations for DCF to address the needs of pregnant and parenting teens.³⁰ (See Appendix 2 for a complete list of recommendations). To date, these recommendations have not been written into legislation.

Along with such increased levels of commitment and dialogue about the needs of parents aging out, various community agencies across the state provide specialized services to these parents and their children. Champions of these efforts are creatively finding housing options, including foster parents willing to care for the young parents aging out and their babies, as well as maternity homes set up for pregnant and parenting women and their babies. Additionally, child welfare professionals work tirelessly with individual parents aging out to make sure the parents are able to provide a safe, nurturing home for their children. It is worth noting that this work can be extremely challenging as there are often not enough placements and specialized services for parents aging out.

Workforce Impact

The child welfare professional workforce is impacted by this population. While youth aging out (both parenting and non-parenting) demonstrate poorer outcomes than non-foster care youth across multiple domains,^{16,17,18} the needs of transitioning youth who are themselves parents differ in marked ways from their non-parenting counterparts. Child welfare professionals typically do not receive specific training related to how parenting affects these youth, their needs, and their relationships. Child welfare professionals must attend to two important developmental periods – the period of adolescence for the young parents aging out, and the early childhood period for their children. Often the birth of the baby creates a shift of professional focus exclusively to the needs of the infant, leading to inadequate attention to the needs of young parents who are still developing into adulthood and require specialized care.

The costs of assisting parents aging out exceed the costs for non-parenting youth aging out. Parents aging out have goals and needs that may be different than other youth aging out. Service providers need additional training on how to best meet these complex needs. As discussed above, providing housing options for parents aging out becomes a complicated scenario. There may not be many local housing options for parents aging out, especially when the youth reside with their children. Additionally, providing services to parents aging out requires additional financial resources in order to meet their daily living needs and clarity about who will provide for these needs. The additional costs and needs of pregnant and parenting youth aging out include prenatal care, maternity clothing, additional transportation for appointments for both mother and baby, delivery costs, and all expenses related to raising a child (e.g., child care, baby clothes, diapers, crib, car seat, child safety products, developmentally appropriate toys).

With the increased risk of substance abuse, mental health issues, and the general increase in stress when parenting young children, the possibility of transmission of intergenerational patterns of abuse and neglect may also increase.^{4,22} Thus, child welfare professionals are tasked with finding suitable, realistic, and applicable resources for parents aging out in an effort to

safeguard children from intergenerational maltreatment. However, it is also of utmost importance that child welfare professionals understand that just because a mother (or father) of a child is a dependent, the child does not need to be automatically adjudicated as dependent. In many cases, parents aging out are capable of providing safe and nurturing homes for their children. They should not have their children removed or adjudicated as dependent simply because they are in the social category of youths placed in the child welfare system.

The education and employment of young parents who are aging out are also complicated by their need for conditions conducive to parenting young children (e.g., amenable work/school hours and a living wage for them and their children) and obtaining adequate childcare resources during the parent's education and employment hours.¹⁹ In turn, these obstacles impact parents' capacity to provide for their children's needs.¹⁹ Many standard interventions for youth aging out may also need to be adapted to fit the needs of the parenting youth aging out. Again, the need for sensitivity to potential parent-child attachment issues and the time restrictions generated by parenting demands may make referring to appropriate resources and interventions more challenging. It is critically important to provide additional training and resource options for child welfare professionals trying to meet these unique needs.

National Standards for Child and Family Services Reviews and Florida's Outcomes

Every state is accountable for adhering to child welfare services' federal requirements in specific domains of safety, permanency, and child and family well-being. The Children's Bureau conducts Child and Family Services Reviews (CFSR) to assess states' conformity to federal standards. As outlined below, the outcomes of parents aging out and their children in Florida's child welfare system are highly relevant to Florida's compliance with the CFSR standards.

Safety

Children are, first and foremost, protected from abuse and neglect. Parents aging out are currently or were in the child welfare system in order to be protected from abuse and neglect. Children of parents aging out of the child welfare system may or may not be in the child welfare system, yet have multiple risk factors for maltreatment. Although neither state nor nationally representative data have been collected, experts report that children of young women aging out may be up to five times more likely to be involved with the child welfare system compared to children of non-child welfare system involved adolescent mothers.³¹

Children are safely maintained in their homes whenever possible and appropriate. Despite this CFSR aim, approximately half of parents aging out in Florida do not live with all of their children for a multitude of reasons.¹⁷ Some of the parents aging out were separated from their children due to a lack of appropriate placements for the children to live with the parents rather than the parent's inability to provide a safe home for their children. Additionally, some parents aging out may not live with their children because their families have custody or their children have been adopted. Data are currently not available on why a high percentage of parents aging out are not living with their children.

Services are provided to protect children and prevent their removal from their home. Although data specific to parents aging out are limited, this population is more likely to be involved with the child welfare system compared to non-child welfare system involved adolescent mothers.³¹ Approximately half of Florida's parents aging out do not live with all of their children.¹⁷ As previously noted, there are no data available on the reasons parents aging out are not living with their children. Because Florida aims to protect children and prevent removal, it is important to target services to meet the unique needs of this population.

Permanency

Children have permanency and stability in their living arrangements. Parents aging out face a number of barriers to permanency and stability, including high rates of unemployment and homelessness.³¹ In addition, addressing their history of trauma is an involved process that may require more time for the parent than is available to address permanency needs for the child. These obstacles may significantly hinder the achievement of the CFSR aim of permanency and stability of parents and their children.

The continuity of family relationships and connections is preserved for children. Although comprehensive data specific to parents aging out and their children are limited, the MyServices report suggests that among Florida foster youth who are parents, approximately half ($n = 36$) live with all of their children.⁸ Of the foster youth with children who do not live with all of their children (49%; $n = 34$), over 60% ($n = 21$) visit with their non-residential children.⁸ Although Florida substantially conforms with this CFSR outcome overall, limited data specific to parents aging out highlight the continuity of family relationships and connections as an area of improvement for Florida's parents aging out and their children.

At times, parents aging out are willing to consider adoptive placements for their children, yet may not want to lose all contact with their child(ren). Florida allows post adoption contact agreements; however, adoptive parents can seek approval to change such agreements at a future date. The ways Florida statutes impact permanency decision-making and the continuation of family relationships may warrant additional review.

Child and Family Well-Being

Families have enhanced capacity to provide for their children's needs. Parents aging out face known economic, educational, and housing obstacles that have the potential to limit their capacity to meet their children's needs.³² Additionally, experiences of trauma can impact the ability of parents aging out to provide a safe and nurturing home and to meet their children's needs. Increasing parents' capacity to provide for their children's needs warrants increased attention for Florida's youth aging out.

Children receive appropriate services to meet their educational needs. While national and state level education initiatives are underway to promote youth development, there are no known resources tailored to specifically meet the unique needs of parents aging out.³¹ Florida statutes require Teenage Parent (TAP) Programs in each school district in Florida; however, youth aging out of care are often behind in grade level with fewer high school credits toward graduation and so may be denied admission to these programs. Often, school districts direct these youth to adult or GED programs which do not offer TAP child care and transportation, thus limiting access to services. Given the high rates of pregnancy and parenthood among youth aging out, priority should be given to providing appropriate services to meet the distinct needs of this population.

Children receive adequate services to meet their physical and mental health needs. While recent federal legislation requires states to extend Medicaid coverage for youth aging out to the age of 26, enrollment in coverage is not automatic for all parents aging out. This is particularly problematic considering the high rates of physical and mental health needs of parents aging out and their children.^{31,32} In addition, specialized infant mental health and trauma treatment services are often challenging to find and to fund in many parts of Florida.

Children develop the capacity for independent living and competence as an adult. Important independent services are being offered to Florida's youth aging out (e.g., life skills development, tuition waivers, housing, assistance with obtaining a driver's license, job readiness training). However, no known evidence-based services have been developed to promote the independent living and competence of parents aging out. Transition to adulthood and developing parenting capacity are two developmental tasks that are challenging to initiate simultaneously and without family support. Because of high pregnancy and parenthood rates among youth aging out, these services should be a priority.

Although the most recent CFSR identified areas in which Florida demonstrated improvement, additional efforts are needed in order for Florida to be in compliance with federal standards for child and family safety, permanency, and well-being. Parents aging out of the child welfare system are a particularly vulnerable group that faces a number of challenges. These challenges impact their ability to provide for the needs and well-being of their children. It is, therefore, imperative to target services to meet the unique needs of Florida's parents aging out.

Recommendations for Policy and Practice

The state is responsible for the safety, permanency and well-being of all children and youth in the child welfare system. The state's involvement with youth who have aged out is further justified by the potential for the social benefits generated by facilitating a smoother and more successful transition to adulthood and self-sufficiency, which is less costly to society than developmental derailment. The current social trend in the United States is that most parents support their children during the transition to adulthood. The child welfare system, which operates in the role of surrogate parent for youth aging out, can and should provide the assistance that a responsible parent would provide their children entering adulthood.³³ To its credit, Florida has been a leader in the national trend to extend foster care beyond the age of 18 and to provide assistance to youth leaving foster care.

Parents aging out present “twice the opportunity” as both the parent and child may benefit from financial assistance, prevention, and early intervention services.

Parents aging out present “twice the opportunity” as both the parent and child may benefit from financial assistance, prevention and early intervention services.³¹ All recommendations set forth in this report are based in the CFSR principles of safety, permanency, and child and family well-being. Likewise, all recommendations prioritize normalcy for the parents aging out as normalcy is a priority for working with children and youth in Florida's child welfare system. The recommendations are based on research of parents aging out and align with Florida's Independent Living Services Advisory Council's recommendations.³⁰ When designing and implementing policies and practices, it is important to remember the diversity that exists within the population of parents aging out. Along with the general needs discussed above, each parent and child presents with needs unique to their dyad. While mothers may gain the most attention when considering parents aging out, efforts also must include and connect fathers aging out with their children to promote family well-being.

Collect and Use Data

The first step to helping this unique population of parents aging out is to collect an accurate count of the number of parents aging out. It is important to know the number of youth who are in the child welfare system who are pregnant, have given birth, or fathered a child. Likewise, it is important to know the number of young women and men who have recently aged out of the child welfare system who have given birth or fathered a child. It should become routine practice to track these parents, as well as the number of children who are in the full custody of the parent; the number of these children who are in DCF custody but live in the same home as their parent; the number of these children who are in separate placements from their parents; and the number of these children whose parents' rights have been terminated. Additional data about child health at birth should be collected, including if the child was born full-term and in the normal weight range. As the plan for the data collection is created, child welfare professionals who work with parents aging out should be consulted about additional data that would be beneficial to collect. The information collected on parents aging out and their children should be documented in Florida Safe Families Network (FSFN).

Because creating or modifying reporting software (e.g., FSFN) to identify parents aging out and their children's living arrangements may take time, a short-term alternative could be a “one-day count” study. In such a study, on a designated day,

each case manager would report how many foster youth on their caseload are parents, the number of children born to these parents, and the living situations as described above. While point-in-time studies involve inferential limitations, collecting these data as a first step would contribute to an enhanced understanding of the scope and prevalence of parents aging out in Florida.

Florida could become a leading example for other states around the country by collecting quality data on parents aging out and their children. These data could be used to help make decisions about programs and policies for parents aging out and their children. For example, using these data could determine the need for interventions if young women in care are documented to disproportionately deliver higher rates of low-weight babies or attain lower high school completion rates. The first step in data collection is to determine the prevalence of parents aging out, and ideally, subsequent data can be collected to determine how services provided to parents aging out can promote positive outcomes for parents and their children.

Supporting Family Well-Being

While parents aging out may have additional risk factors to providing a safe and nurturing home for their children, parents aging out and their children should have the opportunity to live together when possible. Young mothers in care often demonstrate the potential to safely parent,¹⁰ even while they may require additional support and guidance. Just as many teen parents in the community rely on their families to support their parenting roles, parents in care need co-parenting opportunities.

Child welfare professionals should assess the young parent's functioning and protective capacities and take into consideration the parent's development and other issues related to adolescent parenting. Specialized training about the unique needs of adolescent parents should be provided to those conducting the assessments. The case plans of parents aging out who still are in care should identify who will support them in their parenting role and include developmentally appropriate, manageable plans for the child(ren)'s safety and well-being. Permanency plans for parents aging out may differ from their non-parent peers after taking into consideration their unique family units. Family needs should be prioritized even prior to the birth of a baby. For example, prenatal care and adequate nutrition are essential for maternal and child health. Children's needs (e.g., quality child care, access to health care, developmentally appropriate interactions/stimulation) should be addressed. Likewise, in order to promote individual (and future family) well-being, young women aging out should have access to quality education that accommodates their needs during and after pregnancy.

Promoting the well-being of parents aging out and their families includes addressing unresolved trauma, increasing social support, and promoting healthy relationships. Trauma-informed therapeutic interventions should be offered to parents aging out so that they can address their complex trauma experiences (e.g., child abuse and neglect, intimate partner violence, loss of loved ones, interpersonal violence). Parents aging out should also have access to services addressing substance abuse and mental health needs. Special attention should be paid to the relationships between the parent aging out and the child's other parent. Considering the high levels of teen dating violence and intimate partner violence, it is important to help parents aging out develop in healthy ways, both as individuals and within their relationships.

Provide Housing Alternatives

Parents aging out who live with their children must have access to appropriate housing options that meet their needs as well as their children. Not all placements may be suitable for a parent aging out or available in a timely manner. Judges and child welfare professionals who search for housing options for this population of young parents and their children have encountered waiting lists within their local circuits and across the state. Many parents aging out benefit from having additional support and guidance when raising their children. Because parents' needs differ, it is important to establish a continuum of housing alternatives that range from foster homes where foster parents may co-parent with the parent aging out, to maternity homes (group homes specifically designed to meet the unique needs of pregnant and parenting women and their babies), to supervised apartments where parents aging out live with their children in their own apartment.

Throughout Florida, there are different models where parents aging out and their children are provided independent housing, housing in a maternity home setting, and housing with foster parents. Housing options must be highly specialized to meet the unique needs of parents aging out and their children, including access to programs and resources that address unresolved trauma and promote safe and nurturing parenting. Programs must address the complexity of the lives of the parents aging out, including the relationships the mothers have with the fathers of the babies, visitation, respite care, and family planning. Ideally, parents aging out would work with their case manager to identify the housing option that would best meet their needs, help them achieve their goals, and provide a safe and nurturing environment for their children.

Ensure Access to Services for Parents Aging Out

For a successful transition out of care, parents aging out, like their non-parenting counterparts, benefit from access to services that help them meet their goals in various aspects of their lives. Services should be provided that holistically support care-giving parents and their child(ren). Ensuring that the parents aging out have access to transportation is necessary so they may utilize services for themselves and their children.

Parents aging out face additional challenges in completing school. Providing for a child imposes additional time and financial burdens for a parent who has most likely already experienced obstacles to their education. Access to quality child care serves as a protective factor for the child and enables the parent to move forward with education or employment. Similarly, parenting students may require more flexible schedules to accommodate their multiple demands.

Parents aging out, like all youth aging out, should also have access to comprehensive physical and behavioral health care services, including family planning counseling and ancillary services. Services may need to be adapted to meet the unique needs of parents aging out and their children. Infant mental health dyadic therapy may be needed to build and support a safe and nurturing parent-child relationship. Likewise, trauma therapy may be needed to address child sexual abuse and exploitation, family and community violence, and loss.

Independent living skills for parents aging out need to prioritize the well-being of the parent and the child; thus the skills may be different than the independent living skills for non-parenting youth aging out. The most noticeable difference is the emphasis on the role of parenting and the parent-child attachment. For parents aging out with infants and young children, careers and employment may be less important in the short term; although long-term goals should consider the financial needs of supporting a child. Parents aging out, particularly mothers, also need to be educated about human trafficking. Florida child welfare professionals who work with young mothers in care have noticed an increase in history with human trafficking and suspect mothers aging out may have an increased vulnerability to commercial sexual exploitation. Life skills that educate about healthy relationships without coercion or violence are important for all parents aging out.

Provide Specialized, Evidence-based Parenting Interventions

Parenting interventions are an approach to promote safe and healthy parent-child relationships. Evidence-based parenting interventions have demonstrated a variety of positive outcomes for children and parents, such as decreasing child maltreatment rates, treating child disruptive behavior problems, and improving parental mental health.^{35,36} A comprehensive review of evidence-based parent training programs found that, on average, such interventions led to meaningful improvements in parent behavior immediately following intervention.³⁷

Many experts have advocated for the use of evidence-based interventions for parents involved with the child welfare system.^{38,39,40,41} Specialized parenting interventions and intensive child-parent psychotherapies that are adapted to meet the unique needs of parents aging out offer promising approaches. Arguments for implementing such evidence-based parenting interventions specifically point to findings that demonstrate decreases in physical abuse and recidivism.⁴⁰ Unfortunately, evidence-based interventions are underused within the child welfare system,⁴² and no implementation of evidence-based parenting interventions have been documented with pregnant and parenting youth in foster care to date.

Young parents who are aging out need help as they are transitioning out of care and into adulthood.⁴³ Many of these youth have themselves experienced poor parenting and typically have only limited experiences of people in their lives who have taught them how to be a “good parent.”⁴⁴ Early attachment difficulties with their own parents or caregivers can persist indefinitely in individuals’ schemas of parenting.⁴⁵ Poor models and unresolved trauma may make understanding and enacting positive parenting behaviors particularly difficult for youth aging out. Demonstrating ineffective and perhaps abusive or neglectful parenting behaviors can then become a cyclical process whereby youth aging out raise their children in the same manner in which they were raised, thus perpetuating the intergenerational transmission of child maltreatment. The child welfare system should make available a continuum of culturally competent and trauma-informed specialized parenting interventions to address the needs of parents aging out.

Provide Home Visitation Interventions

Home visitation programs have been found to decrease risk for child maltreatment.^{46,47} As parents aging out likely have multiple risk factors that impact their ability to appropriately parent their children, evidence-based early interventions such as home visiting programs may be effective. In home visitation programs, a trained individual (e.g., a nurse, social worker, experienced parent, or peer) visits the new parent and child where they live and assists them in developing parenting skills. Home visiting programs traditionally have a holistic perspective and work to engage and connect parents with community resources in addition to having parents meet with the individuals coming to their homes. An intensive model of home visiting programs has been offered with young mothers in the child welfare system in Florida; however, it is currently not a universal intervention and the eligibility criteria can exclude mothers with an open child welfare case from participating in some of the programs.³⁴

Train Child Welfare Professionals

Specialized training and resources for the unique needs of parents aging out should be provided to all child welfare professionals. This training should include detailed information on the developmental periods of early childhood, adolescence, teen parenting, and the unique intersection of these areas for parenting youth aging out. Child welfare professionals should be trained about how the needs of parents aging out require additional financial resources that exceed the costs of other youth aging out. Additionally, parents aging out face challenges in pursuing their education, self-sufficiency, and other goals. The training should include strategies for working with both the mothers and fathers who are aging out, as well as their children. For example, it is important to emphasize that just because a mother (or father) of a child is a dependent, the child does not automatically become adjudicated dependent; however, due to the increased risk of maltreatment for their children, child welfare professionals should be prepared to assess safety for both the parent aging out as well as their children and provide supportive resources to mitigate risks. All specialized training for child welfare professionals regarding parents aging out and their children should be culturally and linguistically competent and trauma-informed.

Provide Universal Parent Education to Youth Aging Out

Under the best of circumstances, parenting is a challenging task. Negotiating the ongoing needs of a child while trying to manage the concomitant changes in one's hormones, emotions, physical appearance, sleep patterns, interpersonal relationships, and finances can prove taxing to even the most well-prepared adult. Helping youth aging out recognize these stressors and to develop feasible plans to handle the strains while they transition out of foster care will be beneficial. All could benefit from culturally and linguistically competent parent education.

There are opportunities to provide life skills to all youth in foster care that could also include parenting skills. Although not all youth aging out have children while they are in and transitioning out of care, many do, and most will become parents at some point in their lifetimes. Considering that youth aging out may come into contact with children in multiple settings (e.g., employment, family, dating relationships, community), providing universal parent education training promotes multiple social benefits. Developing parenting skills alongside of other independent living skills makes sense as there is a window of opportunity to provide training prior to youth leaving foster care. Likewise, it is important to engage youth aging out in discussions about pregnancy prevention to ensure that fewer youth aging out unintentionally become early parents.

Summary

Parents aging out of the child welfare system and their children are a high-risk group and need access to relevant and comprehensive services. Pregnancy rates among youth aging out are high compared to their non-child welfare system involved peers and youth aging out face an increased risk for maltreating their children. It is critical to collect data about the pregnancy rates and information on the parents and their children and to use the data to make informed decisions about appropriate services.

Independent living services often focus on areas such as employment and education. With the high prevalence of pregnancy and early parenting coupled with the many known risks factors faced by youth aging out, a parenting curriculum for all youth aging out should be incorporated into standard services.

It is critical to provide effective prevention and early intervention to this population. All efforts should be culturally and linguistically competent and trauma-informed. Child welfare professionals should be trained on the unique needs of parents aging out and be familiar with the range of services available. Providing developmentally appropriate evidence-based parenting interventions and home visitation programs have the potential to benefit both the young parents and their children. It is necessary to ensure that parents aging out and their children have access to appropriate housing alternatives as well as services that are holistic, including components that address the parents' trauma, and support family well-being. Promoting positive parenting in a safe, supportive context can enrich the skill set of youth aging out and help break the intergenerational transmission of child maltreatment.

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Resources

[Florida Department of Children and Families Independent Living Services](#)

[Child Welfare League of America \(CWLA\)](#)

[CWLA Standards of Excellence for Services for Adolescent Pregnancy Prevention, Pregnant Adolescents, and Young Parents Flux: Life After Foster Care](#)

- Advice and support for foster youth transitioning to adulthood
- Easy to read chapters on topics including parenting
- Contributors include over 100 members of alumni community

[Florida State University Center for Prevention and Early Intervention Policy](#)

- Resources for teen parents, home visiting, infant mental health, and baby court
- Training and curricula

[Healthy Teen Network](#)

- Network and information sharing
- Research and program evaluation
- Training and technical assistance
- Organization and coalition capacity building
- Policy and advocacy

[National Campaign to Prevent Teen / Unplanned Pregnancy](#)

- Videos and guides related to pregnant and parenting foster youth
- <https://thenationalcampaign.org/featured-topics/child-welfare-and-juvenile-justice>

[National Resource Center for In-home Services](#)

- Services for Pregnant and Parenting Youth in or Exiting Substitutive Care

[Annotated Bibliography](#)

[Youth Communication](#)

- Stories of foster youth written in their own words
- “Search our stories” feature to find discussion of pregnancy and parenting
- Lessons available to help service providers discuss issues with foster youth
- Contributors include over 100 members of alumni community

[Center for the Study of Social Policy: Child Welfare](#)

- Expectant and Parenting Youth Policy [recommendation](#) to support expectant and parenting youth in foster care and their children
- A [resource guide](#) for expectant and parenting youth in foster care that outlines evidence-informed and promising practices

[Child Welfare Information Gateway: Teen Pregnancy and Parenting in Out-of-Home Care](#)

- Information about foster youth teen pregnancy and parenting

[Guttmacher Institute](#)

- [Teen Pregnancy Among Young Women in Foster Care: A Primer](#)

Appendix 1

Study	Years of Data Collection	Geographic Locale of Data Origination	Sample Criteria	Pregnancy and/or Birth Rates Reported	Data Limitations	Summary of Findings
King, Putnam-Hornstein, Cederbaum, Needell. (2014)²⁴	2006-2010	California	15-17 year old females	Mean birth rate was 3.2% between 15-17 years old in child protection services compared to 2.0% same age in general population.	Estimated cross-sectional birth rates computed from probabilistically matched data due to incomplete data in linked records. Only included 15-17 year old girls; unable to match in care youth by sociodemographic variables to general population.	Recommends that due to higher birth rates among maltreated youth in child protection services and accessibility to these youth that “enhanced prevention services” could be targeted toward this “at risk population.”
Putnam-Hornstein & King (2014)²⁵	2003-2007	California	Girls in foster care at age 17	Birth rates among youth in care were 11.4% before age 18 (41.2% of whom had a repeat teen birth); 28.1% before age 20.	2003-2007 data were probabilistically matched to birth records from 2001-2010.	Found profiles of parenting youth by sociodemographic and placement characteristics. Argues need for additional data and research “to evaluate prevention efforts and ensure parenting teens are provided with the needed services and supports” (p. 698).
Shaw et al. (2010)⁶	2000-2009	Maryland	Girls in foster care 15-19 years old	8.3-12.6% birth rate for youth in foster care in Maryland.	Did not include youth under age 15; Maryland-specific; likelihood of missing data due to data unlinked to medical records.	Teen foster youth birth rate in out-of-home care approximately 3 times greater than overall teen birth rate in the state.
Svoboda, Shaw, Barth, Bright (2012)³	1989-2012	Review of national scope studies and studies in specific locales	Review of 16 empirical publications examining unplanned births for foster care youth	Systematic analysis of studies revealed range of pregnancy rates from 16% pregnant or parenting in New York City (Gotbaum, 2005) to approximately 50% in the “Midwest Study” (Courtney & Dworsky, 2006).	Limitations inherent in the reviewed studies.	Laments the inconsistent, unstandardized record keeping and reporting on status of pregnant and parenting youth in foster care. Data from research studies consistently characterizes foster care youth as “a high risk population for early unplanned pregnancy” (p. 873). Recommendation to support services for pregnant and parenting youth aging out of foster care. Recommendation for additional pregnancy prevention services for foster care youth. Call for increased reporting and tracking of births among foster care youth.

Note: This table is not intended to be an exhaustive list of the current literature, but instead is illustrative of the scope and heterogeneity of current estimates, each bound by limitations of the data including location of the samples collected, ages represented, and comparison of pregnancy rates vs. birth rates.

As noted by King and colleagues (2014), “Mixed findings concerning teen pregnancy and birth rates among girls in foster care likely reflect geographic variations, secular trends, and different inclusionary criteria. Studies based on point-in-time (e.g., on the last day of the year) estimates of girls in foster care who give birth fail to capture all girls who give birth in a single year because not all teen mothers remain in care while pregnant or after giving birth” (p. 180).

Appendix 2

Recommendations of the Independent Living Advisory Council Related to Pregnant and Parenting Teens in Florida.³³

According to the spring 2015 Report of the MyServices survey, 7% of the surveyed 17 year-old youth in foster care reported having a child or children. An additional 3% were pregnant. The state child welfare system is responsible for ensuring that all youth in foster care are safe, healthy, permanently connected to families, and have the skills they need to be successful. There is a growing recognition among child welfare professionals that designing service delivery methods specifically for pregnant and parenting youth in foster care is a critical part of this responsibility. Adolescent parents face multiple obstacles in balancing their own transition to adulthood with raising a child. Below are several recommendations identified during the past year by the Independent Living Services Advisory Council Pregnant and Parenting Teens Workgroup. The workgroup was composed of representatives from the Department of Children and Families, Community-Based Care lead agencies, Florida Coalition for Children, maternity home providers, child advocates, and other stakeholders.

Safety – Research conducted by the Center for Prevention and Early Intervention Policy at Florida State University has found that approximately two-thirds of adolescent parents studied are ready to safely parent their children. **In order to ensure the safety of all children born to teen parents in foster care, this workgroup recommends:**

- Child welfare professionals should conduct risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities. Information gathered by a risk assessment would be used to determine whether identified dangers or safety threats can be offset or controlled by the protective capacities of one or more adults in the home, and in subsequent safety planning.
- Case plans for pregnant and parenting teens in foster care should include a plan for the care and safety of the teen's child(ren).
- The cases of a teen and his or her children should be connected with a single case manager.

Family Engagement – Family relationships, both positive and negative, play a key role in the lives of pregnant and parenting teens. **This workgroup recommends for child welfare professionals:**

- Changing and broadening perspectives to see the whole family unit. For example, encouraging intergenerational parenting classes, grandparent support groups, sibling groups, etc.
- Assessing and developing healthy relationships between the teen and an extended network of family support.
- Being flexible to accommodate complex family schedules.

Developmental Influences – Current or past experiences of poor mental health, low self-esteem, low levels of education, poverty, trauma, childhood adversity (including abuse and neglect), previous pregnancies, violence, and human trafficking, may deeply impact the youth being served. **This workgroup recommends for child welfare professionals:**

- Using an ecological model when working with youth (family, peers, school, and community).
- Applying a holistic approach – including trauma-informed care, dating/intimate partner violence, cultural/racial/ethnic considerations.
- Incorporating and tailoring messages and activities for diverse groups.
- Recognizing triggers.

Cross-Systems Training – Engaging pregnant and parenting youth in meaningful assessments and service delivery requires qualified staff who have been trained to support these young adults to build, prepare and maintain their own support teams; identify appropriate placements for themselves and their children; engage in healthy relationships; and ensure their children's healthy development. **Therefore, this workgroup recommends:**

- Additional cross-systems training and sharing between case managers, service providers, and the Department of Children and Families.
- Inclusion in pre-service training for case managers, specialized training on how to best serve pregnant and parenting teens in foster care.

Data Collection and Evaluation – The state information management system must analyze and use the following information about this population, its needs, and outcomes. **Therefore, this workgroup recommends the annual collection and review of the following data:**

- Number and percent of youth in foster care who are pregnant, along with their demographic information (age, race, ethnicity, placement history, educational status).

- Number and percent of young men in foster care who are fathers, along with their demographic information (age, race, ethnicity, placement history, educational status).
- Number and percent of fathers who are actively connected and involved in their baby's growth and development.
- Number and percent of young parents who complete high school, are enrolled in college or postsecondary education program, or have access to meaningful job training or employment opportunities.
- Number and percent of young parents who exit foster care to live with family.
- Number and percent of babies of young parents in foster care who are born full-term and without drug exposure.
- Number and percent of children born to young parents in foster care who are enrolled in a high-quality early care and education program.
- Number and percent of parenting youth who remain in care to age 21 and/or reenter care.

Additionally, this workgroup recommends the creation of a group care workgroup in the upcoming year to examine challenges and best practices related to group care, and to continue to monitor the implementation of the recommendations put forth by the Pregnant and Parenting Teens Workgroup.

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