
Child Welfare Services Involvement among the Children of Young Parents in Foster Care

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Introduction and Background

The teenage birth rate in the United States has dropped sharply over the past two decades, falling from 61.8 births per 1,000 15- to 19-year-old females in 1991 to 26.6 births per 1,000 15- to 19-year-old females in 2013 (Ventura, Hamilton, & Mathews, 2014). Despite this precipitous decline, the rate of teenage childbearing is still far higher in the U.S. than any other developed country. Moreover, although teenage birth rates have declined among all racial and ethnic groups, some adolescents continue to be at very high risk of becoming parents. Among these adolescents are youth in foster care.

The federal government does not require states to report the number of youth in foster care who are parents, and most states do not have a system to track this information. Hence, much of what we know about the high rate of early parenthood among this population comes from just a handful of studies. One of these studies, *The Midwest Evaluation of the Adult Functioning of Former Foster Youth* (Midwest Study), followed more than 700 young people in Iowa, Wisconsin, and Illinois as they transitioned out of foster care and into adulthood. By age 19, 32 percent of the young women and 14 percent of the young men in the Midwest Study reported that they had at least one child, compared with 12 percent of 19-year-old young women and 7 percent of 19-year-old young men in the general population (Courtney et al., 2005; Dworsky & Courtney, 2010).

More recently, Putnam-Horstein, Cederbaum, King, and Needell (2013) linked child protective services (CPS) records from the California Department of Social Services to birth records from the California Department of Public Health using probabilistic matching to estimate the percentage of 17 year-old female foster youth in Los Angeles County who gave birth during their teen years. Of the 6,749 young women who were in foster care at age 17 between 2003 and 2007, 11.5 percent gave birth at least once before age 18 and 27.5 percent gave birth at least once before age 20.

There are a number of reasons to be concerned about the ability of youth in foster care who become young parents to adequately care for their children. First, many adolescent parents lack basic parenting skills and

their limited knowledge about child development can lead to unrealistic expectations of child behavior (Borkowski et al., 2007). Normal adolescent egocentrism can also make it difficult for teenage parents to recognize and respond to their children's needs and feelings (Noria, Weed, & Keogh, 2007; Coley & Chase-Lansdale, 1998). The developmental impacts of the abuse, neglect, or other trauma they have experienced, combined with a lack of positive and stable parenting during childhood, may mean that youth in foster care are even less prepared for early parenthood than other adolescent parents.

Second, a number of studies have examined the relationship between maternal age at birth and child maltreatment. Although some of this research is dated, it does suggest that children born to teenage mothers are at increased risk of child abuse or neglect compared with children whose mothers were older when their first child was born (Connelly & Strauss, 1992; Stier, Leventhal, Berg, Johnson, & Mezger, 1993; George, Harden, & Lee, 2008).

And third, studies of intergenerational maltreatment have found a positive relationship between a maternal history of childhood maltreatment and abusive or neglectful parenting (Berlin, Appleyard, & Dodge, 2011; Dixon, Browne, & Hamilton-Giachritsis, 2005; Dixon, Hamilton-Giachritsis, & Browne, 2005; Ertem, Leventhal, & Dobbs, 2000; Thornberry & Henry, 2013).¹ Although most intergenerational maltreatment research has not focused on adolescent parents (de Paúl and Domenech, 2000; Valentino, Nuttall, Cmoas, Borkowski, & Akai, 2012; Zuravin & DiBlasio, 1992), the findings from two recent studies suggest that children whose adolescent mothers were neglected or abused may be at increased risk of being maltreated relative to children whose adolescent mothers have no childhood abuse or neglect history.

Bartlett and Easterbrooks (2012) used state child protective services records to examine the relationship between a childhood history of physical abuse and neglectful parenting among 60 adolescent parents who were enrolled in a statewide home visiting program for first time mothers. One-quarter of the young mothers neglected their children, and the odds of being a neglectful parent quadrupled if the young mother had a history of being physically abused. However, the sample size was very small and data on whether the adolescent mother had been physically abused during childhood were missing for over 40 percent of the 92 program participants.

These methodological problems were not an issue for the second study. Putnam-Hornstein and colleagues (2013) linked birth records for all Los Angeles County 15- to 19-year-olds who gave birth for the first time in 2006 or 2007 to statewide child protective services records. Sixteen percent of the children whose

¹ See Thornberry, Knight, & Lovegrove (2012) for a discussion of the methodological problems with some of this research.

mothers had no childhood maltreatment report between their tenth birthday and becoming pregnant were reported as victims of abuse or neglect before age five compared with 31 percent of children whose mothers had an unsubstantiated childhood maltreatment report and 40 percent of children whose mothers had a substantiated childhood maltreatment report. Moreover, a maternal history of alleged or substantiated maltreatment was the strongest predictor of both reported and substantiated maltreatment by age 5, even after adjusting for other risk factors.

Despite the high rate of early parenthood among youth in foster care as well as the increased risk of child maltreatment among children whose adolescent parents have been neglected or abused, very little is known about child welfare services involvement among children whose parents were in foster care when they were born. In fact, Putnam-Hornstein and colleagues specifically excluded youth who were in foster care on or after their estimated date of conception from their analysis to avoid potential surveillance bias (i.e., an increased likelihood that child maltreatment will be observed and reported because of the many interactions youth in foster care have with caseworkers and other service providers).

The present study aims to begin to fill this gap by examining child welfare services involvement among children whose parents were under the care and supervision of the Illinois Department of Children and Family Services (DCFS).

Data Sources and Sample

The data for this study came from three sources.

- The Teen Parenting Service Network (TPSN) is a group of nonprofit agencies created by Uhlich Children's Advantage Network (UCAN) in 1998 to provide a wide range of services and supports to pregnant and parenting youth in DCFS care.² Its database includes information about all of TPSN's pregnant and parenting clients and their children. Chapin Hall received an Excel file from TPSN containing records for every parent-child dyad served between 2000 and 2012.
- The Child Abuse and Neglect Tracking System (CANTS) is a DCFS database that contains information about all child abuse and neglect reports that result in an investigation. For each investigated report, CANTS includes the date the report was made, the source of the report (e.g., physician, teacher, police) the names and birthdates of the children who were alleged to have been maltreated, the relationship of the alleged perpetrator to the children, the type(s) of maltreatment that were alleged to have occurred, and the outcome of the investigation (i.e., unfounded or indicated).
- The Child and Youth Centered Information System (CYCIS) is a DCFS database that tracks the provision of child welfare services, including out-of-home care. For every out-of-home care placement a child experiences, CYCIS contains the entry and exit dates, the reason the child was placed in care, (e.g., abuse, neglect, or dependency), the child's permanency goal (e.g., reunification, adoption), the type(s) of care in which the child was placed (e.g., foster home, relative home), the start and end dates of each placement, and the child's discharge outcome (e.g., reunification, adoption, subsidized guardianship).

² Prior to its statewide expansion in 2010, TPSN only served pregnant and parenting youth in Cook County and the surrounding collar counties of DuPage, Kane, Lake, McHenry, and Will.

Chapin Hall uses probabilistic matching to link records in the CANTS data to records in the CYCIS data based primarily on a combination of the components of the parent or child's name and birth date.³ The result of this probabilistic match is a link file that contains each parent or child's unique CYCIS identification number and corresponding unique CANTS identification number(s). The TPSN data include the CYCIS identification number of every pregnant or parenting client as well as the children of those clients (regardless of whether their children are in DCFS care). These CYCIS identification numbers were used to link the TPSN data to the CYCIS and CANTS data for both the TPSN parents and their children.

To be included in the study, children had to have been born between 2000 and 2008 to a youth who was in DCFS care when they first became a parent. Because the CANTS and CYCIS data were available through the end of 2013, excluding children born on or after January 1, 2009 ensured that all the children in the study could be observed for a full five years.

³ Those components include first name, middle name, last name, soundex of first name, soundex of last name, first letter of first name, middle initial, birthdate, birth year, birth month. Additional matching variables include: race, sex, and county.

Characteristics of TPSN Children and Their Parents

Table 1 provides information about the 2,487 children born between 2000 and 2008 to a youth who was in DCFS care when they first became a parent. The sample contains roughly the same number of male and female children and is predominantly African American. Eighty-five percent of the children's mothers and 17 percent of their fathers were in DCFS care at the time of their birth. Only 3 percent of their parents were still in DCFS care at the end of the observation period (i.e., December 31, 2013).

Table 1. Characteristics of TPSN Children Born between 2000 and 2008 (*N* = 2,487)

Characteristic	Frequency	Percentage
Gender		
Female	1,203	48.4
Male	1,172	47.1
Missing	112	4.5
Race or ethnicity		
African American	2,082	83.7
White	109	4.4
Latino or Hispanic	149	6.0
Other	5	0.2
Missing	142	5.7
Parent in DCFS care		
Mother in DCFS care	2,060	82.8
Father in DCFS care	378	15.2
Mother and father in DCFS care	49	2.0
Parent in DCFS care at end of observation period		
Yes	75	3.0
No	2,412	97.0

Table 2 provides information about the 1,972 parents of these children. Young mothers outnumber young fathers by a ratio of 4 to 1, and, like their children, they are predominantly African American. Although Cook County currently accounts for approximately 40 percent of the state’s child welfare caseload (Illinois Department of Children and Family Services, 2014), 83 percent of these young parents were Cook County youth. This reflects the fact that TPSN only covered Cook County and the surrounding collar counties until 2010. Ten percent of these parents were identified in the DCFS data as having a disability.⁴ Because this field is not routinely updated over time, it is likely that the percentage of young parents with a disability is higher than these data suggest. About a quarter of these youth became parents for the first time before their 17th birthday and 70 percent had their first child before age 19. Thirty percent of these young parents had more than one child by the time they exited DCFS care (or by December 31, 2012, in the case of youth who were still in care on that date). Almost all of these young parents had emancipated from DCFS care by the end observation period, and their mean age at exit was 20.8 years old.

Table 2. Characteristics of TPSN Parents (*N* = 1,972)

	Frequency	Percentage
Gender		
Female	1,630	82.7
Male	342	17.3
Race or ethnicity		
African American	1,722	87.3
White	114	5.8
Latino or Hispanic	117	5.9
Missing	15	0.8
Other	4	0.2
Region		
Central	256	13.0
Cook	1,661	84.2
Northern	37	1.0
Southern	18	0.9
Parent identified as having a disability		
Yes	200	10.1
No	1,772	89.9

⁴ By far, the three most common disabilities were learning disabilities (*n* = 68), developmental disabilities (*n* = 41) and mental disabilities (*n* = 39).

Age at first birth		
15 years old or younger	162	12.2
16 years old	274	13.9
17 years old	436	22.1
18 years old	429	21.8
19 years old	367	18.6
20 years old	225	11.4
Mean age at first birth in years		18.0
Number of children ^a		
1	1367	69.3
2	492	25.0
3 or more	113	5.7
Mean number of children		1.4
Discharge outcome as of 12/31/2013		
Reunification	17	0.9
Adoption	5	0.3
Subsidized guardianship	1	0.5
Still in care	24	1.2
Emancipation	1925	97.6
Age at exit		
17 years old or younger	15	0.8
18 years old	55	2.8
19 years old	95	4.8
20 years old	690	35.0
21 years old	1,117	56.6
Mean age at exit in years		20.8

^a Includes children born prior to the parent' exit from DCFS care or through December 31, 2012, whichever came first.

CPS Investigations and Indicated Reports

Thirty-nine percent of the 2,487 children were the subject of at least one CPS investigation before their 5th birthday (see Table 3). Children were most likely to be the subject of an investigation involving neglect allegations and least likely to be the subject of an investigation involving sexual abuse allegations.⁵ On average, these children were the subject of 2.3 investigations before their 5th birthday and their mean age at the time of their first investigation was 1.3 years old.

Seventeen percent of all the children, or 45 percent of the children who were the subject of a CPS investigation, were the subject of at least one indicated report. Children were most likely to be the subject of an indicated report involving neglect allegations and least likely to be the subject of an indicated report involving sexual abuse allegations. On average, these children were the subject of 1.4 indicated reports before their 5th birthday and their mean age at the time of their first indicated report was 1.5 years old.

Table 3. Any CPS Investigation or Indicated Report before Age 5 by Maltreatment Type (N = 2,487)

Maltreatment type	At least one CPS investigation			At least one indicated report		
	<i>n</i>	% of all children	% of children with a CPS investigation	<i>n</i>	% of all children	% of children with an indicated report
All	971	39.0	100.0	433	17.4	100.0
Neglect	825	33.2	85.0	292	11.7	67.4
Physical abuse	440	17.7	45.3	190	7.6	43.9
Sexual abuse	102	4.1	10.5	15	0.6	3.5

A total of 2,868 allegations involving these children were investigated before the children were 5 years old, and 25 percent of those allegations were indicated (see Table 4). A majority of the allegations, including the

⁵ Children could be the subject of a single investigation involving more than one type of maltreatment; multiple investigations, each involving a different type of maltreatment; or multiple investigations, each involving multiple types of maltreatment.

indicated allegations, involved neglect. However, allegations involving physical abuse were more likely to be indicated than allegations involving neglect or sexual abuse.

Table 4. Number and Type of Child Maltreatment Allegations before Age 5

	All allegations		Indicated allegations		Indication rate
	Frequency	Percentage	Frequency	Percentage	
Total allegations	2,868	100	702	100	24.5
Neglect allegations	2,037	71.0	434	61.8	21.3
Physical abuse allegations	707	24.7	241	34.3	34.1
Sexual abuse allegations	124	4.3	27	3.9	21.8

Table 5 shows the most common allegations of neglect and physical abuse that were investigated and indicated. The most common allegations of neglect involved substantial risk of physical abuse or harm and inadequate supervision. However, inadequate supervision was, by far, the most common indicated allegation. Almost half the allegations of physical abuse involved substantial risk of physical abuse or harm; another quarter involved cuts, bruises, or welts. Substantial risk of physical abuse or harm also accounted for half the indicated allegations of physical abuse; cuts, bruises or welts and substantial risk of physical injury accounted for another quarter.

Table 5. Most Common Allegations before Age 5

	All allegations		Indicated allegations	
	<i>(n = 2,037)</i>		<i>(n = 434)</i>	
<i>Neglect allegations</i>				
Substantial risk of physical abuse or harm	806	39.6	72	16.6
Inadequate supervision	594	29.2	230	53.0
Medical neglect	210	10.3	55	12.7
Environmental neglect	117	5.7	12	2.8
Inadequate food	97	4.8	12	2.8
Inadequate shelter	60	3.0	5	1.2
<i>Physical abuse allegations</i>				
	<i>(n = 707)</i>		<i>(n = 241)</i>	
Substantial risk of physical abuse or harm	349	49.4	117	48.6
Cuts, bruises, and welts	182	25.7	46	19.1
Substantial risk of physical injury	66	9.3	33	13.7
Burns or scalding	48	6.8	8	3.3
Bone fractures	17	2.4	10	4.2
Brain damage or skull fracture	13	1.8	9	3.7
Internal injuries	8	1.1	6	2.5

Table 6 shows the source of all the investigated reports that were made before these children were five years old. The largest percentage came from non-DCFS social service personnel. The three next most common sources were health care personnel, police, and family or friends.

Table 6. Source of Child Maltreatment Reports before Age 5

	All CPS investigations		Indicated reports	
	Frequency	Percentage	Frequency	Percentage
Social service personnel	908	41.0	378	38.9
Health care personnel	315	14.2	174	17.9
Police	248	11.2	121	12.5
Family or friend	234	10.6	98	10.1
Anonymous or missing	228	10.4	77	8.0
Other	104	4.7	45	4.6
DCFS staff	81	3.7	26	2.7
Child care provider	39	1.8	13	1.3
School personnel	34	1.5	12	1.2
Mental health provider	22	1.0	8	0.8

Table 7 distinguishes between CPS investigations that occurred while parents were still in DCFS care and those that occurred after their exit. Nearly one-third of the children were the subject of at least one investigation while their parent was in DCFS care and 14 percent were the subject of at least one investigation after their parent had exited.⁶ One hundred forty children are included in both groups. Regardless of whether their parent was still in DCFS care, children were most likely to be the subject of an investigation involving allegations of neglect and least likely to be the subject of an investigation involving allegations of sexual abuse.

Table 7. Any CPS Investigation before Age 5 by Maltreatment Type and Parent's DCFS Status

Maltreatment type	While parent was in DCFS care (<i>n</i> = 2,478)			After parent exited DCFS care (<i>n</i> = 2,412) ^a		
	<i>n</i>	% of all children	% of children with a CPS investigation	<i>n</i>	% of all children	% of children with a CPS investigation
All	778	31.2	100.0	333	13.8	100.0
Neglect	667	27.3	87.0	256	10.6	76.9
Physical abuse	341	12.9	41.1	131	5.4	39.3
Sexual abuse	57	2.2	7.0	45	1.9	13.5

^a This only includes children whose parent had exited care by the end of the observation period

Table 8 distinguishes between indicated reports that were made while parents were still in DCFS care and those that were made after their exit. Fourteen percent of the children were the subject of at least one indicated report while their parent was in DCFS care and 5 percent were the subject of at least one

⁶ The 14 percent was calculated based on the number of children whose parent had exited care by the end of the observation period (*n* = 2,412).

indicated reported after their parent had exited.⁷ Twenty seven children are included in both groups. Regardless of whether their parent was still in DCFS care, children were most likely to have an indicated report involving allegations of neglect and least likely to have an indicated report involving allegations of sexual abuse.

Table 8. Any Indicated Report before Age 5 by Maltreatment Type and Parent’s DCFS Status (N = 2,487)

Maltreatment type	While parent was in DCFS care (n = 2,487)			After parent had exited DCFS care (n = 2,412) ^a		
	n	% of all children	% of children with an indicated report	n	% of all children	% of children with an indicated report
All	343	14.2	100.0	117	4.9	100.0
Neglect	233	9.9	69.8	74	3.1	63.2
Physical abuse	148	5.8	40.5	47	1.9	40.2
Sexual abuse	15	0.7	4.7	8	0.3	6.8

^a This only includes children whose parent had exited care by the end of the observation period

Table 9 shows the number of allegations investigated and indicated while parents were still in DCFS care and after their exit. Of the 2,140 allegations that were investigated while the parents of these children were in DCFS care, 26 percent were indicated. Of the 728 child maltreatment allegations that were investigated after the parents of these children had exited, 21 percent were indicated. Regardless of whether the parents of these children were still in DCFS care, a majority of the allegations involved neglect.

Table 9. Number and Type of Allegations and Indicated Allegations before Age 5 by Parent’s DCFS Care Status

	All allegations		Indicated allegations		Indication rate
	Frequency	Percentage	Frequency	Percentage	
<i>While parent was in DCFS care</i> (N = 2,487)					
Total allegations	2,140	100.0	548	100.0	25.6
Neglect allegations	1,554	72.6	345	63.0	22.2
Physical abuse allegations	519	24.3	185	33.8	35.6
Sexual abuse allegations	67	3.1	18	3.3	26.9
<i>After parent had exited DCFS care</i> (N = 2,412)					
Total allegations	728	100.0	154	100.0	21.2
Neglect allegations	483	66.3	89	57.8	18.4
Physical abuse allegations	188	25.8	56	36.4	29.8
Sexual abuse allegations	57	7.8	9	5.8	15.8

⁷ The 5 percent was calculated based on the number of children whose parent had exited care by the end of the observation period (n = 2,412).

Table 10 shows the most common types of allegations of neglect and physical abuse that were investigated while parents were still in DCFS care and after their exit. The most common allegations of neglect involved substantial risk of physical abuse or harm and inadequate supervision. This was true regardless of whether the allegations were made while the parents of these children were still in DCFS care. That was not the case for allegations of physical abuse. While the parents of these children were in DCFS care, more than half the allegations of physical abuse involved substantial risk of physical abuse or harm. Allegations involving cuts, bruises, and welts and substantial risk of physical injury each accounted for another 10 to 20 percent. By contrast, after the parents had exited, allegations of physical abuse were about as likely to involve cuts, bruises, or welts as they were to involve substantial risk of physical abuse or harm.

Table 10. Most Common Investigated Allegations before Age 5 by Parent’s DCFS Status

	While parent was in DCFS care		After parent had exited DCFS care	
	Frequency	Percentage	Frequency	Percentage
<i>Neglect allegations</i>	(n = 1554)		(n = 483)	
Substantial risk of physical abuse or harm	642	41.3	164	34.0
Inadequate supervision	456	29.3	138	28.6
Medical neglect	181	11.7	29	6.0
Inadequate food	67	4.3	30	6.2
Environmental neglect	61	3.9	56	11.6
Burns or scalding	30	1.9	12	2.5
Inadequate shelter	28	1.8	32	6.6
<i>Physical abuse allegations</i>	(n = 519)		(n = 188)	
Substantial risk of physical abuse or harm	275	53.0	74	39.4
Cuts, bruises, and welts	100	19.3	82	43.6
Substantial risk of physical injury	66	12.7	0	0.0
Burns or scalding	33	6.4	15	8.0
Bone fractures	13	2.5	4	2.1

Table 11 shows the most common types of allegations of neglect and physical abuse that were indicated while parents were still in DCFS care and after their exit. While the parents of these children were in DCFS care, half the indicated allegations of neglect involved substantial risk of physical abuse or harm, with inadequate supervision and medical neglect each accounting for another 10 to 20 percent. By contrast, after the parents had exited, more than 60 percent of the neglect allegations involved inadequate supervision; substantial risk of physical abuse or harm accounted for only 9 percent. While the parents of these children were in DCFS care, just over half the indicated allegations of physical abuse involved substantial risk of physical abuse or harm, with cuts, bruises, or welts and substantial risk of physical

injury each accounting for between 10 and 20 percent. After the parents had exited, the largest percent of indicated allegations of physical abuse involved cuts, bruises, or welts, followed closely by substantial risk of physical abuse or harm.

Table 11. Most Common Indicated Allegations before Age 5 by Parent’s DCFS Status

	While parent was in DCFS care		After parent had exited DCFS care	
	Frequency	Percentage	Frequency	Percentage
<i>Neglect allegations</i>	(n = 345)		(n = 89)	
Substantial risk of physical abuse or harm	64	50.7	8	9.0
Inadequate supervision	175	18.6	55	61.8
Medical neglect	45	13.0	10	11.2
Inadequate food	9	2.6	3	3.4
Burns or scalding	9	2.6	2	2.3
Failure to thrive	7	2.0	1	1.1
<i>Physical abuse allegations</i>	(n = 185)		(n = 56)	
Substantial risk of physical abuse or harm	97	52.4	20	35.7
Substantial risk of physical injury	33	17.8	0	0.0
Cuts, bruises, and welts	22	11.9	24	42.9
Burns or scalding	8	4.3	2	3.6
Bone fractures	8	4.3	2	3.6

Table 12 shows the source of the investigated and indicated reports that were made before these children were five years old while parents were still in DCFS care and after their exit. While the parents of these children were in DCFS care, half of the investigated reports and nearly as many of the indicated came from non-DCFS social service personnel. The three next most common sources were health care personnel, police, and family or friends. By contrast, after the parents of these children had exited, the largest percentage of reports came from the police, followed by family and friends and health care personnel.

Table 12. Source of CPS Reports Before Age 5 by Parent's DCFS Status

	While parent was in DCFS care				After parent had exited DCFS care			
	<i>Investigated reports</i>		<i>Indicated reports</i>		<i>Investigated reports</i>		<i>Indicated reports</i>	
	#	%	#	%	#	%	#	%
Social service personnel	845	50.3	363	46.7	52	9.8	31	9.3
Health care personnel	222	13.2	131	16.8	92	17.3	60	18.0
Police	142	8.5	69	8.9	112	21.1	75	22.5
Family or Friend	136	8.1	71	9.1	93	17.5	62	18.6
Anonymous or missing data	169	10.1	68	8.8	64	12.0	38	11.4
Other	57	3.4	27	3.5	21	4.0	11	3.3
DCFS staff	51	3.0	27	3.5	20	3.8	11	3.3
School personnel	32	1.9	9	1.2	63	11.8	35	10.5
Child care provider	14	0.8	7	0.9	7	1.3	5	1.5
Mental health provider	13	0.8	6	0.8	8	1.5	5	1.5

Out-of-Home Care Placements

Thirteen percent ($n = 327$) the 2,487 children were placed in out-of-home care at least once before their 5th birthday. This includes 12 percent who entered while their parent was in DCFS care ($n = 287$) and 2 percent who entered after their parent had exited ($n = 47$). (Seven children entered out-of-home care both before and after their parent's exit.) Table 13 provides information about the first time these children were placed in out-of-home care.

Nearly 60 percent of the children were less than 12 months old at entry. By far, neglect was the most common reason for their placement. Just over half the children were placed in either a foster home or in the home of a relative when they first entered out-of-home care; another 40 percent were first placed in a shelter. For children who were in out-of-home care long enough for a permanency goal to be established, the most common permanency goal was adoption, followed by return home. Although 16 percent of these children were still in their first out-of-home care spell when the observation period ended, nearly 80 percent had achieved permanency through reunification, adoption, or subsidized guardianship.⁸

⁸ Forty-six percent of the children who achieved permanency did so on or after their 5th birthday. This includes 9 children who were returned home, 64 children who were adopted, and 9 children who were placed in subsidized guardianship.

Table 13. Experiences of Children during Their First Out-of-Home Care Spell (n = 327)

	Frequency	Percentage
Age at entry		
Less than 1 year old	193	59.0
1 year old	66	20.2
2 years old	37	11.3
3 or 4 years old	31	9.5
Mean age	1.2 years old	
Placement reason		
Neglect	255	78.0
Abuse	57	17.4
Dependency	13	4.0
Other	2	0.6
First placement type		
Foster home	87	26.7
Relative home	83	25.5
Shelter	126	38.7
Other	30	9.2
Permanency goal		
Return home	57	17.4
Adoption	124	37.9
Guardianship	26	8.0
Other	29	8.8
Missing	91	27.8
Discharge outcome as of 12/31/2013		
Reunification	127	38.8
Adoption	114	34.9
Still in care	52	15.9
Subsidized guardianship	18	5.5
Other	16	4.9

Although most of these children had only one out-of-home care spell prior to their 5th birthday, 19 percent of those who exited their first out-of-home care spell re-entered before they were five years old. This includes 47 children who re-entered once and four who re-entered twice. All but 10 percent achieved

permanency by the end of the observation period, primarily through adoption (61%) but also through reunification (18%) and subsidized guardianship (12%).⁹

Table 14 provides additional information about the 327 children who entered out-of-home care at least once prior to their 5th birthday. Specifically, it shows the total number of placements they experienced and the total number of months they spent in out-of-home care before age five.¹⁰ The results are presently separately for the children who were still in care on their 5th birthday ($n = 170$) and for the children who were not ($n = 157$).

Forty-eight percent of the children who were no longer in care on their 5th birthday had experienced only one placement and 37 percent had spent no more than one year in out-of-home care. By comparison, almost 60 percent of the children who were still in care on their 5th birthday had already experienced three or more placements and 42 percent had already spent more than 48 months in care.

Table 14. Total Number of Placements and Time in Care Before Age 5

	Still in care on 5th birthday ($n = 170$)		No longer in care on 5th birthday ($n = 157$)	
	Frequency	Percentage	Frequency	Percentage
Number of placements				
One	25	14.7	76	48.4
Two	45	26.5	39	24.8
Three	48	28.2	28	17.8
Four	26	15.3	8	5.1
Five or more	26	15.3	6	3.8
Mean number of placements	3.0		1.9	
Length of first spell in months				
< 1 month	2	1.2	47	29.9
1–12 months	13	7.7	12	7.6
12–24 months	14	8.2	19	12.1
25–36 months	30	17.7	28	17.8
37–48 months	39	22.9	33	21.0
49–60 months	70	41.2	18	11.5
> 60 months	2	1.2	0	0.0
Mean length of first spell	40.6 months		23.6 months	

⁹ Two-thirds of the children who achieved permanency did so on or after their 5th birthday. This includes 5 children who were returned home, 20 children who were adopted, and 6 children who were placed in subsidized guardianship.

¹⁰ The total number of placements only includes placements that DCFS counts as “paid” (i.e., traditional or treatment foster homes, relative foster care, group homes, or residential care). It does not include other non-placement “events” such as runaway episodes, detentions and incarcerations, or hospitalizations.

Predictors of Child Welfare Services Involvement

The predictors of child welfare services involvement among these children were examined by estimating a hazard model for each of three outcomes: CPS investigations, indicated reports, and out-of-home care placements. Hazard models, which can be used to look at the relationship between the timing of an event (e.g., the date a child maltreatment report is made or the date a child enters foster care) and an array of explanatory variables, have a number of advantages over other multivariate techniques (Allison, 1984). First, unlike logistic regression models, hazard models take not just the occurrence of the event but also its relative timing into account. Second, hazard models can accommodate time-varying covariates, which allow the value of explanatory variables to change over time. And third, hazard models can handle censored cases (e.g., children for whom no maltreatment report is made or children who do not enter out-of-home care).¹¹

The hazard can be thought of as the instantaneous risk that an event will occur at a particular point in time, conditional on the fact that it has not already occurred. If the covariate is a continuous variable, the parameter estimate can be interpreted as the effect of a unit change in the covariate on the log of the hazard, controlling for all the other covariates in the model. Alternatively, if the covariate is a dichotomous variable, the parameter estimate can be thought of as the difference between the log of the hazard for the group whose value is one and the log of the hazard for the group whose value is zero when all of the other covariates in the model are controlled (Yamaguchi, 1991). Exponentiating the coefficients converts them into estimated hazard ratios. If the covariate is dichotomous, a hazard ratio greater than one means that the

¹¹ A case is right censored if the event does not occur before the observation period ends and left censored if there is a risk of experiencing the event before the observation period begins (Allison, 1984). Dropping censored cases from the analysis can substantially reduce the size of the sample; assigning the maximum possible observation time can result in biased parameter estimates.

hazard is higher for the group whose value is one than for the group whose value is zero. Conversely, a hazard ratio less than one means that the hazard is higher for the group whose value is zero than for the group whose value is one. If the covariate is continuous, the hazard ratio can be interpreted as the change in hazard associated with a one-unit increase in the value of that variable.

The most common type of hazard model is the Cox proportional hazard. This semiparametric model assumes that hazard ratio for any two individuals remains constant (i.e., proportional) over time.¹² Because it uses information about the relative ordering of events, it does not require specification of a baseline hazard function. Hence, the Cox proportional hazard model is particularly appropriate if one is more interested in the effects of explanatory variables on the baseline hazard than in the shape of the baseline hazard itself (Allison, 1984).

Before the hazard models could be estimated, two potential complications needed to be addressed. First, of the 1,972 TPSN parents who gave birth to or fathered their first child between 2000 and 2012 and were in DCFS care when that child was born, 605 gave birth to or fathered one or more additional children by the time they exited care (or by December 31, 2012). Because observations for children who had the same parent would not have been independent, the event history analysis was limited to firstborn children or children with no siblings.

Second, because very little information was available about the nearly 60 percent of children who had no child welfare services involvement prior to their 5th birthday, almost all the covariates in the hazard models were parent-level measures of demographic characteristics or out-of-home care experiences. This posed a problem when it came to dealing with the 49 children who had both a mother and a father in DCFS care. In most cases, it was possible to determine whether the child was living with the mother ($n = 41$), the father ($n = 2$) or both ($n = 2$) using the TPSN data. If the mother was the sole custodial parent, the values of the covariates in the model were based on her demographic characteristics or out-of-home care experiences. Conversely, if the father was the sole custodial parent, the values of covariates in the model were based on his demographic characteristics or out-of-home care experiences. Because the vast majority of these children were living with their mother, the mother's demographic characteristics and out-of-home care experiences were also used if the child was living with both parents ($n = 2$) or if the parent with whom the child had been living could not be determined ($n = 2$).

¹² Although the model assumes that the effects of the covariates are constant over time (i.e., that they do not interact with time), interactions between time and covariates can be incorporated into the model by including interaction terms (Allison, 1984).

Dependent Variables

Three hazard models were estimated. The first model predicted time until the child's first CPS investigation, with children who were never the subject of an investigation treated as censored cases. The second predicted time until the child's first indicated report, with children who were never the subject of an indicated report treated as censored cases. The third predicted time until the child's first out-of-home care placement, with children who were never placed in out-of-home care treated as censored cases.

Independent Variables

Parent gender. The gender of the child's parent was coded 1 if the parent was female or 0 if the parent was male.

Parent race or ethnicity. The race or ethnicity of the child's parent was coded 1 if the parent was African American and 0 otherwise.

Parent age at first birth. Parent age at first birth was represented by a continuous variable.¹³

Parent disability. CYCIS includes a disability field which is used to indicate whether a youth in care has one of 53 possible disabilities. Youth were coded as having a disability if one of those 53 values had been entered into the disability field.¹⁴

DCFS region. This dichotomous variable was coded 1 if the parent's case was in Cook County and 0 if it was in one of the other three regions (i.e., Northern, Central or Southern).

Length of time in care. This continuous variable represents the number of days the child's parent had been in DCFS care prior to child's birth.

Runs from placement. This continuous variable represents the number of times the child's parent had been away from a placement without permission prior to child's birth.

Number of placements. This continuous variable represents the number of placements the child's parent had experienced prior to the child's birth (including the placement the parent was in when the child was born). Placements could include traditional foster homes, treatment foster homes, relative foster care, group homes, and residential care. A placement was not counted twice if it was interrupted by a non-placement event such as runaway episodes, detentions or incarcerations, or hospitalizations.

¹³ Several alternative specifications for age at first birth were tried, including a set of five dummy variables: less than 15 years old, 15 years old, 16 years old, 17 years old, and 18 years old. The results were substantively the same regardless of which specification was used.

¹⁴ Youth were not counted as having a disability if the value entered into the disability field indicated that the youth needed mental health services.

Parent maltreatment history. Three dichotomous variables were created to reflect the parent’s history of child maltreatment prior to the birth of the child. The first was coded 1 if the parent had an indicated report involving neglect and 0 otherwise. The second was coded 1 if the parent had an indicated report involving physical abuse and 0 otherwise. The third variable was coded 1 if the parent had an indicated report involving sexual abuse and 0 otherwise.¹⁵

Number of children. This time-varying covariate took on an initial value of 0 (because the analysis was limited to firstborn children) but could increase over time if the child’s parent gave birth to or fathered another child while the parent was still in care. Although it is possible that some parent gave birth to or fathered other children after they had exited care, those children would not have been captured in the TPSN data.

DCFS care status. This time-varying dichotomous variable was coded 1 while the child’s parent was in DCFS care and then reset to 0 once the parent had exited.

Table 15 shows the estimated hazard ratios from the three models when the only covariate in the model was the time-varying covariate that indicated whether the child’s parent was still in DCFS care. The parameter estimates for this time-varying covariate were all positive and statistically significant and their corresponding hazard ratios are all significantly greater than one. Thus, the hazard of experiencing a first CPS investigation, a first indicated report, or a first out-of-home care placement was higher for children while their parent was in DCFS care than after their parent had exited.

Table 15. Models Predicting Child Welfare Services Involvement (N = 1,938)

	First CPS investigation	First indicated report	First OOHC placement			
Events (<i>n</i>)	904	453	247			
Censored observations (<i>n</i>)	1,034	1,485	1,691			
	Hazard Ratio	<i>p</i>	Hazard Ratio	<i>p</i>	Hazard Ratio	<i>p</i>
Parent still in care	1.651	*	1.983	*	1.843	*

Table 16 shows the estimated hazard ratios from the three the models when all the covariates are included. The parameter estimates for several of the covariates in the model predicting the first CPS investigation are statistically significant. The hazard ratios for these covariates indicate that the hazard of experiencing a first CPS investigation was higher if the child’s mother (rather than father) was in DCFS care, if the parent had a disability, if the parent had experienced more, rather than fewer, placement changes, if the parent had run away more frequently from placements, and if the parent had been sexually

¹⁵ Using all maltreatment reports rather than just reports that were indicated did not change the results.

abused. Conversely, the hazard of experiencing a first CPS investigation was lower if the child's parent was older when the child was born and if the parent had been in care for a *longer* period of time prior to the child's birth.

Once all of these covariates were added to the model, the parameter estimate for DCFS care status was no longer statistically significant. In other words, the hazard of experiencing a first CPS investigation was not higher for children while their parent was in DCFS care than after their parent had exited. Further analysis suggested that this was due to a high correlation ($r = -0.83$) between age at first birth and one of the variables that was used to construct the time varying covariate (i.e., time from first birth to exit from care). In fact, when the model was estimated with all the covariates except age at first birth, the parameter estimate for DCFS care status was positive and statistically significant.

These parameter estimates that were statistically significant in the model predicting the first CPS investigation were also statistically significant in the model predicting the first indicated report. The hazard of experiencing a first indicated report was higher if the child's mother (rather than father) was in DCFS care, if the parent had a disability, if the parent had experienced more rather than fewer placement changes, if the parent had run away more frequently from placements, and if the parent had been sexually abused. Conversely, the hazard of experiencing a first indicated report was lower if the child's parent was older when the child was born and if the parent had been in care for a *longer* period of time prior to the child's birth. Also consistent with the parameter estimates from the model predicting the occurrence of the first CPS investigation, the parameter estimate for DCFS care status was not statistically significant; the hazard of experiencing a first indicated report was not higher for children while their parent was in DCFS care than after their parent had exited.¹⁶

Finally, the parameter estimates from the model predicting the first out-of-home care placement were generally consistent with the parameter estimates from the other two models. Specifically, the hazard of experiencing a first out-of-home care placement was higher if the child's mother (rather than father) was in DCFS care, if the parent had a disability, if the parent had experienced more rather than fewer placement changes, and if the parent had run away more frequently from placements. Conversely, the hazard of experiencing a first indicated report was lower if the child's parent was older when the child was born and if the parent had been in care for a *longer* period of time prior to the child's birth. Also consistent with the parameter estimates from the other two models, the parameter estimate for DCFS care

¹⁶ However, the parameter estimate for DCFS care status was positive and statistically significant when the model was estimated with all the covariates except age at first birth.

status was not statistically significant; the hazard of experiencing a first out-of-home care placement was not higher for children while their parent was in DCFS care than after their parent had exited.¹⁷

There were, however, two differences between the parameter estimates from this model and those from the models predicting the first CPS investigation and the first indicated report. First, the parameter estimate for parent history of sexual abuse was not statistically significant. Second, the parameter estimate for number of children was positive and statistically significant; the hazard of being placed in out-of-home care was higher if the child’s parent had more, rather than fewer, children.

Table 16. Models Predicting Child Welfare Services Involvement (N = 1,938)

	First CPS investigation		First indicated report		First OOHC placement	
Events (<i>n</i>)	904		453		247	
Censored observations (<i>n</i>)	1034		1485		1691	
	Hazard Ratio	<i>p</i>	Hazard Ratio	<i>p</i>	Hazard Ratio	<i>p</i>
Parent still in care	1.062		1.371		0.877	
Parent gender (Female = 1)	2.415	*	2.060	*	3.776	*
Parent race/ethnicity (African American = 1)	0.970		0.903		0.842	
Number of children	1.115		1.071		1.531	*
Parent disability	1.635	*	1.705	*	1.814	*
DCFS region (Cook County = 1)	1.053		1.166		0.848	
Parent history of being neglected	1.004		1.067		1.112	
Parent history of being physically abused	1.085		0.942		1.060	
Parent history of being sexually abused	1.227	*	1.340	*	1.156	
Number of runs from placement	1.018	*	1.011	*	1.013	*
Time in care	0.971	*	0.952	*	0.940	*
Number of placements	1.033	*	1.057	*	1.073	*
Age at first birth	0.827	*	0.871	*	0.743	*

¹⁷ Once again, however, when the model was estimated with all the covariates except age at first birth, the parameter estimate for DCFS care status was positive and statistically significant.

Discussion and Implications

The purpose of this study was to address a number of questions about child welfare services involvement among the children of youth in foster care. The study focused on 2,487 children born between January 1, 2000 and December 31, 2008 to parents who were in foster care when their first child was born. Using administrative data from the Illinois Department of Children and Family Services, the study found that:

- Thirty-nine percent of these children were the subject of at least one CPS investigation and 17 percent had at least one indicated report before their 5th birthday.
- Children were more likely to be the subject of a CPS investigation or an indicated report involving allegations of neglect than to be the subject of a CPS investigation or an indicated report involving allegations of physical or sexual abuse.
- By far, the largest percentage of investigated reports came from non-DCFS social service personnel. The next three most common sources were health care personnel, police, and family or friends.
- Thirteen percent of the children were placed in DCFS care at least once before their 5th birthday. Nearly 60 percent of those children were less than 12 months old when their first placement began, and neglect was, by far, the most common reason for their placement.
- Close to 80 percent of the children who were placed in DCFS care had exited their first out-of-home care placement by the end of the observation period through reunification, adoption, or, to a lesser extent, subsidized guardianship.
- Nineteen percent of the children who exited their first out-of-home care spell re-entered before they were five years old, and adoption was the most common permanency outcome after their re-entry.
- Several factors were identified as predictors of child welfare services involvement. Regardless of whether as the model was predicting the first CPS investigation, the first indicated report or the first out-of-home care placement, the hazard was higher if the mother (rather than father) was in care, if the parent had a disability, if the parent had experienced more, rather than fewer, placement changes;

and if the parent had run away more frequently from placements. Conversely, the hazard of those events was lower if the parent was older and if the parent had been in care for a longer period of time when the child was born.

- No relationship was found between the number of children a parent had and the hazard of the experiencing a first CPS investigation or a first indicated report. However, the hazard of being placed in out-of-home care was higher for children whose parent had more, rather than fewer, children.
- The hazard of child welfare services involvement was higher for children while their parent was in DCFS care than after their parent had exited. However, controlling for age at first birth eliminated the effect.

These results suggest that the rate of child welfare services involvement among children of youth in foster care is very high. This is true even when compared to the rate of child welfare services involvement among children of adolescent parents in the general population. Goerge and colleagues used data from the Integrated Database on Child and Family Programs in Illinois and aggregate birth certificate data to estimate the incidence of substantiated child maltreatment and foster care placement by age five among children born in Illinois between 1982 and 1998 (Goerge et al., 2008). During that 17-year period, the indicated child abuse or neglect report rate was 2.7 times higher among children whose mothers were under age 18 (111.7 per 1000 or about 11%) and 2.3 times higher among children whose mothers were 18 or 19 years old (93.2 per 1000 or about 9%) compared to children whose mothers were at least 22 years old (41.9 per 1000 or about 4%). Similarly, the out-of-home care placement rate was 2.5 times higher among children whose mothers were under age 18 (40.9 per 1000 or about 4%) and 1.9 times higher among children whose mothers who were 18 or 19 years old (31.9 per 1000 or about 3%) compared to children whose mothers were at least 22 years old (16.4 per 1000 or about 2%). Although Goerge and colleagues were looking at an earlier time period, it is telling that the children of youth in foster care were more likely to have been the subject of an indicated report (17% vs. 11%) or to have been placed in foster care (13% vs. 4%) before they were five years old than children born to the youngest adolescent parents (i.e., those under age 18).

More recently, Putnam-Hornstein and colleagues linked birth records for all Los Angeles County 15 to 19 year olds who gave birth for the first time in 2006 or 2007 to statewide Child Protective Services records. Twenty-one percent of the 24,767 children born to first time teenage mothers were the subject of a CPS abuse or neglect report and 8 percent were substantiated as victims of abuse or neglect before age 5

(Putnam-Hornstein et al., 2013).¹⁸ The comparison is not ideal because the two studies are based on data from different states. Nevertheless, it is striking that the children of youth in foster care in Illinois were about twice as likely as the children of first time teenage mothers in Los Angeles County to have been the subject of a CPS investigation (39% vs. 21%) or an indicated report (17% vs. 8%).

It is not surprising that the children of youth in foster care were more likely to be the subject of a CPS investigation or an indicated report involving allegations of neglect than one involving allegations of physical or sexual abuse. According to the most recent data from the National Child Abuse and Neglect Data System (NCANDS), 78 percent of the children who were victims of maltreatment in FY 2012 experienced neglect compared to 18 percent who experienced physical abuse and 3 percent who experienced sexual abuse (U.S. Department of Health and Human Services, 2013a).

Equally noteworthy is the high percentage of children who achieved permanency through a route other than reunification following placement in out-of-home care. When both first and subsequent out-of-home care placements are taken into account, 44 percent of the children who were placed in out-of-home care before age five were adopted and 7 percent were placed in subsidized guardianship.

The percentage of children who were the subject of a CPS investigation or an indicated report as well as the percentage of children who were placed in out-of-home care was higher while parents were still in DCFS care than after parents had exited. One potential explanation for this difference is that parents still in DCFS care were under heightened scrutiny by caseworkers or other service providers. However, it could also reflect the fact that the child maltreatment rate is highest for children under one year of age (U.S. Department of Health and Human Services, 2013a) and that children under one year of age account for the largest percentage of children entering foster care (U.S. Department of Health and Human Services, 2013b). The children in this study were, on average, 2.9 years old at the time of their parent's exit. Moreover, this study only looked at child welfare services involvement prior to age five.

The results of the multivariate analysis point to a number of factors associated with an increased risk of child welfare services involvement among this already very vulnerable population. The risk was higher for children whose parent was younger rather than older when they were born. This is not surprising because younger adolescents would, in general, be less developmentally prepared for parenthood than their somewhat older counterparts. The risk was also higher for children whose mother rather than father was a TPSN parent. This could reflect the fact that most of the children whose mother was in DCFS care were living with their mother whereas most of the children whose father was in DCFS care were living

¹⁸ As already noted, Putnam-Hornstein et al. specifically excluded records of adolescents in foster care on or after the estimated date of conception to avoid potential surveillance bias.

with their other parent (or with someone else). If young mothers were more likely to be under heightened scrutiny than young fathers because they were more likely to be living with their children, this might explain why children whose mother rather than father was a TPSN parent were at higher risk.

To the extent that having more children increases parenting stress, one might hypothesize that the risk of child welfare services involvement would be higher for children whose parent had more rather than fewer children. Consistent with this hypothesis, children were at higher risk of being placed in out-of-home care as the number of children their parent had increased. However, having more, rather than fewer, children was not associated with an increased risk that children would be the subject of a CPS investigation or an indicated report. The reason for this difference is not clear.

A number of the other predictors were related to the parent's placement history. Specifically, children were at increased risk of child welfare services involvement if their parent had experienced more placement instability as measured not only by the number of times they had changed placements but also by the number of times they had run away. What is not clear from the analysis is whether this instability is a proxy for some other parent characteristic that puts children at greater risk and, if so, what that parent characteristic might be.

Whereas more placement instability increased children's risk of child welfare services involvement, longer stays in out-of-home care had the opposite effect. The risk of child welfare services involvement was higher for children whose parent had been in DCFS for a shorter rather than longer period of time. This could be due to differences between the characteristics of young parents who entered foster care at different ages. For example, the prevalence of mental or behavioral health problems may be higher among young parents who entered care as adolescents than among those who entered care at an earlier age, and those problems may put children at greater risk.

Despite the limitations of the disability measure included in the models, children were at increased risk of child welfare services involvement if their parent was identified in the DCFS data as having a disability. Because the number of parents identified as having a disability was relatively small, it was not possible to examine whether the type of disability matters.

Finally, consistent with the descriptive results, the risk of child welfare services involvement was higher for children while their parent was in DCFS care than after their parent had exited. However, that effect disappeared once all the other covariates were added to the model. This was due to the high correlation between age at first birth and one of the variables that was used to construct the time varying covariate (i.e., time from first birth to exit from care).

Practice and Policy Implications

Clearly the best way to reduce the rate of child welfare services involvement among the children of youth in foster care is to help young people in foster care delay becoming parents. A number of efforts aimed at preventing pregnancy among youth in foster care have been undertaken in recent years. For example, in 2011, the National Campaign to Prevent Teen and Unplanned Pregnancy partnered with the American Public Human Services Association on a three-year project aimed at reducing teenage pregnancy among youth in the child welfare system. With support from the Annie E. Casey Foundation, they adapted *Making Proud Choices!*, an evidence-based sex education curriculum, to address the unique needs of youth in foster care and provided technical assistance to child welfare and public health professionals in four states (Minnesota, North Carolina, Rhode Island, and Hawaii) and one county (Alameda County, CA) to implement the adapted curriculum.

In addition, as part of the national evaluation of adolescent pregnancy prevention programs funded by the Office of Adolescent Health in the U.S. Department of Health and Human Services, the University of Oklahoma Health Sciences Center and the Oklahoma Institute for Child Advocacy are evaluating the effectiveness of POWER Through Choices 2010 (PTC 2010). PTC 2010 is a comprehensive sexual education curriculum designed to address the reasons youth in foster care may engage in risky sexual behaviors and become pregnant and provide them with the information and skills they need to avoid those behaviors and prevent pregnancy.¹⁹ Counties in four states are participating in the ongoing evaluation: California (Kern and Fresno), Illinois (Cook), Oklahoma (statewide), and Maryland (Baltimore, Carroll, Frederick, Howard, Montgomery, Prince Georges, and Washington).

Short of preventing youth in care from becoming parents at an early age, child welfare agencies should do more to ensure that youth in foster care who have children of their own have the skills and resources they need to be good parents. This could mean having the child welfare agencies provide this population with additional services and supports or connecting young parents in foster care to community-based organizations that can address their unique needs. However, a resource guide recently issued by the Center for the Study of Social Policy (CSSP) suggests that there are relatively few evidence-based or even evidence-informed programs for young parents whose target population is specifically youth in foster care (Center for the Study of Social Policy, 2014). To help address this gap, CSSP has been working with partners in four jurisdictions (Knox County, Tennessee; New York City; Washington, DC; and Washington State) to improve the services and supports provided to parenting youth in foster care and to their children so that both the young parents and their children experience better outcomes.

¹⁹ PTC 2010 is an updated version of POWER Through Choices (PTC) which was developed by the Family Welfare Research Group at the University of California, Berkeley in the mid-1990s.

One approach that could be used with young parents in foster care would be to engage them in home visiting programs. Both state and federal policymakers have embraced home visiting programs as a way to promote the well-being of new parents and their children. Rigorous evaluations have demonstrated that home visiting programs can significantly improve parental functioning and enhance child development (Coalition for Evidence-Based Policy, 2009; Geeraert, Noortgate, Grietens, & Onghena, 2004; Guterman, 2001; Hahn, et al., 2003; Sweet & Appelbaum, 2004). There is also some, albeit less consistent, evidence that these programs can reduce the incidence of child abuse and neglect (DuMont et al., 2010; Lowell, Carter, Godoy, Paulicin, & Briggs-Gowan, 2011; Olds et. al., 1997).

There are a number of reasons why young parents in foster care are a logical target population for home visiting programs. First, some studies have observed larger effects on parenting knowledge and attitudes, parent-child interactions, and the capacity of parents to engage in developmental tasks with their children among teenage mothers than among older mothers enrolled in the same home visiting programs (Wagner, Iida, & Spiker, 2001). Second, home visiting programs eliminate common barriers to service receipt among adolescent parents, such as lack of transportation and reluctance to participate in an agency-based interventions (Eckenrode & Hamilton, 2000). Eliminating these barriers is important because populations for whom the risk for child maltreatment is greatest, such as substance abusing mothers and mothers involved with the child welfare system, have relatively low rates of participation in voluntary services (Daro, McCurdy, Falconnier, & Stojanovic, 2003). Third, home visiting programs provide an opportunity to engage foster parents or other caregivers who can support the young parent and model “good” parenting

Although some home visiting programs have made an effort to serve pregnant and parenting youth in foster care, little is known about how effective those efforts have been. Moreover, because evaluations of evidence-based home visiting models have generally not included young parents in foster care, it is not clear whether they would derive the same benefits as other adolescent parents or whether those models will need to be adapted due to the unique circumstances of this population. For example, the Nurse Family Partnership (NFP) model requires that the first home visit occur by the 28th week of pregnancy. In many cases, youth in foster care are either not aware that they are pregnant or do not disclose their pregnancy until after the first trimester. Similarly, modifications in service delivery may be necessary to accommodate pregnant or parenting youth in congregate care settings or who experience frequent placement changes.

One example of what child welfare agencies are currently doing to ensure that young parents in foster care have the skills and resources they need is an intervention that the Illinois Department of Children and

Family Services began implementing in March 2011.²⁰ When a youth in care has given birth to or fathered a child, the case is assigned to one of eight contracted specialty service providers,, and a specialty worker from that agency is supposed to complete a comprehensive “new birth” assessment no more than 60 days after the child was born. The assessments are completed over the course of one or more home visits with the parent wherever she or he is living. During those home visits, specialty workers observe parent-child interactions, provide parenting education, identify any unmet parent or child needs, make note of any safety concerns or other risk factors, and share information about community resources. They also administer standardized assessments including the 40-item Adult-Adolescent Parenting Inventory (AAPI) (Bavolek & Keene, 2001). This measure of parenting attitudes and child rearing practices can be used to assess parental risk for child abuse or neglect in each of five domains.²¹ The results of the assessment and any recommendations for continued home visits by the specialty worker or referrals for other services must be sent to the caseworker and the TPSN family support supervisor within 14 days of its completion. Although young parents have responded positively to the intervention (Dworsky& Wojnaroski, 2012), its impact on parent and child outcomes has yet to be evaluated.

One important consequence of the Fostering Connections and Increasing Adoptions Act of 2008, which gives states the option of extending federally funded (i.e., Title IV) foster care to age 21, is that an increasing number of young parents will be under the care and supervision of state and local child welfare agencies. In the past, many of these young parents would already have exited foster care by the time their first child was born.

Addressing the needs of these young parents and their children presents both opportunities and challenges. On the one hand, state and local child welfare agencies can provide young parents in extended foster care with developmentally appropriate services and supports that could improve the outcomes of both the young parents and their children. On the other hand, few, if any, interventions have been shown to reduce the risk of child abuse or neglect among this population. Evidence-based interventions that have been shown to reduce the risk of child abuse and neglect among other populations, including adolescent parents, may require adaptation to be effective with young parents in foster care. Moreover, young parents in foster care may be reluctant to engage in services out of fear that their parenting will be judged inadequate and that their children will be removed.

²⁰ The intervention is limited to 37 of the state’s 102 counties including Cook County. In the other 64 counties, TPSN provides clinical consultation to the caseworker and uses the DCFS Statewide Provider Database to identify resources for the parenting youth

²¹ Those domains are parent-child role reversal, parental expectations of children, use of corporal punishment, children’s power and independence, and parental empathy towards children’s needs.

Finally, there is no federal mandate for states to report information about young parents in foster care. This may explain why many, if not most, states don't have data on the number of youth in foster care who are parents or the number of children who have a parent in foster care.²² Even less is known about whether young parents in foster care are receiving the services and supports they need to care for their children and prevent their children from being neglected or abused. Hence, state and local child welfare agencies in other jurisdictions should follow the example set by Illinois and develop a system for systematically tracking young parents in foster care (as well as the children of those parents).

Conclusion and Next Steps

Because this study of child welfare services among the children of youth in foster care focused exclusively on children in Illinois, it will be important to undertake similar investigations using data from other states to determine whether the rate of child welfare services involvement among this population is equally high and whether the same factors predict which children are at greatest risk. This, of course, presumes that the data needed to examine child welfare services among the children of youth in foster care are available, which may not be the case. In states that do not systematically track young parents in foster care (as well as the children of those parents), it may be possible to use an approach like the one used by Putnam-Hornstein et al. (2013) which involved linking birth records to child welfare records.

In addition to replicating this study using data in other states, future research should also examine how rates of child welfare services involvement among children of youth in foster care compare to rates among children of adolescent parents who are not in foster care. This could be done either by linking individual birth records to child welfare records, the approach used by Putnam-Hornstein et al. (2013), or by using child welfare data and aggregate birth records, the approach used by Goerge et al. (2008).

Finally, it will be important for future research to consider the effects of changes in child welfare policy, such as the extension of foster care to age 21, on child welfare services involvement. On the one hand, extended foster care could increase the length of time that young parents are under heightened scrutiny. On the other hand, by virtue of their being in extended foster care, young parents may receive services and supports that help them parent their children and reduce the risk of child abuse or neglect. Similar questions could be raised about other changes in policy or practice, including the introduction of new services or supports for young parents in foster care, such as the intervention currently being implemented in Illinois.

²² California recently enacted legislation that “encourage[s] the Department of Social Services and county child welfare agencies] to collect data on the number of minors in foster care who give birth and the number of minor parents who remain in placement with their minor children...[and] aggregate the data annually.” (California Welfare Institutions Code 16004.5)

References

- Allison, P. (1984). *Event history analysis: Regression for longitudinal event data*. Newbury Park, CA: Sage Publications.
- Bartlett, J., & Easterbrooks, A. (2012). Links between physical abuse in childhood and child neglect among adolescent mothers. *Children and Youth Services Review, 34*, 2164–2169.
- Bavolek, S., & Keene, R. (2001). *Adult-Adolescent Parenting Inventory AAPI-2: Administration and development handbook*. Park City, UT: Family Development Resources, Inc.
- Berlin, L., Appleyard, K., & Dodge, K. (2011). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development, 82*(1), 162–176
- Borkowski, J., Whitman, T., Farris, J., Carothers, S., Keogh, D., & Weed, K. (2007). *Risk and resilience: Teen mothers and their children grow up*. Mahwah, NJ: Lawrence Erlbaum.
- Center for the Study of Social Policy. (2014). *Expectant and parenting youth in foster care: A resource guide*. Washington, DC: Author.
- Coalition for Evidence-Based Policy. (2009). *Early childhood home visitation program models: An objective summary of the evidence about which are effective*. Washington, DC: Author.
- Coley, R., & Chase-Lansdale, P. (1998). Adolescent pregnancy and parenthood: Recent evidence and future directions. *American Psychologist, 53*, 152–166.
- Connelly, C., & Straus, M. (1992). Mother's age and risk for physical abuse. *Child Abuse and Neglect, 16*, 709–718.
- Courtney, M., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 19*. Chicago, IL: Chapin Hall at the University of Chicago.
- Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse & Neglect, 27*, 1101–1125.

- De Paül, J., & Domenech, L. (2000). Childhood history of abuse and abuse potential in adolescent mothers: A longitudinal study. *Child Abuse & Neglect*, 24, 701–713.
- Dixon, L., Browne, K., & Hamilton-Giachritsis, C. (2005). Risk factors of parents abused as children: a mediational analysis of the intergenerational continuity of child maltreatment (Part I). *Journal of Child Psychology and Psychiatry*, 46(1), 47–57.
- Dixon, L., Hamilton-Giachritsis, C., & Browne, K. (2005). Attributions and behaviors of parents abused as children: a mediational analysis of the intergenerational continuity of child maltreatment (Part II). *Journal of Child Psychology and Psychiatry*, 46(1), 58–68.
- DuMont, K., Kirkland, K., Mitchell-Herzfeld, S., Ehrhard-Dietzel, S., Rodriguez, M., Lee, E., Layne, C., & Greene, R. (2010). *A randomized trial of Healthy Families New York (HFNY): Does home visiting prevent child maltreatment?* Rensselaer, NY: New York State Office of Children and Family Services and Albany, NY: State University of New York.
- Dworsky, A., & Courtney, M. (2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. *Children and Youth Services Review*, 32, 1351–1356.
- Dworsky, A., & DeCoursey, J. (2009). *Pregnant and parenting foster youth: Their needs, their experiences*. Chicago: Chapin Hall at the University of Chicago
- Dworsky, A., & Wojnaroski, M. (2012). *An evaluation of the Illinois Department of Children and Family Services New Birth Assessment*. Chicago: Chapin Hall at the University of Chicago.
- Easterbrooks, M., Chaudhuri, J., Bartlett, J., & Copeman, A. (2011). Resilience in parenting among young mothers: Family and ecological risks and opportunities. *Children and Youth Services Review*, 33, 42–50.
- Eckenrode, J., & Hamilton, S. (2000). One-to-one support interventions: Home visiting and mentoring. In S. Cohen, L. Underwood, & B. Gottlieb (Eds.), *Social support measurement and interventions: A guide to health and social scientists* (pp. 246-277). New York: Oxford University Press.
- Ertem, I., Leventhal, J., & Dobbs, S. (2000). Intergenerational continuity of child physical abuse: How good is the evidence? *Lancet*, 356, 814–819.
- Geeraert, L., Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: a meta-analysis. *Child Maltreatment*, 9(3), 277–291.
- Goerge, R., Harden, A., and Lee, B. (2008). Consequences of teen childbearing for child abuse, neglect, and foster care placement. In S. Hoffman & R. Maynard (Eds.), *Kids having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 257–288). Washington, DC: The Urban Institute Press.

- Guterman, N. (2001). *Stopping child maltreatment before it starts: Emerging horizons in early home visitation services*. Thousand Oaks, CA: Sage Publications.
- Hahn, R., Bilukha, O., Crosby, A., Fullilove, M., Liberman, A., Moscicki, E., Snyder, S., Tuma, F., Schofield, A., Corso, P., & Briss, P. (2003). First reports evaluating the effectiveness of strategies for preventing violence: Early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. *Morbidity and Mortality Weekly Report*, 52(No. RR-14), 1–9.
- Illinois Department of Children and Family Services. (2014). *Executive statistical summary*. Retrieved from <http://www.state.il.us/DCFS/docs/execstat.pdf>
- Lowell, D., Carter, A., Godoy, L., Paulicin, B., & Briggs-Gowan, M. (2011). A randomized controlled trial of Child FIRST: A comprehensive, home-based intervention translating research into early childhood practice. *Child Development*, 82(1), 193–208.
- Noria, C. W., Weed, K., & Keogh, D. (2007). The fate of adolescent mothers. In J. G. Borkowski, J. R. Farris, T. L. Whitman, S. S. Carothers, K. Weed, & D. A. Keogh (Eds.), *Risk and Resilience: Adolescent Mothers and Their Children Grow Up* (pp. 35-68). Mahwah, NJ: Lawrence Erlbaum Associates.
- Olds, D., Eckenrode, J., Henderson, C., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*, 278, 637–643.
- Putnam-Horstein, E., Cederbaum, J., King, B., & Needell, B. (2013). *California's most vulnerable parents: When maltreated children have children*. Agoura Hills, CA: Conrad Hilton Foundation.
- Stier, D., Leventhal, J., Berg, A., Johnson, L., & Mezger, J. (1993). Are children born to young mothers at increased risk of maltreatment? *Pediatrics*, 91(3), 462–468.
- Sweet, M., & Appelbaum, M. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.
- Thornberry T., & Henry, K. (2013). Intergenerational continuity in maltreatment. *Journal of Abnormal Child Psychology*, 41(4), 555–569.
- Thornberry, T., Knight, K., & Lovegrove, P. (2012). Does maltreatment beget maltreatment?: A systematic review of the intergenerational literature. *Trauma, Violence, and Abuse*, 13(3), 135–152.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families. (2013a). *Child maltreatment 2012*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families. (2013b). *The AFCARS Report: Preliminary FY 2012 Estimates as of November 2013, No. 20*. Washington, DC: Author.

- Valentino, K., Nuttall, A., Cmoas, M., Borkowski, J., & Akai, C. (2012). Intergenerational continuity of child abuse among adolescent mothers: Authoritarian parenting, community violence, and race. *Child Maltreatment, 17*(2), 172–181.
- Ventura, S., Hamilton, B., & Mathews, T. (2014). National and state patterns of teen births in the United States, 1940–2013. *National Vital Statistics Reports, 63*(4). Hyattsville, MD: National Center for Health Statistics.
- Wagner, M., Iida, E. & Spiker, D. (2001). *The multisite evaluation of the Parents as Teachers home visiting program: Three-year findings from one community*. Menlo Park, CA: SRI International.
- Yamaguchi, K. (1991). *Event history analysis*. Newbury Park, CA: Sage Publications.
- Zuravin, S., & DiBlasio, F. (1992). Child-neglecting adolescent mothers: How do they differ from their nonmaltreating counterparts? *Journal of Interpersonal Violence, 7*(4), 471–489.