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## "It's Really Overwhelming": Parent And Service Provider Perspectives Of Parents Aging Out Of Foster Care

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## EXPERIENCES LEAVING CARE AS PARENTS

*“It's really overwhelming”:*

Parent and Service Provider Perspectives of Parents Aging Out of Foster Care

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### Abstract

Rates of pregnancy and parenthood among current and former foster youth are two to three times higher than non-foster youth peers. Repeat pregnancies among young mothers aging out of foster care also occur at higher rates than peers not involved with the child welfare system.

Furthermore, mothers aging out of foster care demonstrate high levels of parenting stress and risk for child maltreatment. Indeed, this population is in significant need of help; however, beyond anecdotal evidence, little is known about the needs and day-to-day experiences of this population. In order to tailor interventions to meet the needs of parents aging out, the perspectives of stakeholders must be taken into account. Using qualitative data gathered from separate small group interviews with parents aging out and service providers, this study examined participants' perceptions of parents' daily experiences, strengths, and needs. Findings indicated that parents aging out face overwhelming adversity and stress with little outside financial, emotional, or parenting support from family or friends. Yet, parents also expressed motivation to be good parents, resilience, and the desire to gain effective parenting skills. Although similar themes arose among parent and provider interviews, perceptions differed. Parents expressed hope and optimism in providing for their children while providers expressed systemic failure in preparing parents for independent living. Based on these findings, we conclude that parenting interventions specific to parents aging out may need to address three fundamental and key components: basic needs, social support, and effective parenting techniques.

*Keywords:* parenting intervention, single mothers, youth aging out

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*“I'm almost 22, but when I think about myself maturely, I know I have a lot to learn. I am still a kid. That's how I think. But I have a kid. And when her birthday comes up, I am celebrating that I kept her alive. This thing is alive; she's not dead. She's happy. I don't understand how I did it. It's hard because I didn't have parents to set an example.” -Mother aging out of foster care*

### **1. Introduction**

“Aging out” is a process that occurs when youth prepare to exit foster care and transition into adulthood. Youth “age out” of foster care when they are not reunified with their family, adopted, or placed in a legal guardianship by the time they reach the age when they are no longer eligible for child welfare services. Although the age of ineligibility varies across the United States (U.S.), youth typically age out between the ages of 18 to 21. Prevalence data for youth aging out of foster care in the U.S. indicate that rates of pregnancy and early childbearing among current and former foster youth are two to three times higher than non-foster youth peers (Courtney & Dworsky, 2006; Dworsky & Courtney, 2010; Oshima, Narendorf & McMillen, 2013; Shpiegel & Cascardi, 2015). To examine pregnancy rates, Courtney and Dworsky (2006) used data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth, a longitudinal study of young people leaving foster care in Illinois, Iowa, and Wisconsin, and found that almost 50% of females aging out of foster care had been pregnant prior to turning 19 years old compared to 20% of the general population of same-aged females in the National Longitudinal Study of Adolescent to Adult Health. In a national sample of over 15,000 17 year olds, 10% of females reported giving birth and 4% of males reported fathering a child, which are rates higher than the than their peers in the general population. (Shpiegel & Cascardi, 2015). In

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addition, young mothers aging out of foster care have high rates of repeat pregnancies; approximately 30% of teen mothers gave birth a second time before age 20 (Dworsky & DeCoursey, 2009; Putnam-Hornstein & King, 2014).

Although there are high rates of pregnancies, births, and repeat births among young women aging out of foster care, few studies have examined the day-to-day experiences of parents aging out, their strengths, and their needs. This is an important limitation of extant research because understanding the experiences of these parents is an important first step in the development of relevant and effective interventions. This qualitative study contributes to the body of literature examining perspectives of current and former foster youth who are parenting. Using small group interviews with both parents aging out and service providers, we examined perceptions of the day-to-day experiences of parents aging out, their strengths, and their needs.

### *1.1 Background*

Youth aging out—regardless of parental status—face many challenges as they transition from foster care to life on their own. They often face the demands associated with increased independence without the familiar supports of case management and other allied providers that had been available to them in the past (Avery & Freundlich, 2009; Cunningham & Diversi, 2013; Geenen & Powers, 2007). This experience contrasts with the general trend for non-foster youth whose parents are likely to extend support to their children throughout the transition to adulthood and beyond. Without support and with increased demands associated with transitioning out of care, youth aging out are at risk for poor outcomes across multiple domains including education, employment, housing, mental health, physical health, substance abuse, justice system involvement, and early parenting compared to non-foster care peers (Courtney, Dworsky, Brown, Cary, Love, & Vorhies, 2011; Pecora, Williams, Kessler, Downs, O'Brien, Hiripi, et al.,

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2003; Reilly, 2003). While the risk for poor outcomes in each domain is concerning, those related to early parenting are of central concern because they impact not only the youth aging out, but also the lives of their children.

The effort to transition to independence may be further complicated when the youth is a parent. Indeed, parenting is a challenging task, and 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. For a youth aging out, compounding these stressors with the strain of the aging out process often produces reduced coping abilities (Dworsky & Courtney, 2010). A study examining the experiences of mothers aging out of foster care found high levels of parenting stress with 35% of the sample reporting clinically significant distress (Budd, Holdsworth, & HoganBruen, 2006). Many of the mothers in the sample displayed difficulties parenting; 22% scored low on quality parent-child interactions, 45% had high levels of unrealistic parenting beliefs, and 67% scored at elevated risk for child abuse. Additionally, the demands of early parenting may compromise employment, social, and educational opportunities (Courtney, Heifetz, & Bohr, 2012; Max & Paluzzi, 2005).

Parents aging out may have had a limited number of people in their lives who modeled how to be "good parents" (Courtney, Dworsky, Lee, & Raap, 2010, p. 61). Likewise, youth who spent time in non-family settings of congregate care facilities may be disconnected from models of parents and families. Poor or absent models may make understanding and enacting positive parenting behaviors difficult for parents aging out. Practicing ineffective parenting behaviors can then become a cyclical process whereby parents raise their children in the same manner in which they were raised, thus perpetuating an intergenerational continuity of problematic

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parenting (Conger, Schofield, Neppi, & Merrick, 2013; Herrekohl, Klika, Brown, Herrenkohl, & Leeb, 2013).

Perhaps not surprising given the increased levels of distress and vulnerability, parents aging out have high rates of child protective services (CPS) reports for child maltreatment. Using administrative data from the Illinois Department of Children and Family Services, Dworsky (2015) found 39% of foster youth who were parents had at least one CPS investigation, 17% had one or more indicated report, and 11% had a child removed from their home at least once before the child was five years old. Another study of mothers aging out found almost one quarter (22%) had been investigated for child abuse or neglect, 10% had been investigated more than once, and 9.6% had a substantiated report (Dworsky & DeCoursey, 2009). A surveillance bias may also contribute to high report rates (Widom, Czaja, & DuMont, 2015).

The prevalence of parenting among youth aging out, coupled with the challenges they face, position parents aging out as a group in significant need of help (Courtney, Hook, & Lee, 2012; Geiger & Schelbe, 2014). Due to their extensive needs, some have called for a focus on pregnancy prevention as well as parenting interventions (Aparicio, Pecukonis, & O'Neale, 2015; Geiger & Schelbe, 2014; Hudson, 2012). Further, there is "twice the opportunity" to intervene influencing two generations, which strongly legitimizes the need for tailored interventions (Center for the Study of Social Policy, n.d.). Notwithstanding challenges, parents aging out generally view parenthood as an opportunity to develop loving relationships, create safe environments, and break the cycle of abuse; they also seek parenting guidance to do so (e.g., Connolly et al., 2012). Despite priority, interest, and need, currently no empirically supported parenting interventions have been developed for this population.

### *1.2 Perspectives of Parents Aging Out*

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Research on parents aging out is a relatively new phenomenon. Although studies have examined the experiences of teens aging out of foster care, little work has focused exclusively on parents aging out. The best source of information to date comes from a recent meta-synthesis of 17 qualitative studies examining parents in and aging out of care from the U.S., United Kingdom, and Canada. The results from this meta-synthesis identified common themes of risk and protection amongst parents in foster care (Connolly et al., 2012). Findings suggested that parents aging out faced undoubted risk factors. Custodial parents were often single mothers with limited social and financial support. Parents aging out reported feeling that both their biological families and the foster care system abandoned them. Limited support networks also translated to few parenting role models. Because most youth in foster care experienced some form of abuse or neglect, they did not want to duplicate their childhoods; however, they lacked experience or modeling in creating nurturing environments for their children (Connolly et al, 2012; Pryce & Samuels, 2010).

Despite the challenges and hardships associated with having a child while aging out of care, Connolly and colleagues' (2012) work also illustrated that parents aging out may perceive parenthood as an opportunity. Mothers aging out described having a child as a chance to work through their childhood and create a family different from the one they experienced as a child (Pryce & Samuels, 2010). Likewise, pregnant and parenting youth aging out expressed that their children provided them with someone to love, a chance to be part of a family, and a motivation for achievement and responsibility (Love, McIntosh, Rosst, & Tertzakian, 2005).

Although Connolly et al.'s (2012) meta-synthesis provides an excellent backdrop to the qualitative literature on parents aging out, results demonstrated key gaps in the literature. First, little extant research specifically examines parents in the U.S. Of the 17 qualitative studies in the

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meta-synthesis, only three were peer reviewed published manuscripts conducted in the U.S.; one was a report and the other an unpublished dissertation. Given countries' unique child welfare systems as well as their distinct sociopolitical and economic contexts, parents in the U.S. foster care system deserve rigorous research that takes their specific context into consideration.

### *1.3 Gaps in the Literature and Study Rationale*

There is a lot to learn about the experiences of parents aging out, particularly within the U.S. context. Available studies interviewing and observing parents aging out of foster care often focus on reducing pregnancies (e.g., Love et al., 2005), preventing intergenerational child maltreatment (e.g., Budd et al., 2006), understanding the influence of foster care history on parenting (e.g., Pryce & Samuels, 2010), or understanding a unique subpopulation of parents aging out, such as African Americans (e.g., Haight, Finet, Bamba, & Helton, 2009). Although all of these topics are important, there is a lack of knowledge about the daily lives of these parents. To inform intervention efforts, it is important to deepen our understanding of which support factors are effective for parents and which support factors need improvement.

In order to tailor interventions to meet the unique needs of parents aging out, the perspectives of stakeholders must be taken into account (Geenen & Powers, 2007). Including service providers in research involving child protective services and the child welfare system is necessary (Geenen & Powers, 2007; O'Donnell, Johnson, D'Aunno, & Thornton, 2005). Doing so has the potential to enhance discussions about which service provisions help make the transition to adulthood for parents aging out more or less successful. Additionally, having participants from different groups allows triangulation of the data. Yet, to date, no known study has focused on the perspectives of parents aging out while taking advantage of service providers' unique and important perspectives as well.

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The current study helps address the aforementioned gaps by conducting small group interviews with parents aging out and providers in the U.S. in an effort to understand and contextualize the lives of parents aging out. The study's three main research questions were: (1) How do parents and service providers perceive the day-to-day experiences for parents aging out?; (2) How do parents and service providers perceive the strengths of parents aging out?; and (3) How do parents and service providers perceive the needs of parents aging out? The results of this study expand understanding of the daily experiences of parents aging out and are critical for informing the development and tailoring of parenting interventions for this population.

## **2. Methods**

### *2.1 Participants*

Data were collected in a single county in North Florida from both parents aging out of foster care as well as service providers who work with this population. As there is wide variation in state policies and programs available to youth aging out, it is necessary to understand the context in which the study occurred. In Florida, youth in foster care have the option of entering extended foster care after the age of 18; youth who leave care can reenter as many times as they wish and stay until they are age 21. In extended foster care, youth can live with foster parents, in a group home, or in a supervised living arrangement. Regardless of their involvement in extended foster care, youth are also eligible for financial assistance to attend college and vocational schools until the age of 23. Youth who chose not to enter extended foster care and who do not receive financial assistance for post-secondary education still are eligible for after care services and temporary financial assistance. Parents aging out in the county where the study took place have access to the services available to youth aging out, yet there are not specialized services (e.g., a maternity home, parenting classes, specialized case management).

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To be eligible for this study, parents aging out of foster care were: a) currently involved with or aged out of the child welfare system, and b) pregnant or parenting at least one child. Service providers were eligible for the study if they currently served in a professional capacity working with parents aging out of foster care.

A total of 15 parents and 14 service providers participated in this study. Potential participants were notified that participation was voluntary and that their decision whether or not to participate would not impact their eligibility for services, their employment, or their relationship with the Florida Department of Children and Families and local community partners. We explained that participants have the right not to answer any questions they wish and may withdraw from the study at any time.

Parents included 12 mothers, one father, one expecting mother, and one expecting father. Efforts were made to recruit more fathers; the overrepresentation of mothers reflects the reality that most custodial parents aging out of foster care are mothers (Courtney et al., 2012). Parents ranged in age from 18 to 26 with an average of 22 years old. Five parents were currently in foster care or independent living; the other participants had already left care. Almost one-half (43%) spent more than five years in foster care. The number of placements reported by parents ranged from one to 10 or more, with five parents reporting having lived in five or more placements. Most parents were Black ( $n = 11$ ) or White ( $n = 3$ ). Of those reporting their number of children, five parents had one child, five had two children, and one had three children. Children ranged in age from two months to five years.

Service providers participated in one of three small group interviews. The experience of the service providers ranged from less than one year to 30 years of experience working with parents aging out. Most of the providers were female ( $n = 11$ ) and the ethnic distribution was

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nearly equal between those who self-identified as Black ( $n = 7$ ) and those who self-identified as White ( $n = 6$ ); one provider self-identified as biracial. Information on the providers' positions and agencies where the providers worked is intentionally not reported to maintain confidentiality.

### *2.2 Procedures*

The (blinded for review) Institutional Review Board approved the study protocol. Additionally, the protocol was approved by the Florida Department of Children and Families as well as an internal review process of the local community partner.

#### *2.2.1 Recruitment*

Recruitment activities took place in collaboration with our community partner, a social services agency in North Florida with a strong reputation for working with youth involved with the child welfare system. To recruit parents, agency service providers were given information about the study and eligibility criteria. Service providers then placed phone calls to potential participants informing them about the study and inviting them to participate in a small group interview. Efforts were made to recruit both mothers and fathers aging out of care and parents did not need to have custody of their children to be eligible to participate. Service providers were also recruited through collaboration with the partnering social services agency. In addition, study personnel extended face-to-face and email invitations to eligible service providers.

#### *2.2.2 Qualitative interviews*

Qualitative data were collected through semi-structured small group interviews. We conducted three small group interviews with parents, three small group interviews with service providers, and one individual interview with a service provider. The number of participants per small group ranged from three to five participants with the exception of one individual interview

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with a service provider that occurred due to scheduling complications. Our overall goal in conducting the interviews was to learn about the day-to-day experiences, strengths, and needs of parents aging out. We selected the small group interview format particularly for the parents because the use of smaller groups can improve the quality of responses as participants tend to share more openly among their peers (Krueger & Casey, 2009). Likewise, small group interviews can provide comfort and power to vulnerable groups, such as parents aging out, who may feel isolated one-on-one with an interviewer (Liamputtong, 2011).

A semi-structured interview guide was utilized to help focus the qualitative data collection process with each participant group. For parents, interview questions elicited self-reported experiences and perceptions (e.g., *What is it like to be a parent who is also aging out of the child welfare system?*; *What would be helpful for you to be more successful?*). For service providers, questions explored their insights regarding the experiences of parents aging out based on their work with this population (e.g., *Please describe what it is like for youth aging out to be a parent.*; *What would be helpful for aging out parents to be more successful?*). Each parent received \$25 for participation in the study. Service providers were unable to be compensated because this potentially conflicted with the conditions of their employment. Each interview was audio recorded, transcribed, and then verified prior to data analysis.

### 2.2.3 Data analysis

Qualitative data were analyzed using thematic analysis. Thematic analysis is an approach useful for “identifying and analysing patterns in qualitative data” (Clarke & Braun, 2013, p. 120), and was therefore well-suited for addressing our research questions. Our process of thematic analysis was guided by the six phases set forth by Braun and Clarke (2006). First, the researchers achieved *familiarization with the data* by each conducting at least one small group

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interview and reading through transcripts. Second, we *generated initial codes* separately for each set of qualitative data (i.e., parents and service providers). To do this, the first author coded each transcript and developed a list of primary codes, along with the associated data extract, using a series of Excel spreadsheets. An additional coder then coded each transcript and added their codes to the spreadsheet, utilizing the existing primary codes while also adding data extracts, generating further codes, or suggesting alternative coding interpretations when relevant. Codes were generated using a “theory-driven” approach whereby the study research questions bounded the coding process (Braun & Clarke, 2006, p. 88). Next, the first and second author met to engage in the process of *searching for themes*. Through discussion and the use of coding outlines, they identified overarching themes conceptualized as relevant patterns of meaning within the data (Braun & Clarke, 2006). Themes were identified separately for parents and service providers. To accomplish stage four, *reviewing the themes*, the authors met to review the evolving list of themes and assess if each one was distinct, fairly represented the data, and was relevant to the study research questions. At this point in the data analysis process, we also compared the themes generated from the parents aging out to those from the service providers to determine areas of commonality and difference in relation to the focal research questions. To help ensure trustworthiness, one author not involved in the initial coding was asked to re-read the transcripts and verify adequate fit to the data as well as provide insight into potential oversights or biases manifested in the coding process. The next phase of data analysis, *defining and naming the themes*, took place concurrently with the review of themes, reflecting the fact that thematic analysis is a recursive process (Braun & Clarke, 2006). Data analysis concluded with *producing the report* by articulating the final themes and providing illustrative data extracts in the results section of this manuscript (Braun & Clarke, 2006). During this phase, we recognized that

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although our research questions were intended to tap three distinct domains (i.e., daily experiences, strengths, and needed skills), the themes resulting from our analyses indicated these domains are highly interdependent; we therefore chose to organize our findings around the final themes that emerged through our process of thematic analysis.

### 3. Findings

The goal of this research was to understand the daily experiences of parents aging out, their strengths, and their needs from parents' and providers' perspectives. Findings indicated that these content areas were interdependent. For example, stressful environments and disadvantaged backgrounds influenced day-to-day functioning, coping mechanisms, and parenting skills. Therefore, in the following section, we organized findings according to the overarching, integrated themes identified from the provider and parent interviews. The central findings are reflected in three main themes: (1) adversity and stress, (2) motivation and resilience, and (3) need for skills (see Table 1). In the discussion, we consider how these central findings inform our initial research questions.

Table 1. Themes & Perception Distinctions Related to Day-to-Day Experiences of Parents Aging Out

<b>Category:</b>	<b>Subcategory Definition &amp; Participant Distinction:</b>
1. Adversity and Stress	<p>1.1. Meeting basic needs: challenges in obtaining housing, quality child care, transportation or financial assistance. <u>Distinction:</u> The depth of parental needs overwhelmed providers; parents felt they could succeed with a little more support.</p> <p>1.2. Lack of supportive relationships: raising children alone with little support from biological families, foster families, or peers. Relationships that were present often were not optimal. <u>Distinction:</u> Providers viewed fathers and men as detrimental and expressed little hope for parents to succeed. Parents did not view their limited support as preventing their success.</p> <p>1.3. Intergenerational patterns of dependency and maltreatment: public assistance reliance and child welfare system involvement as multi-generational problems <u>Distinction:</u> Parents identified opportunity to break problematic intergenerational cycles; providers felt that parents had little opportunity for success.</p>

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|---|--|
| 2. Motivation and Resilience                | <p>2.1. Motivation to parent: Having a child was a turning point, promoting a sense of motivation among parents.<br/> <u>Distinction:</u> Parents welcomed their children as an opportunity to change their lives and providers felt few parents could succeed.</p> <p>2.2. Resilience: Parents managed despite stressors and adversity often through a day-by-day approach.<br/> <u>Distinction:</u> Parents focused on daily needs to survive; providers felt living for the day was shortsighted.</p> <p>2.3. Resource availability: A child offered parents additional resources not previously available to them.<br/> <u>Distinction:</u> Parents felt that they maximized resources post-pregnancy; providers perceived that parents became pregnant to access resources.</p> |
| 3. Need for Mentorship and Parenting Skills | <p>3.1. Mentorship: Parents could benefit from guidance to counteract their low levels of parenting information and feelings of isolation.<br/> <u>Distinction:</u> Parents welcomed mentorship; providers felt mentorship was an essential, unavailable resource.</p> <p>3.2. Parenting skills: Providers described parents' need for knowledge about child development, while parents identified needing specific guidance with discipline, infant care, and information about how to bond with children.<br/> <u>Distinction:</u> Parents desired strategies to be "good parents;" providers prioritized parents' need for basic skills.</p>  |

We present themes common to both groups and note when key differences emerged.

Within most themes, unique provider and parent outlooks arose during analysis. Providers perceived systemic and insurmountable obstacles in most instances and held pessimistic outlooks for parents' futures. Parents aging out, alternatively, perceived individualized, manageable obstacles, and held optimistic outlooks. We identified examples of this overarching, latent theme of pessimism versus optimism throughout the findings.

### *3.1 Adversity and Stress*

#### *3.1.1 Meeting Basic Needs*

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Both providers and parents discussed the daily stress inherent in parents' struggles to meet basic needs. In terms of specific needs, both groups prioritized housing, dependable child care, and transportation. Parents, but not providers, also prioritized financial assistance.

Limited, dependable housing options created angst for both parents and providers. For instance, providers discussed that the independent living program provides housing for some eligible parents, but many parents do not meet employment or school enrollment requirements. Subsidized housing through the Housing Authority theoretically is an option, but providers explained that the Housing Authority has a long waiting list. Likewise, several parents mentioned that they did not have stable housing and were unaware of any available options.

Participants identified reliable child care as another basic need. As one provider stated, "I have these young women and they come in and they want full-time jobs. And we kind of fail because who is going to take care of the babies? We need day care and it takes too long to put you on a list." Child care is particularly challenging because most parents aging out do not have supportive, informal networks to provide care, particularly on short notice or during irregular shift-work hours. Parents described difficulty maintaining a job while raising young children alone. One parent explained, "If it's a weekend and you get called in, that can be a big challenge when you have a kid."

In addition to housing and child care, transportation was another obstacle. A provider shared, "[A]fter 18, it's on your own to find your transportation." A parent explained, "How are you getting there? Those little struggles, they are hard on a parent." Parents shared agreement that a lack of transportation makes some of the more challenging aspects of parenting, such as taking a baby for emergency medical care in the middle of the night or negotiating bus, childcare, and employment schedules, even more difficult.

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Although providers and parents both mentioned the necessities of housing, child care, and transportation, parents, but not providers, discussed the need for financial assistance. Parents generally justified their financial need because they felt that the system was responsible for helping them transition out of care and into adulthood given that their biological families were not a source of support. The words of one parent captured the general sentiment:

My mom and my dad still never straightened up...So I don't have anybody to go to for financial assistance. And I just feel...being a ward of the state, and them taking care of us...they were like giving our parents money to take care of us while we were in care.

Parents valued living independently, yet many simultaneously felt that their extraordinary current circumstances warranted financial help. Providers, alternatively, valued additional services more than cash assistance to address the overwhelming stress of transitioning to independence and first-time parenting in resource-scarce environments.

### *3.1.2 Lack of Supportive Relationships*

Providers and parents shared that many parents aging out were mothers raising their children alone with little support from others, such as biological families, foster families, or peers. Both groups expressed concern that certain relationships common among parents increased their vulnerability. Dysfunctional romantic relationships with children's fathers and dysfunctional economic relationships with biological families often created additional burden. Providers and parents alike identified the importance of supportive relationships for well-being.

Both providers and parents felt parents could not rely on their biological families for financial or parenting support because family dysfunction often led to foster care involvement in the first place. For example, parents cannot ask their families for financial help because "mom doesn't have [money] either and you're probably going to be helping pay mom's light bill

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yourself.” Another provider elaborated on how a biological family member often “utilizes [the parent’s] resources and depletes [them] quickly.” The provider continued by explaining parents often help their families willingly because they want to be included in the family.

Despite seeking family approval and inclusion, parents aging out did not see their biological families as sources of support. In the words of one parent, “...even though you’ve got family, you don’t got family. They don’t care about you.” Other parents perceived that their biological parents have not changed; the circumstances that led to child welfare involvement and child removal remain and families are not viable sources of economic or emotional support.

Providers discussed that parents aging out, specifically mothers, “think they are going to have more support than they actually have” and parents aging out “are [actually] going to do [parenting] alone.” Providers explained that parenting while aging out is a “big shock” as parents are used to having their needs met when they were in foster care. However, parents generally recognized their lack of relationships and perceived that they were alone. When asked about their support systems, one parent quipped that her support system was “Me, myself, and I. That’s it.” Parents recognized the inherent struggles living without support as reflected in the words of one parent:

...It is a struggle...And there might be months where you say, ‘Ok. Do I pay the light bill or do we eat? Um, do I buy diapers or? What am I supposed to do?’ ...If you don’t have anyone there, like no family, no support, no baby daddy, just no one around to help keep that kid, you’re stuck.

Given the difficulties of single parenthood, some parents mentioned the need to “let my pride down and ask [for help].” When parents turned to others, they most often turned to their children’s biological fathers. One mother said having her child’s father and his family around

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“... helps a lot because I was pretty much stressing myself and causing myself health problems trying to do everything on my own and by myself.” Along with the help their children’s fathers could provide, mothers identified problematic components of father involvement as well.

Indeed, some mothers turned to their child’s father as a last resort. As one mother disclosed:

I used to be that person where, ‘it’s my way or no way,’ but I had to suck it up. I mean even though [my child’s] dad was a pain in the butt, you got to take the good with the bad. I’m going to need someone to help me because nobody else is...there at the end of the day.

Although mothers felt mixed about fathers’ contributions, providers viewed fathers and men as unequivocally detrimental to young women aging out. One provider shared detail about how some unhealthy situations culminated in young women entering prostitution. The provider explained that some youth enter relationships with men who say they love them and “the next thing you know, the men say ‘I love you so if you love me, you will do this. We need money. How else are we going to get it?’” The young women enter prostitution, the provider concluded: “... just because he said he loved her. And she felt love from him... Because she doesn’t know any different.”

Unhealthy relationships with men coupled with little or detrimental support from biological family members contributed to providers’ pessimistic outlook regarding parents’ informal networks. Parents, too, recognized the difficulties of being single mothers and alone, without supportive family members. Yet, parents did not view their limited support as preventing their success.

### 4.1.3 Intergenerational Patterns of Dependency and Maltreatment

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Providers and parents similarly identified intergenerational patterns of dependency on public assistance and child maltreatment. From providers' perspectives, the cycle included parents' environmental context influencing their physical environments; their family in terms of role models; and their health conditions including trauma exposure, mental health issues, and substance abuse. Alternatively, for parents aging out, parenting represented the opportunity to prove themselves through the opportunity to break the cycle and "do better" for their children.

Providers identified structural barriers that influence parents' access to financial and informational resources. One provider articulated, the physical environment undermines parents' abilities to capitalize on acquired knowledge because, "they are in an environment where it's not conducive for them to apply what they actually [learn]. The provider explained that the activities of household members and neighbors (e.g., school dropout, drug involvement, poor parenting) influence goals and activities of parents aging out.

In addition to difficult living environments, providers articulated the problematic nature of the cycle of economic dependency. One provider captured a common sentiment, "It's a generational cycle...There is nobody there behind them pushing them. They fall into the cracks of welfare." In addition to relying on public assistance, multiple providers also felt that "some of the youth use the children as a means of, 'Oh, I can get WIC; I can get food stamps; I can get housing.'"

In addition to cyclical welfare dependency, providers felt that parents aging out often replicated the environments of their childhoods. For example, one provider described an intergenerational case: "We had mom and child and on multiple occasions they had [open] cases at the same time. [Mom's] working on her case plans and the cycle just continues."

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Parents aging out, alternatively, recognized an intergenerational cycle of abuse and prioritized breaking it. Rather than being overwhelmed by a system that they perceived was against them, they identified the challenges of their situations and recognized the opportunity to make foster care and public assistance “just part of my past.”

Parents viewed themselves as exceptions. They discussed the stigma associated with being a foster child and explained how their “story is different” and how they “got lucky.” Parents explained how they differed from the “stereotypical foster child.” One mother described both the foster child stereotype and her ability to break that stereotype:

A lot of people judge. It's the typical stereotype: 'She's in foster care. She doesn't have anyone. She's a ho. She's pregnant. She's not going to make it. It's typical.' It's all about how you look at it because each person aging out of foster care is different and has gone through different things. It's all about how you handle it...most people when they look at me now they forget that I was in foster care. You wouldn't know because I feel like I carry myself well and try to not make that who I am.

Parents aging out recognized that they had experienced trauma and instability that often was similar to that of their parents, but they did not view these experiences as systemic problems. Instead, they focused on how they, as individuals, could overcome the cycles of dependency on public assistance and abuse. The quote below represents parents' sentiment regarding public assistance:

Just because government assistance is given to you, [youth aging out] think that you have to use it. No, I don't want to be that statistic where I'm living off government assistance. I got higher standards for myself, and as well for my son now.

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Overwhelmingly, parents felt compelled to avoid their parents' mistakes. One parent stressed, "I know one thing. I won't be like any of the parents who did me wrong." Another young woman's story illuminated the complexity of many parents' situations and their resolve to end the intergenerational cycle of abuse. She described intense experiences of abandonment during her childhood complemented by emotional abuse and parental substance use, criminality, and incarceration. The young woman explained that foster care helped her and concluded, "As far as me being a parent to my daughter, yeah, [I'm] avoiding stress, anger. What my mom did to me I wouldn't do to my daughter."

Both providers and parents recognized the potential for the intergenerational cycle of abuse and dependency. Yet, their distinct outlooks shaped their perceptions of the problem. From a pessimistic perspective, providers reported that parents aging out had little hope of avoiding the systemic nature of intergenerational continuity and compared helping parents reach independence to "fighting your head against a wall." Parents, alternatively, perceived that their backgrounds provided them with experiences that will ensure that they will not repeat their parents' mistakes. Parents perceived that the past provides learning opportunities. One mother summarized: "I want [my daughter] treated better than I was treated." Parents aging out described having a child as an opportunity to work through the challenges of their childhood and create a family different from the one they experienced as a child.

Providers and parents both described the overwhelming, stressful experiences of parenting while aging out: a lack of basic needs, few supportive relationships, and intergenerational patterns of maltreatment and dependency. Providers viewed parents' environments and circumstances as systemic failures. Alternatively, parents viewed their

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circumstances as difficult, yet not insurmountable. As reflected in the next theme, parents perceived opportunities in their futures.

### *3.2 Motivation and Resilience*

#### *3.2.1 Motivation to Parent*

Providers and parents described how a child's birth often served as a turning point and promoted a new sense of motivation and drive among parents aging out. One provider stated:

I think [parenthood]...gives them a little bit of drive...Sometimes it can be that little push. It doesn't mean that everything is going to work out great and there is a lot of risk there, but it can give them a little bit of motivation versus, "it's just me, why does it matter?"

A provider explained how becoming a parent can be a positive turning point for youth aging out:

A lot of these moms in particular look at [parenting] as an opportunity to turn over a new leaf. They've had all this failure and now, "I am in a position of being a mom." They may have unrealistic expectations of what that is going to look like, but there is this idea..."I want to try to do it better this time."

Parents also expressed this sense of renewed motivation. For example, one parent described her feelings as she transitioned to motherhood:

I didn't feel loved by my foster parents, so when [my son] came into the world it was like all the headaches of the world just drifted apart. It was only him. It was joy, and his crying. It just kept me busy, saying this little person is going to love you forever, and you got to nurture him and love him and set aside whatever stuff you've got going on. So actually it's like you're not living just for you anymore, you're living for that baby.

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Both providers and parents aging out also described how parents may be less successful without the motivation spurred by having a child. One parent shared, “If I didn’t have my son, I’d probably be doing other things.” To become successful, parents discussed the importance of “chang[ing] my ways” from having fun themselves to demonstrating responsibility by providing a safe environment for their children. One parent explained, “[Having kids] will turn me away from going to that party. My kids come first. Everything else comes after.”

Although providers recognized that having a child could serve as a source of motivation, they consistently expressed their positive perceptions of motivation with disclaimers about how only some of the youth will exemplify this motivation and how motivation “still won’t make everything ok.” Providers expressed that parents' love for their children can even create role reversals when parents look to their children for unconditional love. One provider explained that love is not enough to produce healthy, protective, self-sacrificing relationships with their children. Conversely, parents regularly had a sense of optimism, expressing how their situations would have been much worse had they not embraced the opportunity to parent in order to turn their lives around.

### *3.2.2 Resilience*

Providers and parents aging out identified parents’ resilience as another specific strength. Providers stated, “They are resilient. They understand that things can change at the drop of a hat” and remarked how parents “can make ways out of no ways.” Parents identified several coping mechanisms to survive each day including attending therapy, listening to music, exercising, ignoring negative influences, and securing resources for which they are eligible. Parents described how a component of their resilience involved approaching challenges one day at a time. One parent explained:

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... I don't have any income right now, but I go day by day. I don't live for—I mean, I hope for tomorrow, but I don't live for it because I'm living for today. I'm going to get everything done that I need within that day. And then I'm going to wake up tomorrow, and I'm going to do it again tomorrow. And then, you know, next thing you know you're going to be to where you want.

Providers reflected on parents' focus on the present and the absence of long-range plans. However, rather than perceiving present-mindedness as an intentional coping strategy, providers perceived that parents' focus on the present made them “short sighted.” One provider expressed his disbelief about many parents' coping strategies in a series of questions, “How are you ok with couch surfing and leaving your suitcase behind a dumpster for three days and it doesn't bother you that you'll go pick it up in a few days and hope it's there? And how are you going to eat? And how will you survive?” Provider pessimism about parents' present-mindedness juxtaposed parents' optimism in approaching life “day by day.”

### *3.2.3 Resource Availability*

Providers and parents aging out discussed perceptions of how having a child offered parents additional resources not previously available to them. A sentiment echoed by a number of providers was a perception that parents believe, “If I get pregnant and have a baby, ok, I can get some assistance. Somebody's going to help me. If I am single [without a child], I am not going to get too much help.” However, parents described the same supports differently:

The only reason I [decided to keep] my child was because of the independent living program. I would not have money to take care of [my daughter] if it wasn't for that. I would have had to go with adoption or something else. The reason I decided ‘ok I am going to this’ is because I have the funds to do it and I have the support.

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Parents also described how they have to be more resourceful in securing financial supports now that they are parents, as exemplified by this statement: “You got to try to think outside the box. You got to try to be smart. What can I do so my kid has the best care possible even though I don’t have as much money as everyone else does?”

Parents, in particular, talked about specific supports available to them and the value of taking advantage of those supports. One parent shared that her foster care history made her eligible for financial assistance and college attendance. Without the benefits, she felt that she would be like her friends who are not in college. The independent living program and being in foster care, the young woman concluded, was “a blessing” for her.

Whereas providers consistently painted a picture of parents aging out electing to have children in order to gain access to additional resources, parents described how after they learned they were pregnant, they believed they needed to access whatever resources and opportunities they could locate. Unfortunately, accessing resources did not translate into parents’ needs being met.

### *3.3 Need for Mentorship and Parenting Skills*

#### *3.3.1 Mentorship*

Providers and parents aging out described how parents still want and need additional mentorship and guidance. As one parent shared, “Just because we’re parents doesn’t mean that we don’t need guidance. Because some people think just because they’re a mom or a dad, that they don’t need any guidance.” Both groups of participants described that parents may benefit from the guidance of adults or other parents aging out to help with the emotional strains that accompany parenting.

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One parent described the importance of mentorship and support in her situation where she was isolated:

Because a lot of people don't have someone that cares. I mean, me? Nobody ever calls me. I have to call everybody....I'm always calling y'all, to check up on y'all; y'all got my number; y'all don't ever call me. So, to me, it makes me feel better that somebody calls me and checks up on me, you know.

Both providers and parents valued peer-to-peer mentorship and we observed the connections among peers in the small group interviews. Parents shared their knowledge of available resources and provided advice; albeit, the advice-sharing among peers was not necessarily accurate or offered in a constructive manner. For example, one parent informed a prospective mother who wanted to attend classes after giving birth that she could not leave the house for several months after the child's birth because she would be at risk for infections. Despite inaccuracies and some judgments, parents and providers valued peer mentoring. One provider stressed the importance of peer connections:

They find support in each other because it's like a family. Even though they may have been at different foster homes or different group homes, they still come back together and they still try to support each other when they are having babies.

From professionals such as therapists or case managers. One parent shared that talking about problems to a therapist and talking with someone outside of the family helped her see "this is what I need to do, or this is change." Another parent recognized that "advised, "[e]verybody needs somebody to help them along the way."

In discussing the importance of guidance and mentorship for parents aging out, providers and parents again illustrated their respective pessimistic and optimistic outlooks. Providers felt

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limited by the system's capacity to continue to be of help after youth exited the system. As one provider shared, "A quality mentor, they are really hard to find. We had a mentoring program before but it is hard to find quality peers that stick with it and be there for that young adult." Even though parents recognized, "it's nice to have a person, you can just call," they felt that support was available inasmuch as they gave therapy referrals and recommendations to each other. Despite potential limitations in current mentorship networks, parents believed that they could survive.

### *3.3.2 Parenting Skills*

Both providers and parents aging out recognized that parents needed parenting skills. Providers and many parents identified the importance of learning about child development and understanding the child's needs. Although a couple of parents felt competent in caring for a baby, multiple providers and parents identified the need for "Parenting 101" and "start [parents aging out] from the basics." Parents also asked questions specific to infant care: "...what do you do when a baby is crying? How can you soothe them as far as changing their 'pampers,' giving them a bottle? What's other ways of getting them from crying? Like do I read a book or do I walk around?" In response to this parent's question, a parent of an infant responded:

I'd give them a bottle and [if] that didn't work, I'd change the diaper and [if] that didn't work, I would just have to walk around with them. I learned with my little girl [that] she just likes to be left alone. Don't bother her. If I don't touch her, she's good. And I'm like maybe she just doesn't like me right now. I'm not really sure.

Although the mother exhibits confidence by sharing advice, she also reveals insecurity, questioning if her daughter likes her, and room for growth with regard to knowledge of child development.

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Although providers rarely mentioned specific parenting skills when discussing parents' needs, parents identified several areas in which they would like to improve, most commonly discipline and infant care, and stressed they wanted to be a "good parent." Regarding discipline, parents often expressed concern about the potential for physical punishment to move toward physical abuse. One parent stated that she would like to learn "proper discipline because there could be some people who overdo it." Indeed, parents consistently expressed a need for information about alternate strategies beyond physical punishment. One parent disclosed:

Personally I have a problem...I get frustrated really quick. I don't take it out on anyone, but sometimes I have a hard time. Like I want to distance myself from my children and that's not good at all because that's not what I want to do. I don't beat my kids. I feel like I need a way to figure out how to discipline my children and have it not be the wrong way. I will pop him on his hand, on his butt, on his thigh, but that's not working.

Beyond specific skills and techniques, parents described an aim to be "good parents," but also shared that they lacked a solid sense of what that looked like. In a discussion about what would be helpful to include in parenting classes, a parent suggested providing opportunities to create "more bonding experiences with our kids." Another parent said, "Definitely I don't want to go to a class and learn how to take care of a baby. I know how to do that. I want to sit in a class and learn how to be a good parent."

Providers and parents aging out expressed uncertainty about parents' skills. Providers felt parents lacked essential parenting skills, including the mechanics of diapering and feeding. Although parents demonstrated a need for additional techniques, others perceived that they knew basic parenting skills. Parents desired knowledge and strategies to become "good parents" and did not view their current knowledge level as necessarily detrimental to their children.

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### 4. Discussion

#### 4.1 Summary

The current study examined provider and parent perceptions about the daily experiences of parents aging out, their strengths, and their needs. The analytic themes of adversity and stress, resilience and motivation, and the need for mentoring and parenting skills informed each of our research questions.

##### 4.1.1. Daily Experiences of Parents Aging Out

First, reinforcing earlier work (Aparicio, Pecukonis, & O'Neale, 2015; Budd et al., 2006; Connolly et al., 2012; Haight et al., 2009), findings indicated that experiences for parents aging out largely equates to an overwhelming, stressful environment as they navigate parenthood largely alone without support or role models. Although single mothers, and single fathers to a lesser extent, are a disadvantaged population compared to their married counterparts (Teitler, Reichman, & Nepomnyaschy, 2004), parents aging out appear particularly vulnerable. For example, single mothers often experience a support bubble around the time of giving birth in which they can rely on family and friends for support (Radey & Brewster, 2009). Parents aging out, however, mentioned their lack of support even shortly before and after birth, consistent with results of earlier work identifying that parents aging out have few positive parenting models and little support (Aparicio et al., 2015; Connolly et al., 2012; Courtney et al., 2010). Similar to the young parents in Aparicio's (2015) study, parents in the current study both recognized the importance of breaking the cycle of abuse and the importance of support. Although parents did not specify proactive strategies to parent differently or to improve their social networks, they knew that they did not want to parent how they were parented or succumb to negative peer networks. Instead, parents viewed planning ahead as an unavailable resource. Parents

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prioritized meeting daily needs rather than preparing for the future. Indeed, parents knew how to access resources and relationships in order to provide for their children for that day. Although parents viewed both relationships with their children's fathers and relying on public assistance as less than ideal, they understood how to capitalize on resources in order to provide for their children's current needs.

### *4.1.2. Strengths of Parents Aging Out*

Second, despite chaotic lives, providers and parents aging out felt that parents demonstrated strengths through their motivation to parent and resilience. Similar to recent quantitative findings regarding the high levels of resilience among youth aging out (Shpiegel, 2016), parents in the current study seemed to adapt to their current situations displaying optimism in the face of stressful, largely unsupportive environments. Supporting earlier findings that children can be an impetus for self-improvement among youth aging out (Pryce & Samuels, 2010), providers and parents alike perceived having a child as a source of new opportunity. Many parents felt that their children helped them develop responsibility and meaning in life. Parents were resilient in their current situations by focusing on getting through the day rather than planning for the future.

### *4.1.3. Needs of Parents Aging Out*

Third, both providers and parents aging out expressed that parents need and desire mentorship and parenting skills. Parents expressed feelings of isolation because they exited the child welfare system and lacked formal and informal support systems. Participants expressed the need for peer support groups and recent research cites young mothers as an important, untapped resource for parents aging out (Haight et al., 2009). Parents and providers also expressed feelings of insecurity about parents' parenting skills.

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### *4.1.4. Unique Perspectives of Parents Aging Out vs. Providers*

Despite similar themes arising from participants, the distinct perspectives of parents and providers are noteworthy and a central contribution of this study. Parents expressed hope and optimism in providing for their children while providers expressed systemic failure in preparing parents aging out for independent living. Parents recognized their stressful environments, but viewed parenthood as a positive turning point and opportunity. They also felt confident that they would break intergenerational patterns of abuse and dependency. Providers, alternatively, expressed that despite parents' intentions of being good parents, scarce resources and extreme disadvantage often resulted in parents failing to achieve that goal.

Congruent with Love and colleagues' (2005) findings, parents displayed resiliency and optimism by placing value on approaching life "day by day." Providers, alternatively, judged parents' present-mindedness as detrimental to raising healthy children and their perspective supports earlier work highlighting the overwhelming nature of juggling the obstacles of aging out with the obstacles of early parenting (Dworsky & Courtney, 2010; Max & Paluzzi, 2005). In terms of mentoring and skills, parents desired information around topics including bonding, discipline, and being a "good mother." Providers, alternatively, demonstrated their pessimism as they believed that parents needed parenting help starting from "below baseline."

The distinct perspectives of providers and parents highlight the importance of incorporating both stakeholders when designing parenting interventions. Interventions have the opportunity to incorporate parents' optimism, resilience, and desire to be successful parents. Parents welcome the opportunity to gain social connections and parenting knowledge; interventions can capitalize on their enthusiasm. Providers' pessimism, although unfortunate, may be understandable in the context of their work experiences and offer valuable insight.

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Providers continually expressed that they often identified needs among parents aging out and were unable to meet these needs often due to program eligibility restrictions, long waiting lists for services, or an inability to maintain contact with the parent. Interventions can benefit from considering these systemic and personal barriers that many parents will encounter.

### *4.2 Limitations*

Before turning to implications, study findings must be considered in light of the limitations. First, as with all qualitative studies, findings are not representative of all parents aging out. Although generalizability is not an aim of qualitative research, because state-wide data are not systematically collected on parents aging out, we cannot attest whether the sample of parents aging out are representative of the population. Similar to other research in this area (e.g., Aparicio, In press; Budd et al., 2006), the study sample size is small. Further, our recruitment strategy of reaching parents through independent living coordinators could have resulted in a sample of parents who may have been better connected than other parents aging out. However, we expect that the exclusion of non-connected parents likely underestimates our findings of adversity, stress, and lack of support. Second, and related, our sample included only two fathers. Fathers aging out of care are an important subpopulation of parents whose experiences and needs may differ from mothers. Third, the qualitative data were derived from provider and parent perceptions and self-reported experiences, which may differ from other measures of reality. For example, parent perceptions of support may differ from available support. However, perceptions of support are important because perceptions are more predictive of health and wellbeing than actual support received (Wethington & Kessler, 1986). Fourth, the nature of qualitative work implicates the data analysis and conclusions as subjective. As an effort to promote the trustworthiness of the findings, we utilized a systematic, well-established qualitative approach

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(i.e., thematic analysis; Braun & Clarke [2006]). All of us engaged in the data analysis process and together reached consensus on analytic decisions. Fifth, we selected the small group interview format in order to help participants share more openly. However, group dynamics may have made some participants uncomfortable sharing their perceptions.

### *4.3 Implications*

The common provider and parent themes coupled with their contrasting perspectives (i.e., pessimism vs. optimism) can be useful in informing interventions for parents aging out in three main areas: integrated services, structured mentorship and peer support, and comprehensive parenting instruction.

First, providers' perspectives and experiences indicate that services and interventions need to be realistic and meet the demands of parents' current situations. Similar to other youth aging out, parents aging out are concerned about their basic needs of housing, child care, transportation, and financial resources. Parents' present-mindedness demonstrates their resilience despite limited resources; yet, it also demonstrates a crisis-to-crisis approach not ideal for long-range family well-being. Without integrated, coordinated services, youth aging out are often overwhelmed and stressed during their transition to independence (Geenen & Powers, 2007). The difficulties as well as the importance of independency for youth aging out intensify when they are responsible for both themselves and a child. Our findings indicate that providers feel that parents need tremendous support and guidance and parents desire connection to benefits, mentors and parenting knowledge. Currently, parents qualify for disconnected services depending on foster care history, employment status, school enrollment status, income, and children's ages. As only about half of youth aging out across the U.S. receive any Chafee Foster Care Independence Program independent living services (Okpych, 2015), programs should

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prioritize ensuring youth aging out—especially parents aging out—receive needed services and resources. Connecting parents with a single ally to coordinate financial and supportive benefits offers the opportunity to provide holistic care through addressing the unique needs of parents aging out (Geenen & Powers, 2007).

Second, providers and parents both voiced a need for structured peer and mentoring support. Although studies examining social support of parents aging out specifically are limited, our findings support extant research indicating that youth aging out have small, often unsupportive, family and friend networks (Negriff, James, & Trickett, 2015). Parents resoundingly identified that their families were not dependable sources of informational or instrumental support; they did not want to emulate their own parent-child relationships and recognized the inherent struggles of parenting alone without positive role models. When mothers turned to their children's fathers, they did so most often in desperation because the men, when available, were often unreliable without resources themselves. Providers' perspective that parents develop unhealthy relationships as a last resort reinforces earlier work (Max & Paluzzi, 2005). Our findings indicate that providers and parents value peer support with other parents with prior foster care experience and group interventions may provide such an opportunity. For example, a parenting intervention that includes a social support component together with one-on-one mentorship could provide the opportunity to support these parents.

Third, our findings identify the importance of providing parents basic parenting resources and strategies. Although parents desired bonding and discipline techniques beyond basic parenting skills, providers and the peer-to-peer advice exchanges in our interviews suggest that parents could benefit from a comprehensive parenting intervention. Similar to Aparicio's (in press) findings, parents in the current study frequently commented that they were not going to

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follow their parents' parenting strategies, yet they also lacked parenting role models or mentors for direction. Providing parents with access to information on child development, proven strategies for enhancing parent-child relationships and improving child behavior, and opportunities to practice positive parenting skills in a safe environment are likely important components of supporting successful parenting in this population.

A parenting intervention, such as The Incredible Years curriculum (Webster-Stratton & Reid, 2003), that relies heavily on peer-to-peer relationships, group co-leader modeling, and empirically-supported parenting techniques has the opportunity to address the multiple needs of parents aging out including support, mentorship, and parenting skills. Although The Incredible Years has empirical support for vulnerable parents including low-income parents and parents involved with the child welfare system (e.g., Oriana Linares, Montalto, Li, & Oza, 2006), the intervention has not been adapted or tested specifically for parents aging out. Our findings indicate that such an adaptation for these parents could capitalize on parents' motivation and desire for additional parenting skills while addressing basic parenting and relationship skills that providers identify that parents aging out need. Currently the authors are pilot-testing an adaptation of the Incredible Years curriculum for parents aging out.

### *4.3 Directions for Future Research*

Our findings underscore the importance of developing effective interventions for parents aging out. Qualitative interviews contribute to this development. However, additional research in several areas can provide additional insight into meeting parents' current needs and setting them up for successful futures. First, participants voiced diverse experiences and service use while in foster care. Future work can benefit from examining how various foster care arrangements (e.g., group homes, kin care, independent living homes) or received services (e.g.,

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life skills, parenting skills, fertility planning) prepare youth aging out for parenthood. Second, the sample included few fathers. Future work should consider both the unique needs of fathers aging out of foster care and the role of fathers in the lives of mothers aging out. Third, findings from parents and providers point to the importance of informal and formal support mechanisms to assist parents aging out to meet basic needs and break the intergenerational cycle of long-term dependency and maltreatment. Future research can benefit from examining how these various support mechanisms contribute to healthy outcomes for parents aging out and their children. Finally, as state and local policies impact the aging out process, future work should explore how state policy context and availability of services impact the experiences of parents aging out. For example, it is important to examine the experiences of parents aging out who can live with their children in maternity homes or placed together in a home.

The transition period of aging out provides an excellent opportunity to intervene with parents aging out and assist them with reaching their goal of becoming a “good parent” and creating healthy families. Through connecting parents with resources, strengthening their social networks, and developing their parenting skills, the life trajectories of the parents as well as their children may be positively transformed.

## EXPERIENCES LEAVING CARE AS PARENTS

**References**

- Aparicio, E.M. (In press.) 'I want to be better than you.' Lived experiences of intergenerational child maltreatment prevention among teenage mothers in and beyond foster care. *Child and Family Social Work*.
- Aparicio, E.M., Pecukonis, E.V., & O'Neale, S. (2015). 'The love that I was missing': Exploring the lived experience of motherhood among teen mothers in foster care. *Children & Youth Services Review*, 51, 44-54.
- Avery, R. J., & Freundlich, M. (2009). You're all grown up now: Termination of foster care support at age 18. *Journal of Adolescence*, 32, 247-257.
- Braun, V., & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), p. 77-101.
- Budd, K. S., Holdsworth, M. J., & HoganBrien, K. D. (2006). Antecedents and concomitants of parenting stress in adolescent mothers in foster care. *Child Abuse & Neglect*, 30, 557-574.
- Conger, R. D., Schofield, T. J., Neppl, T. K., & Merrick, M. T. (2013). Disrupting intergenerational continuity in harsh and abusive parenting: The importance of a nurturing relationship with a romantic partner. *Journal of Adolescent Health*, 53, S11-S17.
- Connolly, J., Heifetz, M., & Bohr, Y. (2012). Pregnancy and motherhood among adolescent girls in child protective services: A meta-synthesis of qualitative research. *Journal of Public Child Welfare*, 6, 614-635.
- Courtney, M.E. & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work*, 11, 209-219.

## EXPERIENCES LEAVING CARE AS PARENTS

- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago: Chapin Hall at the University of Chicago.
- Courtney, M. E., Dworsky, A., Lee, J. S., & Raap, M. (2010). Midwest evaluation of the adult function of former foster youth: Outcomes at ages 23 and 24. Chicago: Chapin Hall at University of Chicago.
- Courtney, M. E., Hook, J. L., & Lee, J. S. (2012). Distinct subgroups of former foster youth during young adulthood: Implications for policy and practice. *Child Care in Practice, 18*, 409-418.
- Cunningham, M. J., & Diversi, M. (2013). Aging out: Youths' perspectives on foster care and the transition to independence. *Qualitative Social Work, 12*, 587-602.
- Dworsky, A. (2015). Child welfare services involvement among the children of young parents in foster care. *Child Abuse & Neglect, 45*, 68-79.
- Dworsky, A., & Courtney, M. E. (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. doi: 10.1016/j.childyouth.2010.06.002
- Dworsky, A., & DeCoursey, J. (2009). Pregnant and parenting foster youth: Their needs, their experiences. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Retrieved from  
[http://www.chapinhall.org/sites/default/files/Pregnant\\_Foster\\_Youth\\_final\\_081109.pdf](http://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf)

## EXPERIENCES LEAVING CARE AS PARENTS

- Geenen, S., & Powers, L. E. (2007). "Tomorrow is another problem:" The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29, 1085-1101. doi:10.1016/j.chilyouth.2007.04.008
- Geiger, J. M., & Schelbe, L. A. (2014). Stopping the cycle of child abuse and neglect: A call to action to focus on pregnant and parenting youth in and aging out of the foster care system. *Journal of Public Child Welfare*, 8(1), 25-50.
- Haight, W., Finet, D., Bamba, S., & Helton, J. (2009). The beliefs of resilient African-American mothers transitioning from foster care to independent living: A case-based analysis. *Children and Youth Services Review*, 31, 53-62. doi: 10.1016/j.chilyouth.2008.05.009
- Herrenkohl, T. I., Klika, J. B., Brown, E. C., Herrenkohl, R. C., & Leeb, R. T. (2013). Tests of the mitigating effects of caring and supportive relationships in the study of abusive disciplining over two generations. *Journal of Adolescent Health*, 53, S18-S24.
- Hudson, A. L. (2012). Where do youth in foster care receive information about preventing unplanned pregnancy and sexually transmitted infections?. *Journal of pediatric nursing*, 27(5), 443-450.
- Krueger, R.A., & Casey, M.A. (2009). *Focus groups: A practical guide for applied research (4<sup>th</sup> edition)*. Thousand Oaks, CA: Sage Publications.
- Liamputtong, P. (2011). *Focus group methodology: Principles and practice*. Thousand Oaks, CA: Sage.
- Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). *Fostering hope: preventing teen pregnancy among youth in foster care*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

## EXPERIENCES LEAVING CARE AS PARENTS

- Max, J., & Paluzzi, P. (2005). Healthy Teen Network Summary Report: Promoting successful transition from foster/group home settings to independent living among pregnant and parenting teens. Washington, DC: Author.
- Negriff, S., James, A., & Trickett, P.K. (2015). Characteristics of the social support networks of maltreated youth: Exploring the effects of the maltreatment experience and foster placement. *Social Development, 24*, 483-500.
- O'Donnell, J., Johnson, W., D'Aunno, L., & Thornton, H. (2005). Fathers in child welfare: Caseworkers' perspectives. *Child Welfare, 84*, 387-414.
- Okpych, N. J. (2015). Receipt of independent living services among older youth in foster care: An analysis of national data from the US. *Children and Youth Services Review, 51*, 74-86.
- Oriana Linares, L., Montalto, D., Li, M., & Oza, V.S. (2006). A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology, 74*, 32-41.
- Oshima, K. M. M., Narendorf, S. C., & McMillen, J. C. (2013). Pregnancy risk among older youth transitioning out of foster care. *Children and Youth Services Review, 35*, 1760-1765.
- Pecora, P., Williams, J., Kessler, R., Downs, A., O'Brien, K., Hiripi, E., et al. (2003). *Assessing the effects of foster care*. Seattle, WA: Casey Family Programs.
- Pryce, J. M., & Samuels, G. M. (2010). Renewal and risk: The dual experience of young motherhood and aging out of the child welfare system. *Journal of Adolescent Research, 25*, 205-230.

## EXPERIENCES LEAVING CARE AS PARENTS

- Putnam-Hornstein, E., & King, B. (2014). Cumulative teen birth rates among girls in foster care at age 17: An analysis of linked birth and child protection records from California. *Child Abuse & Neglect, 38*, 698-705.
- Radey, M., & Brewster, K.L. (2009). Predictors of Stability and Change in Private Safety Nets of Unmarried Mothers. *Journal of Social Service Research, 39*, 397-415.
- Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Abuse and Neglect, 82*, 727-746.
- Shpiegel, S. (2016). Resilience among older adolescents in foster care: The impact of risk and protective factors. *International Journal of Mental Health and Addiction, 14*, 6-22.
- Shpiegel, S., & Cascardi, M. (2015). Adolescent Parents in the First Wave of the National Youth in Transition Database. *Journal of Public Child Welfare*.
- Teitler, J. O., Reichman, N. E., & Nepomnyaschy, L. (2004). Sources of support, child care, and hardship among unwed mothers, 1999–2001. *Social Service Review, 78*, 125–148.
- Webster-Stratton, C., & Reid, M. J. (2003). The Incredible Years parent, teacher, and child training series. In A. Kazdin & J. Weiss (Eds.), *Evidenced-based psychotherapies for children and adolescents* (pp. 224-240). New York: Guilford Press.
- Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health and Social Behavior, 78-89*.
- Widom, C. S., Czaja, S. J., & DuMont, K. A. (2015). Intergenerational transmission of child abuse and neglect: Real or detection bias? *Science, 347*(6229), 1480-1485.