



A content analysis of case records: Two-generations of child protective services involvement



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ABSTRACT

Children born to mothers in foster care have increased numbers of reports of alleged abuse or neglect in comparison to children born to mothers who are not in care. The present investigation leveraged unstructured, case narrative fields in child welfare records to enhance knowledge about Child Protective Services (CPS) involvement among children born to mothers in care. A content analysis was conducted to assess reasons described for CPS involvement among children who were (1) born to mothers who were in foster care on or after the estimated date of conception and (2) reported to CPS during the first 3 years of life. The present investigation builds upon a prior Latent Class Analysis that identified classes of children born to mothers in care who were at varying risk of CPS involvement. Thirteen mother-child dyads from each of the three distinct classes identified in the prior study were selected for a detailed examination of mother and child case records ($N = 39$). Findings show class membership varied based on the mother's earlier experiences in care and reasons for the children's maltreatment report. A lack of placement stability for the mother can have long term consequences for the mother with cascading effects for the children. Study findings illustrate the importance of linking parents to services that meet their unique needs and those of their children. Findings add depth to the understanding of factors associated with the maltreatment of children born to mothers in foster care and demonstrate the importance of two-generation strategies.

1. Introduction

Children born to mothers in foster care have increased rates of reporting for alleged abuse or neglect in comparison to children born to mothers who are not in care. A Canadian study found that adolescent mothers who were living in foster care at the time of birth had 7.53 times greater odds of having their child removed and placed in out-of-home care before age two than adolescent mothers who were not in foster care placements (Wall-Wieler, Brownell, Singal, Nickel, & Roos, 2018). A Massachusetts study found that children born to young mothers who had a childhood CPS report were 72% more likely to be reported to CPS than children born to young mothers with no CPS history (Bartlett, Kotake, Fauth, & Easterbrooks, 2017). An Illinois study found that by age five, 39% of children born to mothers in care were investigated for alleged maltreatment by CPS (Dworsky, 2015). A study from California documented rates that were even higher; by age 3, 49% of children had been investigated for alleged maltreatment and 19% had been placed in out of home care by age 3 (Eastman & Putnam-Hornstein, 2019). This study found that 53% of the young women in

foster care who had children while in care had been reported for maltreatment compared with an earlier study that documented 10% of children born in California were reported overall (Putnam-Hornstein, Mitchell, & Hammond, 2014). A study of 19-year-olds who had been in care at age 17 after implementation of the extension of care in California found that 15% of children born to mothers in care at age 17 were wards of dependency court (Courtney et al., 2016). These studies suggest children born to mothers in care are at increased risk for CPS involvement, but it is important to note the potential that some of the increase may be due to enhanced surveillance. Beyond this work, there is little known about the CPS involvement, maltreatment experiences, or out of home placement of children born to mothers in care.

While research on children born to parents in care is limited, there has been significant research examining parenting youth. This body of work has identified significant life stressors for mothers and fathers, including lack of employment, child care, housing, social support, and knowledge of child development (Aparicio, 2016; Dworsky & Gitlow, 2017; Radey, Schelbe, McWey, Holtrop, & Canto, 2016; Schelbe & Geiger, 2017). At the same time, this work has identified parent

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resiliencies (Aparicio, 2016). These young parents are aware that their children are at increased risk for CPS contact, and are motivated to prevent it (Aparicio, 2016; Radey et al., 2016; Schelbe & Geiger, 2017). Schelbe and Geiger's (2017) ethnography, which followed parents aging-out of care and their children for almost 2 years, found parents were optimistic about parenting, found joy in being parents, and wanted to provide their children with a better life, despite challenges.

Research also highlights the heterogeneity of the population of parents in care (Aparicio, 2016; Courtney et al., 2016; Schelbe & Geiger, 2017). The work by Eastman & Putnam-Hornstein (2019) built upon these findings by using linked, administrative data and a person-centered analysis to identify subpopulations of mother-child dyads among pregnant and parenting youth in care. Three qualitatively distinct classes were identified through Latent Class Analysis (LCA) and the rates of two-generation CPS involvement, examined as a distal outcome and treated as independent from the class modeling process, were notably different across classes. Class 1, titled "Non-minor mothers with stable placements" consists of mothers age 18 years and older and about half had been in care for more than a year with fewer than three placements. Class 2 was termed "Minor mothers with short placements." This class was made up of very young mothers and nearly 40% had been in placement for less than a year. Class 3, "Mothers with unstable placements and mental health conditions" was unique because nearly all the mothers had mental health conditions. All the Class 3 mothers had been in care for more than a year and 71% had experienced more than three placements. Children in Class 1 had the lowest risk of a CPS report; 36% were reported by age three. Meanwhile, more than half (55%) of children in Class 2 and 68% of children in Class 3 were reported by age three. These results identified different risk profiles that underscore differences in service needs for groups of mothers in care and their children. Findings demonstrate heightened risks for children born to mothers who were minors and for mothers who had unstable placement histories, mental health conditions and experiences of trauma. However, there is still little information about the children's CPS involvement.

Knowledge about young parents in foster care and two-generation CPS involvement has been gleaned almost exclusively from structured fields in child welfare case records (Dworsky, 2015; Dworsky & DeCoursey, 2009) or through interviews and observation with families or service providers (Aparicio, Pecukonis, & O'Neale, 2015; Dworsky & DeCoursey, 2009; Schelbe & Geiger, 2017). To date, case narratives that typically accompany structured fields in child welfare case records are rarely used in research (English, Edleson, & Herrick, 2005; Hartley, 2002; Mennen, Kim, Sang, & Trickett, 2010) and have not been examined for the population of interest. Case narratives may contain useful information about the context within which maltreatment reports are made, such as the family's strengths, needs and protective factors. Case narratives document children and family contact with CPS, typically due to allegations of abuse or neglect. These data have the potential to inform policy and practice for a population at high risk for two-generation CPS involvement.

2. Current study

The *current study* is exploratory and leverages case records of mothers in foster care and their children to generate new knowledge concerning the circumstances of these mother-child dyads. A content analysis of case records was conducted to assess reasons for CPS involvement among children who were 1) born to mothers who were in foster care on or after the estimated date of conception and 2) reported to CPS in the first 3 years of life. The following questions were examined: 1) What information can be gleaned from CPS case records concerning the conditions that led to two-generation CPS involvement? 2) Why were the children reported? 3) What are the mothers' identified risks or needs? 4) What are the mothers' identified strengths or protective factors? and 5) Was provision of services documented for the

mothers while they were pregnant or parenting? The goal of this research was to inform policies and programs for mothers in foster care and for their children, who are at high risk of being reported to CPS and/or experiencing maltreatment early in life. Additionally, this exploratory analysis sought to assess the utility of the narrative notes in case records to learn about both generations – parenting youth and the children born to mothers in foster care.

3. Method

3.1. Sample

This examination builds upon an earlier study that used linked birth and child welfare records to identify all first-time pregnant and parenting mothers in foster care and their children among all births in California between 2009 and 2012 ($n = 2904$; Eastman & Putnam-Hornstein, 2019). Mothers who were in foster care on or after the estimated date of conception and their children were included in the study. The timing of the birth and any CPS report varied in relation to mother's placement episode. Variables considered in the LCA included maternal age at birth (minor, non-minor), paternity established on the birth record, a documented mental health condition, and time in care/ placement stability (≤ 1 year, > 1 year and 1–2 placements, > 1 year and 3+ placements). The study identified three classes of mother-child dyads using LCA and examined the risk of a CPS report in the children's first 3 years of life for each class. Classes 1, 2, and 3 represent 30%, 47%, and 23% of the population of identified mothers, respectively. For more details about the LCA and classes, please see Eastman & Putnam-Hornstein (2019).

The current population was restricted to a sample of mother-child dyads in which there was a documented report of alleged maltreatment for the children between birth and age three. Dyads were sampled from the three classes that emerged from the LCA (i.e. classes 1, 2, and 3 respectively are non-minor mothers with long, stable placements; minor mothers with short periods in care; and mothers with long, unstable placements and mental health conditions (Eastman & Putnam-Hornstein, 2019). Thirteen mother-child dyads from each class were randomly selected for a detailed examination of mother and child case records. Estimating adequate sample size is directly related to saturation (Marshall, Cardon, Poddar, & Fontenot, 2013). Sampling 13 dyads from each class allowed for saturation to be reached for each class. Saturation is achieved when the point of diminishing returns is reached; more data does not lead to more information (Mason, 2010). Although there was an unequal distribution of mother-child dyads across classes in the LCA (the largest proportion of mothers fell into class 2), examination of thirteen cases allowed for saturation to be achieved given the depth and quality of the information. The information was both rich in detail and reflected information gathered over the course of what was often years of child welfare involvement for the mother and children. The total sample was 39 cases.

3.2. Sample characteristics

The median age of mothers at the time of birth in the sample was 17. In Class 1 the average age of mothers at birth was 19 (range: 18 to 20 years), it was 16 among mothers in Class 2 (range: 13 to 17 years), and 17 among mothers in Class 3 (range 15 to 17 years). Due to the data sharing agreement and maintaining confidentiality, details about the sample by the different classes cannot be shared. However, characteristics about the entire sample of 39 mothers and their children can be provided. On average, the mothers had been in care for four and a half years at the time of birth. Forty-four percent of mothers had a mental health condition, 60% had a sexual abuse history, and 62% had run away from placement. Half of all children had established paternity recorded at the time of birth. Importantly, among those who had a report by age 3, half of the children had previously been reported as

infants before age one. Other demographic information cannot be divulged given the need to protect client identities and data sharing specifications, but demographics for mother-child dyads sampled for each class showed characteristics that were similar to the entire population of pregnant and parenting youth in care and their children (information available in Eastman & Putnam-Hornstein, 2019). The sample for the current study included more mothers with Black race/ethnicity and fewer Hispanic mothers in comparison to the full statewide population of pregnant and parenting mothers in care. This may be because race/ethnicity varied by class and an equal number of individuals were selected for each class (i.e. the largest class also had the greatest Hispanic population). It should also be noted that several children in the sample died. The exact number of child fatalities cannot be shared to maintain confidentiality.

4. Data collection

Case-level data were accessed from California's Child Welfare Services/Case Management System (CWS/CMS), the state's child welfare information database. CWS/CMS is used to track case management, service planning, and information gathering related to child welfare activities. Case narrative data are entered or collected by county child welfare staff; records are oriented around a focal child, with supporting information for parents, perpetrators, and other individuals. The system has several components: Intake, Client Information, Service Delivery, Case Management, Placement, Court Processing, Caseload, Resource Management, Program Management, and Adoptions and Licensing. Each component contains both structured and unstructured fields where case notes can be recorded in the form of structured data or case narratives that correspond to that particular part of the process.

Data were available through a long-standing university–agency data-sharing agreement with the California Department of Social Services. Data access falls within existing state data-use agreements and both state (CPHS 13-10-1366) and university (UP-13-00455) institutional review board protocols. Confidential data from CWS/CMS are hosted at the Data Center located within Center for Social Services Research, located at the University of California at Berkeley.

The first author retrieved case narratives onsite at the Data Center. The process of searching the case files for each client was systematic. The “screener” narrative, “investigative” narrative, and associated documents were reviewed for each referral of the mother and children. A full description of the contents of these files is detailed in Table 1. Non-identifying information was extracted for each referral and the information was organized in one electronic file per dyad for analysis.

Table 1
Description of contents of case records.

<p>The “screener” narrative summarized the presenting problem, the reason for the CPS involvement (Luna, 2001). The data were collected when the maltreatment report was made and were used to determine if an in person investigation was warranted. Details on the following topics were included:</p>	<p>The maltreatment incident (e.g. severity, frequency, description of injury) Child characteristics (e.g. age, special circumstances, behavior) Caretaker characteristics (e.g. child interactions, knowledge, substance abuse, criminal behavior, mental health) Family factors (e.g. support systems, environmental conditions, family strengths) Domestic violence or abuse factors (e.g. weapons in the home, prior emergency medical response, medical neglect) Interview summaries from family members, reporter, or perpetrator A social history for the family describing social, cultural or physical factors associated with caregiving Any of the child's developmental needs Information about referrals or services offered An assessment of the child's level of risk Reasoning for the disposition (this described if the investigation was determined to be unfounded, inconclusive or substantiated based on the interviews and other collected information)</p>
<p>The “investigative” narrative was created when a child welfare case worker conducts and in person interview and investigation, typically following a child maltreatment report. The guidelines for the “investigative” narrative included a summary of the “screener” narrative, information about prior involvement with CPS, and documentation about the investigation process. Other information that was typically presented included:</p>	

Note: **Associated documents** included court documents, placement documents, and service delivery logs. These files were reviewed for additional details but the large majority of the information was previously found in the case narrative.

5. Data analysis

Content analysis is a research method that organizes qualitative data into specific and broad concepts to enhance understanding of a phenomenon (Cavanagh, 1997; Elo & Kyngäs, 2008; Hsieh & Shannon, 2005). From these identified concepts, meaning can be developed. Content analysis was selected for the analysis because it is sensitive to content and can be used to analyze large volumes of qualitative data (Elo & Kyngäs, 2008).

To analyze the large amount of information found across case records for mother-child dyads, a deductive and inductive coding process was used following the process described by Elo and Kyngäs (2008). First a deductive approach was used to create a structure for gathering content based upon extant knowledge about the phenomena (Elo & Kyngäs, 2008; Kyngäs & Vanhanen, 1999). From there an inductive approach was used to ensure that previously unknown concepts were identified and included (Elo & Kyngäs, 2008; Lauri & Kyngäs, 2005). This dual inductive and deductive approach was used to identify concepts emerging from the data by drawing upon language observed in the case records.

First, the lead author was immersed in data, reading over narrative sections of case records before developing categories (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005). Once the lead author reviewed the data, the authors developed a categorization matrix for coding data based on categories that emerged in the “screener” and “investigative” narratives. The matrix was organizational and formatted as a cross-tabulation of information about the data (Dey, 1993). Next, data were coded based on the initial concepts in the matrix. This examination was exploratory due to the lack of existing literature on narrative child welfare records generally and especially as they relate to two-generation dyads, and therefore the matrix was “unconstrained,” meaning the matrix grew and evolved as cases were examined and additional concepts were created (Elo & Kyngäs, 2008).

Next, categories were grouped into subtopics with the goal of sorting information to consolidate the number of concepts and to ensure each concept was distinct (Dey, 1993). The categorization of concepts helped describe the experiences of mother-child dyads with the goal of enhancing understanding (Harwood & Garry, 2003). This process entailed developing descriptions for each concept using words that were characteristic of the content grouped under each concept (Elo & Kyngäs, 2008). Using qualitative data analysis software, NVivo11, each case was reviewed for meaning and categorization by trained research assistants, both of whom coded independently. After each case was coded, the lead author reviewed the coding and provided feedback to the coder.

The sample used in the content analysis had similar characteristics

to the mother-child dyads in the three classes identified by the LCA. This promotes rigor in that the qualitatively different themes identified in the analysis can be seen to represent the three different groups. Large amounts of longitudinal data for both mother and children were available, adding to the depth of the data. On average there about 40 pages of documentation per dyad and some dyads had several hundred pages of documentation. Data in case narrative files included information from multiple sources such as multiple caseworkers, police, court, and reports from family members and caregivers. Having data from participants in different roles allowed for the triangulation of data. Trustworthiness was established by having multiple people analyze the data, ensuring all coding was reviewed by the lead researcher, and reporting the content of the case records to enhance transparency (Hsieh & Shannon, 2005).

6. Results

The content analysis showed distinct themes for each class. Additionally, although there were significant differences across classes, a few themes were common to all three. The following section explores similarities among the classes, followed by descriptions of unique findings for each. Quotes from caseworkers, medical personnel, educators, public safety officials, and lawyers found in the case narrative notes are used to illustrate key concepts. The themes are summarized in Table 2 and presented in order of salience and relevance to the classes, from most to least important.

Table 2
Themes related to mother-child dyads.

Category	Themes
Common across all classes	<p><i>Substance abuse:</i> Substance abuse was common and negatively affected the ability to parent, however the extent and type of substance used and effect on parenting varied across classes.</p> <p><i>Homelessness:</i> Homelessness was common among nonminor mothers but was not typically the primary concern that led to the maltreatment report.</p> <p><i>Multiple children:</i> Mothers had multiple children, especially in classes 1 and 3.</p> <p><i>Sexual abuse:</i> Nearly all of the mothers' case notes included a mention of one sexual abuse allegation but many contained descriptions of ongoing and extensive sexual abuse.</p> <p><i>Runaways:</i> Mothers' case notes commonly mentioned that the mother had run away from foster care placements. These runaway experiences occurred before, during, and after the pregnancy.</p> <p><i>Services:</i> Nearly all mothers received some services while pregnant and parenting. Services offered varied and appeared insufficient given needs.</p>
Class 1: nonminor mothers with stable placements	<p><i>Child maltreatment reports and investigations:</i> Reports to CPS were typically due to parenting skills and child supervision. There was evidence of surveillance bias.</p> <p><i>Strong social support:</i> Many mothers had an identifiable "co-parent," who supported the mother with child care and enabled her to attend school or obtain employment.</p> <p><i>Father involvement:</i> These mothers were the most likely to cohabit with the fathers of their children and intimate partner violence was common.</p> <p><i>Signs of resilience:</i> Information in the case records signaled that parents and children were doing well.</p> <p><i>Fear of CPS involvement:</i> Perhaps because of their experiences in care and their desire to be good parents, mothers in Class 1 were fearful of two-generation CPS involvement.</p>
Class 2: minor mothers with short placements	<p><i>Mother's recent maltreatment:</i> These mothers were placed in out of home care around the time of conception or the birth of their child because of recent maltreatment. Some mothers were in care due to the circumstances surrounding the pregnancy.</p> <p><i>Mother's trauma and developmental concerns:</i> Trauma, young age, and developmental delays negatively affected the ability to parent for mothers in Class 2.</p> <p><i>Offspring maltreatment reports:</i> Children were also commonly reported to CPS due to the mothers' lack of knowledge of child care responsibilities.</p> <p><i>Need for parenting support:</i> Mothers were dependent upon assistance from others. These mothers wanted to raise their children and acknowledged they needed help to do so.</p> <p><i>Relationship with fathers:</i> Fathers were absent or unknown and tended to be much older than the mothers.</p>
Class 3: mothers with unstable placements and mental health conditions	<p><i>Child maltreatment reports and investigations:</i> Serious concerns led to CPS involvement. These reports were commonly related to the mother's use of drugs and/or alcohol and mental health conditions.</p> <p><i>Comorbid needs:</i> Serious issues impaired parenting related to the mother's mental health issues, drug use, and criminal justice involvement.</p> <p><i>Lack of social support:</i> Fathers were not engaged with the mothers or offspring. Mothers were not connected with adults in placements.</p> <p><i>Mothers' experiences in care:</i> Mothers had negative and sometimes abusive experiences in care that led to discontinued CPS service use and early exits from care.</p>

7. Themes independent of class

Some themes were shared by all classes. Mothers in child welfare are a uniquely vulnerable and disadvantaged population, and all of the young mothers in the present study (independent of class) shared strengths, challenges and risks associated with traumatic childhood experiences and the disruption of being placed in out-of-home care. Substance use was an issue across all three classes, although, the amount, types, and impact of substance use on parenting varied considerably, as did their willingness to participate in treatment. The reports that brought the children of these young women to the attention of CPS were often for severe neglect or physical abuse related to their mothers' substance abuse. Repeated sexual abuse of these young women was common across classes. The majority of the mothers' case files included a mention of at least one sexual abuse allegation, and many contained descriptions of ongoing and extensive sexual abuse. For example, there were instances of repeated rapes, incest, and human trafficking.

Mothers' case notes commonly mentioned that the mother had run away from foster care placements. These runaway experiences occurred before, during, and after the pregnancy. In some cases, the runaway was associated with possible child trafficking, and in some instances the mother was raped while she was away from care. Several times the mother ran away from care with the child. These were mothers who typically did not want to remain in contact with CPS, and some mothers did not return to care. There were other examples where the mother would run from a foster home placement and leave the child with the foster parent for a few days. In these instances, the children were safe with the foster parent but mothers were not caring for their children's needs.

Regardless of class, nearly all of these young mothers received some services while pregnant and parenting. The services mentioned in case files included parenting classes, intimate partner violence classes, independent living services, financial aid, health and mental health services, pregnancy support groups, life skills training, early home visiting, and contraceptives. While some of the mothers rejected the voluntary services offered by the child welfare system once they became non-minor dependents, the majority of mothers accepted and continued participation in the services they were referred to. These mothers were eligible for transitional housing services, counseling, college support, bus passes, financial services, and case management. However, the case files generally referenced only a small number of service referrals, which may reflect sensitivity to the multiple demands on young parents, limited time for case documentation, or limited access to the services needed by both generations. For example, only six cases documented that caseworkers facilitated access or referrals to child care services. These themes show that mothers across all classes face significant stressors that may impair parenting and demonstrate the need to identify supports and services to help these young mothers care for their children. Although all of the mothers shared a history of traumatic childhood experiences and most had experienced sexual abuse, these young women had very different levels of familial, social and professional supports and they developed different coping strategies and behaviors to care for their children.

Homelessness after exiting care was a problem for some mothers in Classes 1 and 3. Overall, there was little information in the case files about homelessness because it was not the primary concern that led to the children's maltreatment report, but even the limited information in the case files suggests the serious challenges that brought these young families to the attention of child protective services. Child protective services reports for homeless mothers were generally related to the mother's substance use, severe neglect, or physical abuse. The study focuses on the mother-child dyad of the mother and her first child, however, multiple reports named more than one child. The case records indicated that mothers in Class 1 and 3 had more than one child.

8. Class 1: non-minor mothers with long, stable placements

The mother-child dyads in Class 1 made up 30% of the population of pregnant and parenting youth in California born between 2009 and 2012 based on the LCA. The case files of mother-child dyads in Class 1, termed "Non-minor mothers with long, stable placements" showed: (1) child maltreatment reports and investigations were less serious in nature than reports the other two classes, (2) mothers benefitted from strong extended family support, (3) father involvement was related to cohabitation and intimate violence, and (4) mothers were fearful of CPS involvement with their children.

8.1. Child maltreatment reports and investigations

In general, children were reported to CPS due to concerns about parenting skills and child supervision and did not present an imminent threat to the child. In some cases, the mother lacked knowledge about parenting skills, often related to the child's behavioral concerns. There were also reports suggestive of heightened surveillance given that some reports were based on incidents that may not have happened if the mother were not under CPS supervision. For example, a visit from a case worker is described below:

This worker made an unannounced visit to Hospital in response to an Immediate Response referral on [date] This worker first spoke to Hospital Social Worker, prior to meeting the parents. Reported the child tested negative for drugs and presented as healthy. Reported the father was present with the mother at the hospital and appeared invested in the mother and child's well being.

Based on the information provided in this case record, the cause for

concern was not immediately apparent. Specifically, the child was healthy and tested negative for substances and there was an involved father. It appears possible that the report was due to the mother's placement in foster care. In the following case, the mother's parenting skills are presented as appropriate, although she had a temper.

[Mother] loses her temper easily with son (age 2). Her discipline style is to redirect son when he is acting out or she puts him on a timeout for 1 minute. The undersigned observed [Son] asleep on the couch in clean clothes. [Son] appeared healthy and was free from any visible signs of bruising.

This case may not have come to the attention of CPS had the mother not already been in the system. While the quotes above are examples of reports commonly made for this class, it should be noted that there were also reports more serious related to exposure to intimate partner violence, substance abuse, serious lack of supervision or neglect.

8.2. Extended family support

Many of the mothers in this class appeared to be parenting successfully and the case narratives showed that these mother-child dyads had strong extended family support. Specifically, a number of these mothers had an identifiable "co-parent," an individual who was able to support the mother with child care and enable her to attend school or obtain employment. The co-parent was typically a relative such as the maternal grandmother or foster parent and sometimes the father of the children. The high degree of social support for mothers in Class 1 is exemplified by the following quote about a mother who was supported by her foster mother:

[Mother] was moved to a bigger room to prepare for the baby's arrival. [Mother] continues attending therapy once a week. Foster parents appear to be very supportive and very dedicated to [Mother's] wellbeing. Foster mother stated that they intent to keep [Mother] and her baby after she emancipates. She plans to provide [Mother] the support that she needs to overcome. Caregiver [Mother] reports that paternal grandmother has been very supported.

The case note captured how the relationship between the mother and foster mother encouraged the mother to become self-sufficient while supported with needed resources. Another case file quote emphasized this mother's relationship with the foster mother, "Ms. [Foster Mother] has been raising [Mother] as though she is her own daughter, as [Child] at this point continues to view Ms. [Foster Mother] as her grandmother."

Many mothers were able to successfully parent if they had a co-parent, an adult able to support their parenting or who provides the mothers with resources, such as housing or childcare. This was particularly effective if the caring adult was able support the mother with continuing her education or employment by providing child care, which was often the case with mothers in Class 1. This is evident in the following excerpt from the case file, "Caregiver, [Foster Mother] is currently not working and thus, she will provide care for minor mother's infant when she has to attend school." There were a number of examples similar to the quote above that demonstrated how the support of the caregiver furthered the mother's ability to achieve goals. Two examples from separate case files of how mothers continued their educational progress post pregnancy are below:

Minor also stated that she is trying to make up her grades and graduate early. Furthermore, that she may have to attend continuation school to make up her grades.

The second file stated:

[Mother] says she is doing well in school and getting ready to transfer to [College]. She is working on her GED. She has three tests to take.

Mothers continued their education and prepared to transition to higher education programs. Extended family support, which included

support with housing, parenting, child care, careers and education emerged as a strong protective factor for these mothers and children.

8.3. Father involvement

Mothers in Class 1 were the most likely to cohabitate with the fathers of their children; about half of mothers lived with the fathers at some point. Fathers provided social support for these mothers and financial benefits in some cases. For example, the following was documented in the case notes: “*mother reported [Father] is a good father.*”

While fathers provided some caregiving and emotional support, many had prior or current substance issues and past criminal justice involvement for low-level offenses. One case file described the father's engagement with drug testing, “*[Father] said he is drug testing for his Probation Officer, randomly once a month. [Father] was resistive to the idea of having to submit to weekly drug testing or participate in services.*” A similar file described the father's criminal justice involvement due to substance use, “*The mother reported he was arrested for possession of drugs 6 months prior and served 6 months at Jail.*” Another mother reported to her caseworker that “*she was concerned that the father was not taking proper care of the children because he smoked Pot and drank a lot of beer every day.*” Mothers in Class 1 reported the father's substance use to caseworkers when they were concerned about the effect on parenting.

With the father's presence, there were also indications of conflict between parents. Serious incidents of intimate partner violence were much more commonly reported for mothers who cohabitated with fathers. One case record noted, “*The father has multiple arrests for domestic violence. The child was in the home when the father woke up in a bad mood and choked the mother and hit her.*” This case narrative, which documented chronic and severe intimate partner violence, was not the only one to mention strangulation. This event was the reason the child experienced CPS involvement. Other cases documented non-violent intimate partner violence but provided evidence of conflict. One investigator reported, “*[Mother] reported that during a verbal argument, [Father] spit on her.*” Although there was conflict in this family, the parents continued to cohabitate.

8.4. Fear of CPS involvement

Perhaps because of their experiences in care and their desire to be good parents, mothers in Class 1 were fearful that their children would experience involvement with the CPS. Social workers documented the mother's concerns. One caseworker wrote “*She informed [Social Worker] that she was a former foster child and does not want her son to be in the system like the way that she did.*” Another mother repeatedly confronted her social worker about the risk of two-generation foster care placements and stated “*Just tell me this is you going to take my children. I don't want my children in the system.*”

Mothers in Class 1 sometimes did not remain in extended foster care due to the fear that contact with the system could lead to the removal of their child or because of a desire to live with the father of the child. Instead, mothers exited care and stopped receiving services at age 18. One caseworker documented her contacts with a minor mother, “*She stated [Father] talked her into leaving the placement and at the time it seemed like a good idea because she had this idea they would all be together as a family.*” Fathers were not always eligible to live in transitional housing programs with the mother and child, which led mothers to decide to decline services and supports. Mothers and fathers lived together either in their own apartment or at a family member's house. Parents sometimes lived with the father's mother (the children's paternal grandmother) who provided parenting support for the child.

9. Class 2: minor mothers with short periods in care

Mothers in Class 2, which included the youngest mothers who had experienced the shortest periods of time in care, were the largest class

identified by the LCA (47% of mothers). Common class themes included (1) mothers had experienced recent maltreatment and recent entry to care, (2) the mothers' trauma, young age, and developmental delays seriously compromised parenting, (3) children were reported to CPS due to neglect and mothers' lack of knowledge of child development, (4) mothers were dependent upon parenting support from adults, and (5) fathers were often absent or abusive to children.

9.1. Mother's recent maltreatment

Mothers in this class were sometimes placed in out of home care around the time of conception or birth due to recent physical, emotional, or sexual abuse. Some mothers were in care because of circumstances surrounding the pregnancy. One caseworker summarized a case by stating, “*The child, [Mother] (age 13), was removed from her parents' custody in March 2010 as a result of sexual abuse by her brother and her parents' failure to protect her from said abuse.*” This mother was removed from her home due to her family's inability to provide adequate supervision from a known sexual abuse perpetrator that resulted in a pregnancy at a very young age. In another case record, the social worker reported, “*...Sexual Abuse to [Mother] (age 12) by unknown perpetrator was substantiated. [Mother] was six-months pregnant.*” Mothers in Class 2 were often very young and conception was not the result of consensual sex.

9.2. Child maltreatment reports and investigations

Children were commonly reported to CPS due to the mother's lack of knowledge about child development and child care responsibilities. One worker described her interaction with the mother as follows:

This worker asked her where the baby's car seat was and she stated she did not have one and thought it was no big deal. She blamed the taxi cab driver for allowing her to put the baby in the car without a car seat. This worker told her that she was the parent and responsible for not breaking the law by not having her 1 year old in a car seat.

The mothers were unaware of basic child needs and some were unable to be responsible enough to care for a child. For example, one case record noted:

[Baby] (9 months old) is left alone and unsupervised in the bed room on the bed for two or 3 h at the time. The mother leaves the residence while [Baby] is sleeping and when he wakes up, he often falls off the bed and crawls around on the floor.

As exemplified in the above quote, neglect was common as mothers seemed to be unaware of or unable to provide appropriate care.

9.3. Mother's trauma, young age, and developmental delays

Trauma, young age, and developmental delays negatively affected the ability to parent for mothers in Class 2. Specifically, recent sexual abuse experiences, some that led to the pregnancy, had not yet been resolved. Likewise, these mothers were young and, as a result, developmentally ill prepared to take on the responsibilities of being a parent. One caseworker visited the mother in the hospital after the birth and reported, “*... thirteen year old mother demonstrated during the investigative interview with that she is not developmentally mature enough to provide for the basic care and control of the newborn child.*” The mother was so young she was physically unable to easily hold the child and she sometimes dropped the infant. The adolescent mothers were also sometimes self-focused and neglected child care, common behaviors for this developmental stage. One investigator reported:

Severe Neglect. Mother has on a continuous basis put her teenage & personal want above her son... Mother leaves child unattended in unsafe environments while mother sleeps or socializes, neglectful

w/ feeding when hungry, leaves baby in soiled diapers long term, refuses to hold baby when feeding him a bottle, mom would rather prop bottle or baby is flat unattended which is a choking hazard, mom refuses to stay home and care for baby when sick, mom posts pictures of baby on mother's dating website, mom yells & growls at baby when he is crying & won't go to sleep.

This mother had little knowledge of child development and put her own needs above her child's, placing her child in serious danger.

Some mothers were not only young but also developmentally delayed. One social worker interviewed a nurse and noted, "Nurse reported the mother did not understand that she was in labor and required Nurse to explain the delivery process using a scaled back vocabulary that she determined to be on a nine year old level of communication." This mother also did not know how she had become pregnant, had not received prenatal care, and had little to no knowledge of how to care for an infant.

9.4. Need for parenting support

Not surprisingly, given their very young age, mothers were dependent upon assistance from others. These mothers wanted to keep their children and acknowledged they will need help to do so. A caseworker notes in one file the mother "Wants to live with aunt and have baby." Another case file said "[Mother] stated she is able and willing to care for [Baby], but she also understands that she needs the assistance of her mother." Support was almost always requested by the mother and sometimes the mothers were fully supported. In instances where adults were helping the mother care for her children, there were signs that the child was safe. One social worker visited the family and documented, "[Social Worker] made contact with maternal grandmother and she stated the children are safe in the care of mother. She also stated paternal grandmother and the father of the children are additional support systems to help with raising the children." This parenting support from adults was essential for children of very young mothers.

9.5. Relationship with fathers

Fathers of the children of mothers in Class 2 were absent or unknown, and they tended to be significantly older than the mothers. Caseworkers documented the mother's lack of knowledge about the fathers "[The mother] was asked about paternity and stated, 'I have no idea who the father is and I don't want to know.'" In another record, less information related to the mother's feeling about the paternity was documented, yet the father's age was included: "the father of the baby will be Male Doe age (35)." Few fathers were involved and supportive, and most were considerably older than the mother.

Some fathers who were involved appeared to pose a threat to the safety of the children. One investigator met with the family and documented the mother's statements, "Mom reported that her boyfriend is physically abusive to their 2 eldest children (4) and (2). He allegedly spansks both of them too hard and every week. He also yells at them too loudly." The investigator substantiated the maltreatment because there was evidence the father was abusing the children. Another instance of a child being maltreated by the father was documented by an investigator:

*Saturday Father hit the child on the head with his fist several times. [The reporter] said the child acted as if it was an everyday occurrence. The child was trying to pick up a stick and dad yelled to him and said "did you hear me n****r you mother f****r put down the stick".*

This case file described a father who regularly physically and emotionally abused his son. There was little evidence that fathers were supportive to mothers and children in Class 2.

10. Class 3: mothers with long, unstable placements and mental health conditions

Class 3 represented 23% of the statewide population of mother-child dyads as identified by the LCA and those in this class were at highest risk

for CPS involvement with children during the first 3 years of life. This class was defined by a lengthy, unstable foster care placement history and severe mental health challenges. The key themes that emerged from these case records included: (1) children were reported for serious child safety concerns, (2) mothers had documented comorbid mental health and substance abuse issues, (3) mothers lacked social support from fathers and adults, and (4) mothers had negative and sometimes abusive experiences in foster care that led them to refuse CPS services.

10.1. Child maltreatment reports and investigations

Case narratives documented serious concerns that led to CPS involvement. These reports were commonly related to the mother's mental illness and their use of drugs or alcohol. One child maltreatment hotline worker wrote:

It was reported that mother and baby tested positive for heroin and methamphetamine. Mother states that she uses heroin daily and wants to breast feed the baby. Mother is not interested in drug treatment. It was reported that the mother had only one prenatal visit.

The case described a mother with substance abuse needs that were untreated. Another mother was described by a social worker who documented concerns about the mother's parenting abilities due to her serious mental illness:

[Mother] has shown increased aggressive outburst within the past several weeks. [Mother] throws objects, and she has shown extreme mood swings which occur about three times a week. The most recent event took place today. [Mother] has previously locked herself in the room for 7 h with her child, [Baby], and would not allow anyone in the room to help her. The reporting party is concerned that [Mother] can't control her anger and she may accidentally hurt [Baby].

The mother was struggling with mental illness, placing the child at risk. After the report, this mother was offered treatment, but it was unclear whether she entered services. Not surprisingly, the children of mothers who suffered from serious mental illness or regularly used hard drugs received greater attention from CPS, and social workers described imminent safety concerns. These were cases where intervention and supports were needed immediately.

10.2. Comorbid issues

Among those in Class 3, the children's case history showed seriously impaired parenting due to the mother's mental health issues, substance use, and criminal justice involvement. Mothers experienced significant mental health problems before and after childbirth. Many mothers took psychotropic medications. There were three suicide attempts and hospitalizations among the sample of only 13 mothers in Class 3. Serious mental illnesses were documented including Paranoid Schizophrenia, mood disorders, Bipolar Disorder, Post Traumatic Stress Disorder, and Borderline Personality Disorder. The following case records notes demonstrate the effect these mental health issues had on parenting:

[Caseworker] asked [Mother] about her current mental health. [Mother] stated she is not currently taking medications. She stated her psychiatrist is aware of this and is monitoring her closely. [Mother] stated she sees her psychiatrist monthly and she has also been referred to a bi-polar support group that she is supposed to attend every two weeks. [Mother] stated she had been taking her medications through most of her pregnancy, but stopped right after she had the baby. [Mother] stated she waited through her entire pregnancy to feel the same extreme depression symptoms she had felt with her first baby, but still has not had the feelings she had before. She stated before she was extremely depressed and could not care for her first baby at all (that is why he was taken from her), but she feels different this time and feels OK without her medications.

This mother reported positive mental health with her second child although her mental health issues led to the removal of her first born.

While mothers struggled with mental illness, most were actively engaged in treatment such as individual session, family therapy, or medication.

In many cases, mental health issues and substance abuse issues co-occurred. Identified drugs used by mothers in Class 3 included prescription medications abuse, amphetamines, ecstasy, and heroine, among others. One mother with past mental health issues was also a serious drug user, as was the father, as was documented in the case file:

Mother and newborn tested positive for amphetamines, methamphetamines, father test positive for same drugs.

In many cases, substance use was related to the mothers' criminal justice involvement. In this class, the mothers' criminal and juvenile justice system involvement was due to substance use, truancy, fighting, burglary, and commercial sexual exploitation. In line with findings related to the child's maltreatment reports, children born to mothers with comorbid needs were reported for serious safety concerns.

10.3. Lack of social support

Mothers in Class 3 also had very limited social support. Fathers were not engaged with the mothers or children. Records commonly described the fathers' lack of engagement. One social worker reported, "The father's whereabouts are unknown at this time." Another case file noted, "Father does not have contact with the child." There was little detail as to why the fathers were disengaged. Since some of the pregnancies were a result of sexual assault, abuse, or statutory rape, it is not surprising that the fathers did not take a role in caring for their children.

The mothers were also unable to make connections with the adults in their families or those caring for them, in placements, in resource families (kin or non-related foster parents), or with their caseworkers. In one case note a mother stated that "she does not have any family support and feels isolated and alone." Another record documented a mother attempted to move in with her maternal grandmother; she was rejected because there was a restraining order preventing the mother from entering the residence. Another case note reported the lack of stability, support, and trust and the mother's behaviors in response:

Placement move. [Mother] said this is "bullshit" and she is not going anywhere. [Mother] said "fuck" all of you. [Mother] said she is going to pack her "shit" and she is leaving. At that time, [Mother] shut down all communications and she would not speak with anyone.

This case narrative described a mother with little social support who had experienced multiple placements. Not surprisingly, her anger and frustration appeared to intensify with each placement move.

10.4. Mothers' experiences in care

Several mothers in Class 3 had also experienced maltreatment in out of home care. Some of the abuse experienced in care was extensive, as documented in one file:

Reporter stated that minor informed her that she ran away from her previous foster father (where she resided in for 8 months, and went AWOL from there) sexually abused/raped her repeatedly.

Similar sexual abuse occurring while the girls were in foster care placement was noted in three separate case files. The foster father was the perpetrator in one case, the mother was assaulted by other youth in the placement in a second case, and the perpetrator was not identified in the third case. Emotional and physical abuse also occurred, as documented by one caseworker's notes "emotional abuse and general neglect by foster mother." One case of medical neglect noted "The [Reporter] alleged that foster mother, neglected minor [Mother] by not taking her to see a doctor when the minor told her that she was feeling very ill." This mother had to be hospitalized because of the caregiver's inaction. Other similar instances of neglect and abuse were described.

Many mothers were understandably unhappy with their experiences in care and were unable to connect or develop positive relationships with caregivers for long periods of time. Mothers in Class 3 expressed concerns about remaining in care as a non-minor dependent or remaining in contact with CPS after the birth of the child. These mothers did not see a benefit to remaining in contact with the system. As a result, mothers rejected voluntary, supportive services. One social worker documented the mother's reasons for closing her case, "[Mother] stated to [Social Worker] that she needs her case to be closed. She stated that she has been on her own for the past few months, and does not need any further assistance from DCFS." This mother did not see a benefit to the services offered by child welfare and chose to close her case. A few young mothers exited care as minors as described in this case note, "Stated that she would like to emancipate from the system before she turns 18." By closing their cases early, mothers were not able to receive services. One social worker described the problem in the case narrative:

[Mother] needed to go apply for WIC, enroll into a parenting class that CSW provided for her and enroll back into school. CSW asked had [Mother] been in contact with Occupational Therapy Training Program coordinator and she said no. CSW stated to [Mother] that she needs to make an effort to get in contact with the providers that CSW has given to her. This is her responsibility to get the information that is needed for her. She wants everyone to help her but she has to help herself as well. [Mother] became angry.

The mother refused services for which she was eligible that could have helped due to her anger and frustration with the system. Both the mother and social worker appeared to be frustrated which each other and in the end the mother emancipated without services. In a number of cases, the mother's behavior led to the end of services. One social worker documented, "Learned about [Mother] being kicked out of her THP + [Transitional Housing Plus] program and she has been asked to leave." This mother was unable to access housing services after this instance although the reason she was asked to leave was not found in the case file. Overall, these mothers faced significant difficulties in their homes of origin, out-of-home placements, and as parents.

11. Discussion

The findings from the present investigation described CPS involvement; stark contrasts among different classes of mother-child dyads; highlighted barriers to service provision; and supported the utility of analyzing child welfare case narrative records.

11.1. Heterogeneity across classes

This study documents heterogeneity among parenting mothers in care. Courtney, Hook, and Lee (2012) used LCA to examine youth aging out of care and reported similar results. The prior experiences of these mothers combined with the stressors of parenting suggest that comprehensive service strategies are warranted, including a focus on family planning services for young women in care. Because child welfare systems tend to focus more on the case management process than on the individual circumstances of the youth they serve, they may sometimes miss opportunities for prevention of further harms. A single approach will not serve all of these young women effectively.

11.2. CPS involvement for children

In Class 1 — the class with the lowest risk of a child CPS report in the first 3 years of life — the child's CPS reports were commonly related to concerns that could be addressed with additional supports. The reasons for some maltreatment reports indicated the child was not in imminent danger suggesting that if the mothers had not been in a foster care placement with enhanced surveillance by mandated reporters, the children may not have experienced CPS involvement. Prior literature

has found evidence that children of parents with a history of maltreatment are at risk for childhood neglect and sexual abuse, but surveillance bias may account for the greater likelihood of CPS reports (Widom, Czaja, & DuMont, 2015). Class 1 mothers also maintained contact with the fathers of the children who provided social support but whose involvement sometimes led to conflict and intimate partner violence, another reason children were reported. There were also signs of support and resiliency for these mothers in spite of the stress and conflicts in their lives.

In case records of mothers in Class 1 extended family support and specifically the presence of a “co-parent” emerged as a strong signal of family resilience. Typically, this support was from the adult that the mother lived with in her long-term placement or the father of the children. These findings mirror prior research that identified the importance of social support among mothers in care (Aparicio, 2016; Love, McIntosh, Rosst, & Tertzakian, 2005; Radey, Schelbe, McWey, & Holtrop, 2017). Similar to findings by Radey et al. (2017), mothers in the current study appeared to benefit significantly from supportive relationships with caring adults who assisted with childrearing. Dworsky and Gitlow (2017) also highlighted the importance of access to child care in order to be successfully employed. The present investigation showed that in addition to extended family support important for mothers and children, having a co-parent, a family member or caregiver provide child care while the mother was at work or school appeared to be a strong protective factor for the dyad.

CPS records showed that children of Class 2 mothers were reported based on parenting difficulties related to the mothers' recent trauma, maturity and development issues. Most mothers had recent entries into care. Overall, mothers in this class very much wanted to continue parenting but recognized their need for a supportive adult. Without a supportive adult co-parent they were likely to be unable to meet the child's basic needs, resulting in CPS involvement, child removal, or termination of parental rights. Lack of knowledge of child development and child care have been identified as key concerns in studies examining mothers in care (Schelbe & Geiger, 2017; Svoboda, Shaw, Barth, & Bright, 2012). Geiger and Schelbe (2014) recommend that child welfare offer universal parent education programs. The data from the current study suggest that mothers may continue to need support well past the age of 18. Mothers in Class 2 were quite young at the time of birth, and the study only followed them for 3 years post-birth, so there was little information about their progress over time. This study did not document their willingness to accept or engage in voluntary community based services but this seems likely given their commitment to and concern about their children.

For Class 3, the class at highest risk for a child's CPS report in the first 3 years of life, reports indicated the children might be in imminent danger. Risk for the children was related to the mothers' heightened comorbid substance abuse and mental health needs. Substance abuse (Aparicio, 2016; Coleman-Cowger, Green, & Clark, 2011) and mental health issues (Aparicio, 2016; Narendorf, Munson, & Levingston, 2013) have been identified as concerns in earlier literature examining pregnant and parenting youth in care. Only one study has been published examining the process of adapting an evidenced-based parenting intervention specifically for parents in care (Holtrop et al., 2018). Additional work on effective programs is particularly important since this study among others shows that mothers in care hope to be good parents and want to prevent their children from experiencing maltreatment or entering the system (Aparicio, 2016; Radey et al., 2016). Importantly, the findings in all three classes of mothers suggest that a two-generation approach to intervention with both mother and child could help both to flourish.

11.3. Barriers to services

This study identified barriers to service provision and reasons mothers have for opting out of extended foster care including (1) the desire

to live with the father, (2) negative experiences in care, and (3) fear of CPS surveillance. Some mothers chose to live with the father instead of accepting transitional housing when the father was not able to live with them. Several mothers in the current study were maltreated while they were in care and they were especially eager to exit the system. Similar to the study findings, Radey et al. (2017) noted how the distrust and fear of the system may prevent mothers aging out of care from accessing services for which they may be eligible. Fear of system surveillance was a concern also documented by prior work examining parents in care (Aparicio, 2016; Schelbe & Geiger, 2017).

Given the risks and needs identified and the likelihood of continuing CPS involvement, it seems especially important to link these mothers with voluntary community-based services and supports for families. The educational and employment requirements that youth must comply with to receive services as a non-minor dependent make it even more challenging for these young mothers to sustain access to services. The case records examined for this study, however, suggest that early termination of services was not due to difficulties with eligibility, but rather, to fear and distrust. Mothers did not trust the CPS system to confer with them about decisions or to keep their individual interests in mind. Given their own negative experiences in care, they were even more fearful that their children could be reported or removed. Efforts to incorporate the perspectives of the mothers in the design and adaptation of interventions may increase the likelihood of engagement and participation on community-based service programs (Holtrop et al., 2017).

11.4. Utility of case records

The information contained in the case narratives augmented what was known about these mother-child dyads and generated insights not available from structured data. Longitudinal studies examining pregnant and parenting mothers in care document challenges maintaining contact with their families over time, both because former foster youth move often and because the system does not always provide them with adequate information to follow youth after exiting care (Lieberman, Bryant, & Boyce, 2015). Case narratives contain rich details about the mother's history and family needs and resiliencies.

The child welfare system has been criticized for its failure to engage fathers in the child protection process (Scourfield, 2006). The California records examined by the research team showed that caseworkers regularly made efforts to document relationships with fathers and engaged extended family members. These data can be used to better understand the role father's play in the lives of children born to parents with a history of CPS involvement.

12. Limitations

The use of CPS case narratives makes this study particularly powerful as these data have not often been used to enhance knowledge about CPS involvement among children born to mothers in care. A significant limitation of the study is that the data were taken from child welfare case records collected to support decision making in the CPS system and not intended for research purposes. The case records are almost certainly incomplete and limited in nature, reflecting the case worker's perspective and narrative details determined to be important for case processing and thus may be subject to bias and inaccuracies. Content analysis is largely descriptive and relies on available data, thus information not contained in case narratives cannot be analyzed. The present analysis is based on perceptions of social workers and those they interviewed. This kind of secondary data are somewhat removed from the contexts of the individual foster care settings where mothers and children were placed. Findings may not be generalizable to the population of mothers in foster care because they represent the caseload in one state. Demographic characteristics of mother-child dyads in the sample generally reflect the characteristics of the full population of

pregnant and parenting youth in California as examined in the study by Eastman & Putnam-Hornstein (2019).

13. Implications for policy, practice, and research

This investigation suggests a need for a two-generation approach to trauma informed services for the whole family. Importantly, the data show how the mother's past experiences of trauma and CPS involvement are tied to the child's outcomes. Two-generation approaches provide opportunities to meet the needs of the child and the parents together (Ascend of the Aspen Institute, 2016). The key components of two-generation programs include (1) opportunities to provide complementary activities for parent and child which produce positive outcomes for each; (2) service delivery models with mutually reinforcing activities, such as parent skill building classes that enhance child academic achievement; and (3) services that result in improved outcomes even after the program has ended (Ascend of the Aspen Institute, 2016). Currently, child welfare service delivery systems are constructed to offer services for the primary client, either the young mother or the focus child, and delivery is not generally offered for the mother-child dyad. A two-generation pilot program was recently implemented in Los Angeles County by Imagine LA, in conjunction with the County Department of Children and Family Services, to support pregnant and parenting youth as they exit foster care with a mentoring program for the mother-child dyad (personal communication, Lead Evaluator, Imagine LA, April 16, 2018). The program has demonstrated improved outcomes for both mother and child. In the first year of the pilot only one of the eleven dyads served was reported to CPS.

Additional policies that have been developed could be expanded and replicated to benefit these mother-child dyads. Families with young mothers in foster care may benefit from continuing parenting support in order to be successful due to the mother's age, development, and recent traumas. Child welfare systems in California place children with their young parents in care whenever possible. These placements, called "Whole Family Foster Homes" (WFFH), have trained caregivers who are certified to assist young parents in developing the skills necessary to provide a safe, permanent home for children. The program, established by Senate Bill 500 (2005), provides a higher payment to cover the costs of the care and supervision provided, and includes a financial incentive for caregivers who choose to develop a Shared Responsibility Plan (SRP). The SRP is an agreement between the parent in foster care and WFFH caregiver about the rights and responsibilities for the parent's non-dependent child. The purpose of the SRP is to assist the parent with a successful transition to independence and a nurturing placement for both the young parent and the child. None of the placements in the case narratives in this study were described as WFFHs, but this may be an oversight, an indication of the limited number of such placements, or evidence that children placed in WFFHs may be less likely to be reported to CPS.

The data from the current investigation underline how lack of placement stability for the mother can have long term consequences for the mother with cascading effects for the children. In 2016, Los Angeles County adopted a project to enhance family finding strategies for children in child welfare (LA DCFS, 2017). This project included family search and engagement training, implementation tracking, and practice changes. Initial data are promising and have demonstrated an increase in relative placement and enhanced placement stability. This is consistent with prior research as Shpiegel and Ocasio (2015) found that youth placed in care at earlier stages of adolescence into stable, family-based settings had better functioning at age 17 as indicated by a range of measures including parenthood, incarceration, and homelessness. Mothers in the current study were not affected by this policy but the data suggest that permanency for the mother was protective for many dyads studied.

Study findings illustrate the importance of linking parents to services in young adulthood and ensuring that services provided meet

their unique needs and those of their children. Given the vulnerabilities identified among these mother-child dyads, it is especially important to connect these young families to community based services as they leave the child welfare system. The Fostering Connections to Success and Increasing Adoptions Act of 2008, the federal policy which allows states to extend child welfare services to non-minor dependents, does not mention parenting youth. As described previously, many mothers in the current study rejected services from the child welfare system as non-minor dependents. While mothers in the current investigation could not live with the fathers of their children in transitional housing, California adopted Senate Bill 612 in 2017 to address the needs of co-parenting couples when only one parent is a dependent. The legislation clarified that participants may share a bedroom with an approved roommate. National adoption of similar policies could increase the likelihood that parents and children form sound parenting relationships and access help as a family.

The study documents many of the reasons why these young mothers do not trust the child welfare system – failed placements, abuse in care, and inability to maintain consistent relationships with a supportive adult. Schelbe and Geiger (2017) note that the mothers' fear of CPS involvement is legitimate given the potential for a surveillance bias among adults in care and research that has documented increased risk of CPS involvement for children of foster youth. Mothers should also be offered services delivered outside of the child welfare system, which may be more appealing to them. Illinois' Teen Parent Service Network (TSPN) provides coordinated service delivery for pregnant and parenting youth in care (Illinois Department of Children & Family Services, 2018). In this state, parents in foster care are offered home visiting services that are separate from the child welfare system.

The findings from the present qualitative analysis show that there is an opportunity to learn more about the mothers using linked, administrative data from multiple sources and examining the case narratives within those datasets. The qualitative data show that many mothers in care experienced sexual abuse, substance abuse, mental illness, and mothers in Class 3 experienced criminal justice involvement. Children born to mothers in foster care may be at increased risk for death. Fewer than ten cases of Sudden Infant Death Syndrome (SIDS) were identified in the sample, however, the current data linkage does not allow for an examination of the risk of infant death among children born to mothers in foster care. Linking child welfare data with information on substance abuse treatment, mental health, probation, and death records can provide useful information on long term outcomes for mothers and children.

14. Conclusion

The current study extends the knowledge base on pregnant and parenting youth in care by using case narrative records from mother-child dyads to detail differences across three classes of mothers that were identified using an LCA. The process highlighted the significant life difficulties mothers in care and their children face and also offers hope that more effective practice strategies will improve outcomes for both mothers and their children. Results show that class membership varies based on the mother's earlier experiences in care and the reasons for the children's maltreatment report. These findings enhance understanding of factors associated with the maltreatment of children born to mothers in foster care and demonstrate the importance of developing two-generation strategies to effectively address needs of both the mother and child. Members of each class differ from members of the other classes in a number of important ways. While mothers in all classes have faced significant stressors, the long-term trajectory is influenced by early and continued support and placement stability. Although further research is needed to understand what can be done to improve long-term outcomes, the findings support the need to develop a range of two-generation, trauma-informed services to target parents in care and their children.

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