



**PREVENTING THE INTERGENERATIONAL
TRANSMISSION OF CHILD NEGLECT**



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WHY IT MATTERS

Child and adult well-being are central to living a productive, satisfying and healthy life. However, each year over 20,000 youth age out of the child welfare system without reaching a permanent placement in a family and too often have significant challenges:¹

- More than one in five will become homeless after age 18
- Only 58% will graduate high school by age 19
- 71% of young women are pregnant by 21, facing higher rates of unemployment, criminal conviction, public assistance, and involvement in the child welfare system
- At the age of 24, only half are employed
- Fewer than 3% will earn a college degree by age 25

- One in four will be involved in the justice system within two years of leaving foster care

There are protective factors that can prevent many of these outcomes from happening or happening to a lesser degree. They fall into broad categories: Educational achievement, “living wage” employment, avoiding too early and unintended pregnancy, access to parental supports and access to effective mental health services.

There are protective factors that can prevent or decrease many [negative] outcomes: Educational achievement, “living wage” employment, avoiding early and unintended pregnancy, access to parental supports and effective mental health services.

EDUCATION AND EMPLOYMENT²

Researchers have found that youth in foster care graduate at relatively low rates and are less likely to complete high school than their non-foster care peers

including peers who are homeless. This is troubling considering that high school graduates earn an average of \$8,500 more per year than their peers who do not complete high school.

Overcoming these barriers to high school completion is important because increasing postsecondary educational attainment among youth in foster care would increase their average work-life earnings. With a four-year degree, youth in foster care could expect to earn approximately \$481,000 more, on average, over the course of their work-life than if they had only a high school diploma. Even if they did not graduate with a degree, completing any college would increase their work-life earnings, on average, by \$129,000.

Parents who are self-reliant and employed are less likely to abuse and neglect their children.³ A disproportionate number of older youth and alumni are already or will soon become parents⁴ and this population of parents experience unemployment and poverty at much higher rates than their peers.⁵ Developing parents' income earning potential is a good investment in reducing the number of young children entering the foster care system and breaking the generational cycle. Having a quality and sufficient educational experience is what is required to insure employment that pays enough money. The data is clear, the best means for "breaking the cycle" of poverty and generational trauma is an education that provides a self-sustaining, living wage and satisfying employment.

AVOIDING TOO EARLY PREGNANCY AND SUPPORTING NEW PARENTS⁶

One study shows the rate of unintended pregnancy by age 21 among young people who are in foster care and or transition from foster care is 71%.⁷ Repeat pregnancies are also common with 62% of this

population being pregnant more than once within that time frame. For males, the Midwest study reported that 50% had gotten a female pregnant compared with 19 percent of their non-foster peers. Having an unplanned pregnancy impacts graduation rates with one study noting that pregnancy and parenting responsibilities has a significant impact on the youths' ability to stay in school and graduate.⁸

Unfortunately, female heads of households are the most impoverished group in the United States. Twenty-eight percent of families with a female household live in poverty (as opposed to 10.4% of families overall).⁹ The impact of poverty on brain development of babies and young children is dramatic. For example, a low socio-economic status (SES) baby's brain growth is 8–10% less than those babies living in mid- to high-SES environments.¹⁰ Young children with disabilities are more likely to be abused and neglected by their birth parents. Waiting to parent children until after a young person is settled and has the financial and social-emotional supports in place, can go a long way in preventing intergenerational child welfare involvement. However, in the event that the young person is parenting, encourage the avoidance of a second pregnancy right away and help locate supports for both their needs and their baby's.

EFFECTIVE MENTAL HEALTH SERVICES

Access to comprehensive, effective mental health services and supports for both parents/caregivers and children can play a significant role in safely reducing the number of children entering foster care, can shorten the duration of placement in foster care and can contribute to stable exits to permanence for children served by the foster care system. A study by the National Research Council and the Institute of Medicine on the costs of improving child and adolescent mental

health estimates that the US spends \$247 billion annually on services and supports.¹¹ Enhancing mental health promotion for young people could prevent intergenerational involvement with child welfare.

Research suggests that between 50 and 80 percent of children in foster care suffer from moderate to severe mental health problems.¹² The high correlation between children entering care and parental substance use and/or domestic violence both are factors related

to the mental health of both the parents and the children. About 18% of children are placed in foster care because of emotional or behavioral problems that their parents are unable to cope with, with up to 50% of adolescents placed because of these factors.¹³ A significant predictor of decisions to terminate the rights of parents is their mental health.¹⁴ Yet adults with severe mental health issues can be effective parents with proper medication and treatment.

ADVOCATES IN ACTION

Child welfare involved parents often have childhood histories of physical abuse or multiple maltreatment.¹⁵

ACTIONS

EDUCATION AND EMPLOYMENT

- **Encourage children and youth** in foster care to complete their high school education and prepare for post-secondary education opportunities.
- **Ensure school stability and provide educational supports.** Children and youth in foster care do better educationally with greater chances for high school completion, when they have school stability, when they have a dedicated adult who provides supports and resources for them throughout their educational career and when they have academic supports.
- **Help youth learn about post-secondary opportunities and available supports.** Opportunities include visiting college campuses,

participating in programs like *Outward Bound* or *Gear-Up*, hearing from foster youth who have successfully participated in post-secondary education and adults in their lives who help guide them in making the best decision about what path to pursue in their futures are motivating for youth. Some research shows that staying in foster care until age 21 leads to greater likelihood of attending and completing a post-secondary education.¹⁶

- **Identify supports with the youth that they will need to be successful** in their postsecondary education. Youth are more likely to be successful in post-secondary education programs when they have financial supports for their basic needs including housing, child care, transportation, mentors to guide them and access to tutoring and other academic supports.

- **Encourage access to employment opportunities** through volunteering, internships, entrepreneurship, summer employment and part-time regular employment during high school.

AVOID TOO EARLY PREGNANCY AND SUPPORT YOUNG PARENTS

- **Ensure youth have regular access to health care which includes information on reproductive health.** Don't forget the males!
- **Encourage new parents to participate in preventative programs** that strengthen their relationships with their children. They should also be encouraged to participate in programs that support their continuing education and/or employment opportunities.
- **Identify safety net supports for new parents.** Staying in school and staying employed means providing the youth/parent with the necessary material needs to do so including regular health care for mom and baby, child care, safe housing, financial assistance and other services.
- **Identify two generation programs that new parents and their babies can participate in together.** Parents should participate in programs that support the developmental needs of babies and children and that provide greater attention to

strengthening the capabilities of their caregivers (e.g., two-generation programs).¹⁷ These programs maintain a child focused with parent elements and a parent focused with child elements approach.

- **Remember new fathers.** For males that are parenting, they should receive sufficient education about their important role in the baby's life and like the mothers, be encouraged to continue their education and participate in programs or classes that help them become stronger, more involved fathers.

MENTAL HEALTH SUPPORTS

- **Ensure access to ongoing, comprehensive treatment** that addresses exposure to traumas, abuse and neglect. Having access to treatment will allow youth to do better in school and in their relationships with others.
- **Provide developmentally appropriate services** for both parents from foster care and their young children.
- **Persistently encourage young parents experiencing depression and/or substance abuse** to get engaged in support programs that will help with their recovery and support their parenting responsibilities. Be a mentor and champion in their road to sobriety.

BRIGHT SPOT

ADVERSE CHILDHOOD EVENTS, STATEWIDE TRAINING WYOMING CASA

Understanding the impacts of adverse childhood events (ACEs) is a key component to helping prevent intergenerational child welfare involvement. In September 2017, twenty-five professionals across the state of Wyoming representing multiple disciplines were invited to attend a “train the trainers” conducted by one of the founders of the ACE scale, Dr. Robert Anda. This event was funded by the *Wyoming Children’s Trust Fund* and the Attorney General’s office of Wyoming. One of the invited participants was Jennifer Childs, Executive Director, *Wyoming CASA Network*. The focus of the training, in addition to learning about ACEs, was on how the community can work together to promote healing of children and families who have been impacted by trauma. Personnel from schools, mental health, *Department of Family Services*, behavioral health, medical staff, law enforcement and many

other agencies came together for the two-day event. Using a community model, participants developed comprehensive plans for taking this information back to their communities and colleagues. A large focus of the training covered how to help children and families build their resilience factors – an important piece to healing for anyone impacted by abuse and neglect.

In May 2018, the *Wyoming CASA Network* held its inaugural conference. The first day of the two-day event, Jennifer Childs and *Wyoming Children’s Trust Fund* consultant Jennifer Davis presented on ACEs, brain architecture, and protective factors. The film *Resilience* was screened along with an opportunity for participants to discuss the role of CASA volunteers in supporting and facilitating resilience among the children and families they work with.

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

EDUCATION

Name	Description
<u>Foster Care to Success</u> ¹⁸	<p>Annually, approximately 5,000 turn to <i>Foster Care to Success</i> for the support they cannot get from a parent or guardian – like financial backing for college in the form of scholarships and grants, care packages and family-like encouragement, academic and personal mentoring, and help with internships and employment readiness skills</p>
<u>Treehouse for Kids, Graduation Success Model</u> ¹⁹	<p>This model out of Washington State employs long-term Education Specialists and In-School Mentors who provide supports to students in foster care from 8th grade until and beyond their high school graduation. During the 2015-2016 school year, 82% of the Class of 2015 have graduated – on par with the 5-year graduation rate for all Washington students. 82% of 2016 graduates plan to attend college or vocational training and there was dramatic improvements in attendance, behavior, and course performance.</p>
<u>Upward Bound</u> ²⁰	<p><i>Upward Bound</i> provides fundamental support to participants in their preparation for college entrance. The program provides opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits. <i>Upward Bound</i> serves: high school students from low-income families; and high school students from families in which neither parent holds a bachelor’s degree. The goal of <i>Upward Bound</i> is to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education.</p>

PREGNANT AND PARENTING YOUTH AND YOUNG ADULTS

Name	Description
FamilyConnections.org ²¹	<p>At <i>Family Connections</i>, students and their parent or guardian attend class two or three times a week together in a unique parent participation setting where both the parent and child receive education. Children attend preschool and parents gain training on basic parenting skills.</p>
Keeping Families Together ²²	<p><i>Keeping Families Together</i> is an innovative program bringing together housing providers and child welfare agencies to strengthen society’s most vulnerable families and protect our children. CSH’s <i>Keeping Families Together</i> initiative uses supportive housing to offer stability to families with children who are in danger. By providing essential supports (housing and services) to vulnerable families, this program shows real promise in reducing public costs and reuniting children with their families in a safe, stable environment.</p>
Nurse-Family Partnership Programs ²³	<p><i>Nurse-Family Partnership’s</i> maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed – for the better.</p>

MENTAL AND BEHAVIORAL HEALTH AND RECOVERY

Name	Description
<p><u>Maternal Opiate Medical Support (M.O.M.S.)</u>²⁴</p>	<p>M.O.M.S. was launched in Ohio in 2014 to address the higher number of newborns experiencing neonatal abstinence syndrome (NAS) due to their mothers' opiate use during pregnancy. M.O.M.S. provides a menu of services designed to improve maternal and fetal health outcomes, improve family stability, and reduce costs associated with newborn hospital care.</p>
<p><u>Sobriety Treatment and Recovery Teams (START)</u>²⁵</p>	<p>START serves families involved with child welfare in which caregiver substance abuse is a factor in the child abuse and/or neglect and in which at least one child is age five years or younger. Specially trained child protection caseworkers and parent mentors share a caseload of 12 to 15 families to provide intensive intervention based on a holistic assessment, shared decision-making, access to treatment, and supportive services such as flexible funding. Parent mentors are recovering individuals with at least three years sobriety who themselves have been involved in child welfare. Services are based on a holistic assessment and include prompt intervention and access to treatment, shared-decision-making, and flexible funding.</p>

ENDNOTES

- 1 Issue Brief: Cost Avoidance. The Business Case for Investing in Youth Aging out of Foster Care. (May 2013). *Jim Casey Youth Opportunities Initiative*.
- 2 See Issue briefs on “Supporting high school graduation” and “Post-secondary education success” for more information on these topics
- 3 National Child Abuse Coalition, a letter addressed to Congressional leaders, dated Dec. 19, 2008, p. 2.
- 4 Bilaver, L.A. & Courtney, M.E. (2006). *Science says: Foster care*. Washington DC: National Campaign to Prevent Teen Pregnancy (As cited in the CWLA 2008 Children’s Legislative Agenda).
- 5 The Urban Institute, *Coming of Age: Employment Outcomes for Youth Who Age Out of foster Care through Their Middle Twenties*. U.S. Department of Health and Human Services, 2008, p. 28
- 6 See Issue Brief on “Pregnancy Prevention”
- 7 Courtney, M.E., Dworsky, A., Cusick, G.R., Havlicek, J., Perez, A., & Keller, T. (2007). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
- 8 National Women’s Law Project (2007). *When girls don’t graduate, we all fail*.
- 9 Proctor, B.D, Semega, J. L., & Kollar, M.A. (2016) *Income and Poverty in the United States: 2015*. Current Population Reports. P60-256 (RV). U.S. Department of Commerce: Washington, DC. <http://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>
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- 14 Meyer, A.S., McWey, L.M., McKendrick, W., & Henderson, T. L. (2010). Substance using parents, foster care, and termination of parental rights: The importance of risk factors for legal outcomes. *Child and Family Services Review*, 32, 639-649.
- 15 Wilson, D. (May 2016). Intergenerational transmission of child neglect: White Paper. Upbring.
- 16 Ibid.
- 17 Shonkoff, J.P. & Fisher, P.A. (2013). Re-thinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and psychopathology*, 25, 1635-1653.
- 18 <http://www.fc2success.org/>
- 19 <http://www.treehouseforkids.org/our-services/academic-support/>
- 20 <https://www2.ed.gov/programs/trioupbound/index.html>
- 21 <http://www.familyconnections.org>
- 22 <http://www.csh.org/KeepingFamiliesTogether>
- 23 <http://www.nursefamilypartnership.org/>
- 24 <http://momsOhio.org/moms/>
- 25 <http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed>