

## Practitioner and foster carer perceptions of the support needs of young parents in and exiting out-of-home care: A systematic review

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### ABSTRACT

Early parenthood is associated with a range of adverse health, economic and social outcomes. Young people with an out-of-home care (OoHC) background are more likely than their peers to become parents at an early age, and less likely to receive consistent support from their families. While previous literature reviews on this topic have focused on the experiences of young parents with an OoHC background, the perspectives of practitioners and carers are also integral to strengthening policies and practices to support this cohort. A systematic search of four databases and manual citation reviews revealed 23 articles published between January 1997 and December 2018 pertaining to 18 studies that met our inclusion criteria of responses from professionals and/or foster care providers regarding their experiences working with young parents. Salient themes included the challenges of parenting while in and exiting OoHC, placement issues, and high levels of need within this cohort. Practitioners and foster care providers also identified complications in service provision, limited resources, role confusion, and insufficient professional development in relation to their work. These findings highlight the importance of comprehensive, strengths-based, age-appropriate services for young parents within placements and after leaving care, as well as clearly delineated responsibilities and professional support for practitioners and foster care providers.

### 1. Introduction

Despite a steady overall decline in the rate of adolescents giving birth since the 1990s in most developed nations (The World Bank, 2016), rates of teenage pregnancies among young women in and exiting out-of-home care (OoHC) remain high. International prevalence studies consistently indicate that young people with an OoHC background are more likely than their peers to become parents at an early age (Craine & C., M., Zou, L., Evans, H., Whitaker, R., & Lyons, M., 2014; Mendes, 2009; Putnam-Hornstein & King, 2014). However, many jurisdictions lack systematic data collection which prohibits meaningful comparisons. This paper reviews research comprising practitioner and foster care provider perceptions of working with young parents in and exiting OoHC, and includes studies conducted in the United States, United Kingdom, Canada, and Australia. It uses the term 'practitioners' to refer to individuals employed in any profession who provide routine care, supervision or case management for young parents in and exiting OoHC. The term 'young parents in and exiting OoHC' includes young people who became parents while in, or shortly after exiting, all types of OoHC placements.

The institutional and statutory frameworks for provisioning support to care leavers, including young parents, vary greatly between the four countries included in this literature review. In 2018, four Australian states announced trials to extend OoHC from age 18 to age 21 for selected young people (Mendes, 2019). The Home Stretch Campaign in Australia has cited international initiatives to improve care leaver outcomes by raising the leaving care age. These include extended OoHC options which began in 1980 in Ontario, Canada; the 2008 Fostering Connections to Success Act in the United States, which subsidises the costs to states choosing to offer extended care to young people who are studying, employed, or unable to do so due to medical or mental health issues; and the 2015 Children and Families Act in the United Kingdom, which enables local authorities to provide voluntary foster care placements until age 21 (MacDonald, 2019). Extended OoHC may be particularly beneficial to young mothers, who are far more likely to experience a first birth between the ages of 18 and 21 than earlier (Putnam-Hornstein, Hammond, Eastman, McCroskey, & Webster, 2016).

Various explanations may account for the frequency of early parenthood among young people in and exiting OoHC. Potential risk

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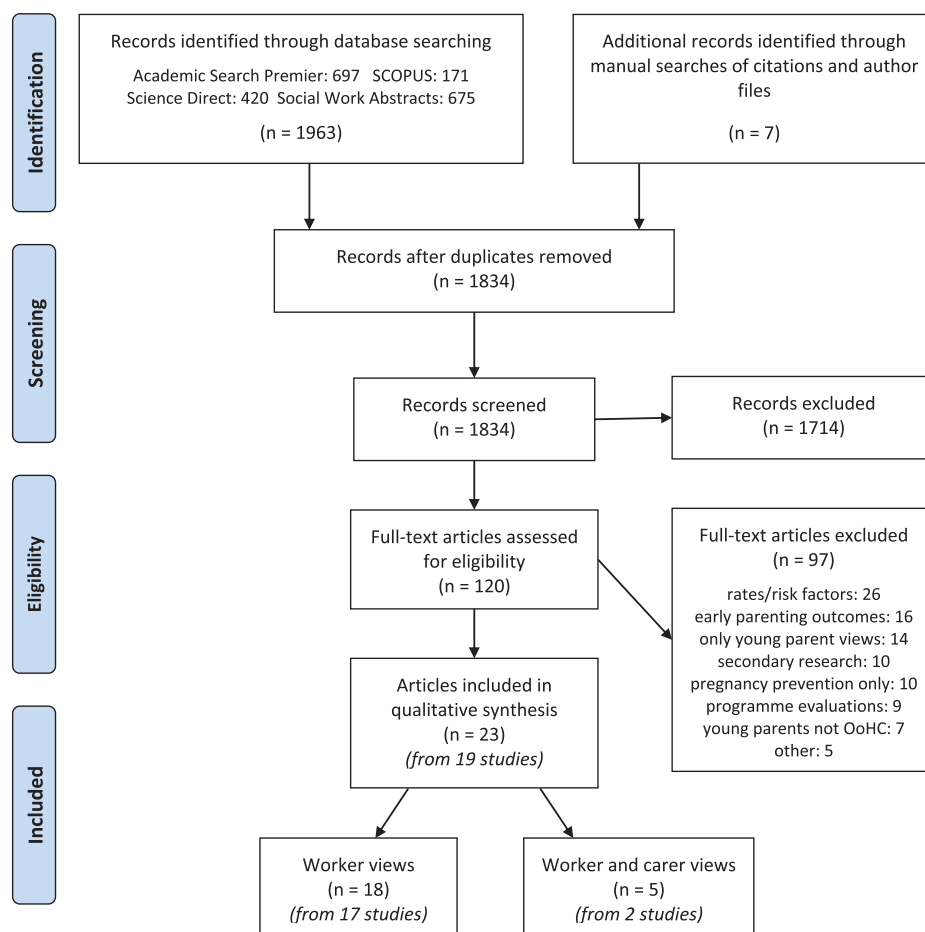


Fig. 1. PRISMA diagram.

factors include higher rates of sexual activity, less contraception usage, and limited pregnancy prevention education (Svoboda, Shaw, Barth, & Bright, 2012). Early parenthood within this cohort is often preceded by life difficulties such as substance abuse, criminal history, school disengagement (Matta Oshima, Narendorf, & McMillenc, 2013; Shpiegel, Cascardi, & Dineen, 2017), placement instability, and a history of running away (King & Van Wert, 2017). Young mothers have described how peer pressure, a desire for unconditional love, and a sense of purpose and identity influenced their decision to become parents at an early age (Knight, Chase, & Aggleton, 2006a). Motherhood is a source of pride, happiness and personal achievement for many young women who have described pregnancy, childbirth and parenting as empowering (Aparicio, Shpiegel, Grinnell-Davis, & King, 2019), and expressed a sense of fulfilment and commitment to their new roles (Bermea, Forenza, Rueda, & Toews, 2018).

Early parenthood among care leavers is associated with low educational attainment, reliance on public assistance (Shpiegel & Cascardi, 2018), inconsistent employment, low earnings (Dworsky & Gitlow, 2017), and disproportionately high rates of pre-pregnancy mental health issues and post-natal depression (Cox et al., 2008). Young parents in and exiting OoHC may have distorted understandings of parenting resulting from abuse, neglect, separation from family, and instability, which may contribute to heightened risks of intergenerational maltreatment and OoHC placement (Fairhurst, David, & Corrales, 2015; Stephens & Aparicio, 2017). However, satisfaction with social support is associated with a decreased potential of child abuse (Budd, Heilman, & Kane, 2000) and less parenting stress among young mothers in OoHC (Budd, Holdsworth, & HoganBruen, 2006; Dworsky, 2015). These findings highlight the need to ensure that sufficient ongoing skill development and support is made available to this cohort. The frontline

perspectives of practitioners and foster care providers who work with this cohort are critical to informing future service delivery and policies (Dominelli, Strega, Callahan, & Rutman, 2005; Gordon, Watkins, Walling, Wilhelm, & Rayford, 2011; Radey, Schelbe, McWey, Holtrop, & Canto, 2016; Stockman & Budd, 1997).

This literature review gives particular focus to practitioner and foster carer perceptions of their experiences working with young parents in and exiting OoHC and their children. It expands upon the existing body of knowledge by identifying salient themes across studies and evaluating the strengths, weaknesses and gaps in the existing research. Practitioners are well-placed to make a unique and important contribution to the research body (Radey et al., 2016), as it is within the scope of their role to identify risks and new support strategies in order to promote positive outcomes within this cohort (Gordon et al., 2011). Practitioners possess valuable knowledge arising from first-hand experiences that can be used to enhance interventions (Stockman & Budd, 1997), inform policy, and increase public support for increased resources (Dominelli et al., 2005).

No previously published literature review has specifically examined OoHC and early parenthood from the viewpoint of practitioners and foster care providers. Two earlier reviews of studies conducted in the United States identified the use of diverse methodologies in examining sexual health knowledge, pregnancy rates, associated risks, experiences, and outcomes within this cohort (Eastman, Palmer, & Ahn, 2019; Svoboda et al., 2012). In a meta-analysis, Connolly, Heifetz, and Young (2012) argue that a personalized understanding of young parents' perspectives is key to identifying relevant issues to guide future intervention and research. The views of all three stakeholder groups are needed to fully explore the issue as perspectives between these three stakeholder groups may differ. For instance, topics such as professional

development and resource allocation are less likely to be raised as key issues among young parents. As practitioners and foster care providers are central to meeting the support needs of this cohort, this systematic review of research exploring their views offers a complementary perspective.

## 2. Methods

This literature review sought to answer the following question: What are the experiences of practitioners and foster care providers in working with young parents in and exiting OoHC and their children, and their perspectives on service delivery? A systematic approach was used to address this question with minimal bias by identifying, evaluating and synthesizing all available studies containing relevant data (Petticrew & Roberts, 2006). The systematic review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) process, illustrated in Fig. 1 (Moher, Liberati, Tetzlaff, & Altman, 2009).

### 2.1. Search strategy

This literature review identified empirical research including practitioners' and foster care providers' perceptions of their work with young parents in and exiting OoHC published in the English language between January 1997 and December 2018. This timeframe was chosen to include all published literature that meets the inclusion criteria. Four databases (Academic Search Premier, SCOPUS, ScienceDirect, Social Work Abstracts) generated 1963 records using a Boolean search combining keywords associated with early parenting: (mother\*, father\*, parent\*, pregnancy) and (early, adolescent, young, teen\*), and OoHC (out-of-home care, child protection, foster care, child welfare, looked after). An additional 7 records were identified through manual citation reviews and the researchers' existing files, and 1834 records remained after eliminating duplicates. Through a review of titles and abstracts, 1714 records were removed.

The remaining 120 full-text articles were assessed for eligibility, and 97 did not meet the inclusion criteria. The excluded articles consisted of studies which identified: rates and risk factors associated with early parenthood among young people with an OoHC background (26); early parenthood outcomes (16); perspectives of young parents only (14); secondary research (10); pregnancy prevention only (10); quantitative programme evaluations (9); findings regarding young parents without an OoHC background (7); perspectives of others (4); legal issues (1).

### 2.2. Overview of included publications

The 23 publications included in this literature review consist of 17 peer-reviewed journal articles reporting the findings of 12 studies, and 6 studies published in grey literature by reputable research organizations. Each of these 18 studies included practitioners' perspectives, but only two included the perspectives of foster care providers. Practitioners were most commonly employed within OoHC agencies in casework or management roles, but also included direct care staff in residential programs, youth shelters, aftercare services, and juvenile justice facilities, as well as in education, supported housing, legal and healthcare roles. Nine studies also involved the perspectives of young parents in and exiting OoHC, however these findings are not reported here as they fall outside the scope of this review. Young parents with an OoHC background were the primary topic of all but five studies, which focused on care leavers' needs (Leathers & Testa, 2006), services for all young mothers (Loxton, Stewart Williams, & Adamson, 2007); dual-order care leavers (Mendes, Snow, & Baidawi, 2014); young fathers involved with child protection services (Gordon et al., 2011); and OoHC sexual health policies (Bruce, 2016).

The majority of the studies included in this review were conducted in the United States (11), which has both large numbers of young

people in OoHC and a relatively high adolescent birth rate (Connolly et al., 2012). Other studies were conducted in Australia (3), the United Kingdom (3), and Canada (1). Most employed solely qualitative methods, including programme evaluations (4); case studies (1); and interviews and focus groups with young parents and practitioners/foster care providers (5); and practitioners/foster care providers only (2). Four studies employed quantitative survey methods and two incorporated mixed methods.

### 2.3. Analytic strategy

Relevant data from each study was extracted and analysed using a narrative synthesis approach to identify common and unique findings between studies, and generate these into increasingly broad classifications (Petticrew & Roberts, 2006). All findings relating to early parenthood and OoHC within each study were summarised and tabulated to determine the salience of each topic both within and across studies. Four overarching themes emerged from this process. The first theme includes perceptions of circumstances associated with early parenthood and OoHC. The second theme examines the availability, strengths and weaknesses of different placement types, including mother and baby foster care, congregate care and independent living placements. The third and fourth overarching themes describe the various needs of young parents, their children, and those of the practitioners and foster care providers who support them. Findings from qualitative and mixed-methods studies were thematically analysed together as the five studies including quantitative data solely consisted of small-scale, exploratory surveys containing insufficient data for a meta-analysis. The numbers of publications pertaining to each overarching theme are reported to demonstrate their salience, and in some instances, this number reflects multiple publications arising from the same study.

### 2.4. Quality assessment

The first author conducted separate quality assessments for qualitative and quantitative research to gain an overall understanding of the strengths and limitations of the included studies. The nineteen publications that included qualitative data were evaluated using the Critical Appraisal Skills Programme Qualitative Checklist (Critical Appraisal Skills Programme, 2019), which consists of 10 questions to assess the alignment of aims and methods, ethical considerations, and the value of qualitative research. The results are described in Table 1. The overall quality of the research was high. The main concern was an inability to determine if there was adequate consideration of the relationship between researchers and participants in sixteen publications.

The 6 publications that included quantitative data consisted of surveys, which were evaluated based on the sample selection, methods, data descriptions, and alignment with the study aims (Petticrew & Roberts, 2006). The four studies that included exploratory surveys of OoHC service policies had small sample sizes, but high response rates among targeted services (Adams & Bevan, 2011; Bruce, 2016; Gotbaum, 2005; Stockman & Budd, 1997). Survey data was strengthened by triangulation with interviews, focus groups and/or document analysis in all but one study (Stockman & Budd, 1997). Two surveys asked social workers to assess the needs of young parents in and exiting OoHC, including those who could identify young fathers on their caseloads (Gordon et al., 2011), and a random stratified sample of an entire cohort of care leavers (Leathers & Testa, 2006). In all survey research the methods, measures, and data descriptions aligned with the study aims.

## 3. Findings

The 23 publications that met the inclusion criteria are summarised in Table 2. The findings are organised under four overarching themes relating to practitioner and foster carer perceptions of: early parenthood among young people in and exiting OoHC; the availability and

**Table 1**  
CASP Checklist for Qualitative Research.

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Adams and Bevan (2011)	yes	yes	yes	can't tell	yes	yes	yes	yes	yes	yes
Bermea et al. (2018)	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Bruce (2016)	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Chase et al. (2006) *	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Datta et al. (2017)	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Dominelli et al. (2005) ^	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Dworsky and DeCoursey (2009)	yes	yes	yes	yes	yes	can't tell	can't tell	yes	yes	yes
Dworsky and Wojnaroski (2012)	yes	yes	yes	yes	yes	can't tell	can't tell	yes	yes	yes
Fairhurst et al. (2015)	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Knight et al. (2006a) *	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Knight et al. (2006b) *	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Loxton et al. (2007)	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Max and Paluzzi (2005)	yes	yes	yes	can't tell	yes	can't tell	can't tell	yes	yes	yes
Mendes et al. (2014)	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Radey...Canto (2016) #	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Radey et al., 2016 #	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes
Rutman et al. (2002) ^	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Silver (2008)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Tyrer et al. (2005)	yes	yes	yes	yes	yes	can't tell	yes	yes	yes	yes

Q1 Was there a clear statement of the aims of the research?

Q2 Is a qualitative methodology appropriate?

Q3 Was the research design appropriate to address the aims of the research?

Q4 Was the recruitment strategy appropriate to the aims of the research?

Q5 Was the data collected in a way that addressed the research issue?

Q6 Has the relationship between researcher and participants been adequately considered?

Q7 Have ethical issues been taken into consideration?

Q8 Was the data analysis sufficiently rigorous?

Q9 Is there a clear statement of findings?

Q10 How valuable is the research?

context of different placement types; the needs of this cohort; and the needs of practitioners and foster care providers who support them.

### 3.1. Perceptions of OoHC and early parenthood

Participants in eleven publications identified a wide range of factors potentially contributing to elevated rates of early parenthood within this cohort. Positive and negative views regarding the abilities of young parents to provide for their children were described in nine publications. Ten publications considered how an OoHC background impacted parenting experiences.

#### 3.1.1. Contributing factors to early parenthood

Practitioners described diverse factors potentially contributing to the high incidence of early parenthood among young people in and exiting OoHC. The most commonly cited reasons were a desire to give and receive unconditional love (Bruce, 2016; Datta, Macdonald, Barlow, Barnes, & Elbourne, 2017; Mendes et al., 2014; Radey et al., 2016), and to secure a romantic relationship (Dworsky & DeCoursey, 2009; Knight et al., 2006a; Radey, Schelbe, McWey, & Holtrop, 2017). Both explanations were often considered to originate from limited models of healthy relationships coupled with a history of family breakdown, sexual abuse and neglect (Bruce, 2016; Datta et al., 2017; Knight et al., 2006a; Radey et al., 2016; Rutman, Strega, Callahan, & Dominelli, 2002).

Within the studies, participants frequently associated early parenthood with insufficient sexual health knowledge (Datta et al., 2017; Fairhurst et al., 2015; Stockman & Budd, 1997). Practitioners indicated that the provision of this information was the responsibility of foster care providers or placement staff because they had the most interactions with young people in their care (Knight et al., 2006a). However, practitioners were concerned that foster care providers were not routinely providing this information because they were morally opposed to contraception usage (Dworsky & DeCoursey, 2009), or uncertain about the appropriateness of discussing the topic (Knight et al., 2006a).

Pregnancy was often associated with challenging circumstances (Dworsky & DeCoursey, 2009) related to mental health, substance abuse (Radey et al., 2016), placement instability, and instances of running away (Bruce, 2016). Some practitioners noted that early parenthood was considered common and celebrated in low-income communities (Datta et al., 2017; Knight et al., 2006a). Others noted widespread assumptions among young people regarding early parenting financial incentives, including welfare payments (Radey et al., 2017) and greater access to housing services (Mendes et al., 2014).

#### 3.1.2. Parenting abilities

Many practitioners acknowledged that early parenthood could motivate young people to overcome obstacles and improve their lives (Datta et al., 2017; Mendes et al., 2014; Radey et al., 2016; Rutman et al., 2002). Others emphasized how early parenthood offered a sense of purpose, identity (Knight et al., 2006a) and opportunities to provide their children with valuable childhood experiences they never had (Tyrer, Chase, Warwick, & Aggleton, 2005). Additionally, OoHC agency providers described young parents in and exiting OoHC as highly resilient, and willing to learn and adjust despite adversities (Fairhurst et al., 2015; Radey et al., 2016).

However, practitioners expressed more concerns regarding parenting abilities within this cohort. Some voiced relatively minor criticisms, such as a lack of decision-making skills (Datta et al., 2017), reluctance to accept guidance (Rutman et al., 2002), and focusing on immediate day-to-day struggles over long-term aspirations (Radey et al., 2016). A more common notion was that young people lacked an understanding of parenting responsibilities and costs due to their own childhood experiences (Datta et al., 2017; Fairhurst et al., 2015; Radey et al., 2016). As a result, practitioners perceived many young people as incapable of being good parents (Rutman et al., 2002), living independently (Leathers & Testa, 2006), or breaking intergenerational cycles of abuse (Mendes et al., 2014; Radey et al., 2017).

**Table 2**  
Publications included in the Literature review.

Study	Topic	Methods	Participants	Key Findings
Adams and Bevan (2011) United Kingdom	The extent and nature of mother and baby foster placements within three OoHC agencies	interviews, survey	8 mother/baby foster carers, 3 OoHC services	Carers identified the need for role clarity, support, and training Service providers reported no specific procedures for assessing, training or supervising mother/baby carers
Bermea et al. (2018) United States	Residential staff and young mothers' perspectives of queer relationships and dating violence	interviews, focus groups	12 residential staff, 13 young mothers	Practitioners described same-sex relationships between young mothers in a residential programme as unhealthy, and described violence in these relationships as normative peer conflict
Bruce (2016) United States	Sexual health needs and policies for young people in OoHC ( <i>Young parent subgroup</i> )	survey, interviews, document analysis	22 administrators, managers and supervisors from 18 counties	Practitioners stressed that early parenthood complicated care leavers' ability to obtain housing, education, employment and financial stability, and identified a shortage of specialized foster homes for co-residing mothers and children
Chase et al. (2006) * United Kingdom	Service barriers and supports available to care-experienced young parents	interviews	78 carers and professionals, 63 young parents	Professionals identified heightened scrutiny among young parents, felt unable to address housing issues, and held more positive views of aftercare services than statutory support
Datta et al. (2017) United Kingdom	Practitioners' and participants' views of a Family Nurse-led programme for care-experienced young mothers	interviews, focus groups	3 young mothers, 10 family nurses	Practitioners indicated that care-experienced young mothers experienced social isolation and would benefit from one-to-one home visits from family nurses
Dominelli et al. (2005) * Canada	Care-experienced young mothers' and practitioners' perceptions of services	interviews, focus groups	11 health/social service practitioners 20 child welfare workers	Practitioners focused on care experienced young parents' parenting abilities, not the surrounding structural inequalities, and believed fear of scrutiny prevented requests for help
Dworsky and DeCoursey (2009) United States	Evaluation of the Teen Parenting Service Network's provision of services for young parents in OoHC	Record analysis, interviews	5 caseworkers, 5 programme directors	Practitioners identified a shortage of placements for young parents, and indicated that young parents were more likely to engage when they received ongoing support from carers
Dworsky and Wojnarowski (2012) United States	Evaluation of the Illinois Department of Children and Family Services New Birth Assessment	record analysis, interviews	8 workers, 5 supervisors, 12 young mothers	Practitioners emphasized that young mothers may be afraid to ask for help, and some desired a standardized parenting curriculum, others preferred flexibility of individualized education
Fairhurst et al. (2015) Australia	Exploratory study of supports for care-experienced young mothers and the development of specialized residential care	interviews	10 senior practitioners from 8 agencies	Practitioners identified placement shortages, noted that pregnancy often led to placement changes, and desired a specialized therapeutic, trauma informed residential care model
Gordon et al. (2011) United States	Needs and services available for young fathers involved with child protection services ( <i>OoHC subgroup</i> )	survey	Social workers reporting on 32 young fathers	Social workers identified 2/3 of young fathers as in need of parenting skill training, and over half as in need of employment assistance
Goibaum (2005) United States	Evaluation of parenting rates, services and training for young parents in OoHC and carers	survey	respondents from 30/46 OoHC agencies in NYC	Agencies reported significant placement shortages for co-residing young parents, minimal funding for maternity residences, and felt that more foster carer support was needed
Knight et al. (2006a) * United Kingdom	Factors contributing to early parenting, supports and service barriers	interviews	63 young people, 78 professionals and carers	Professionals noted the high status of early parenthood among young people, and felt that residential care made it harder for young parents to access services independently
Knight et al. (2006b) * United Kingdom	Service barriers and supports available to care-experienced young parents	interviews	63 young people, 78 carers and professionals	Professionals and carers uncertain about foster carers' role, but preferred mother/baby foster placements because of continuity of practical/emotional support
Leathers and Testa (2006) United States	Caseworkers' perceptions of care leaver needs ( <i>Young parent subgroup</i> )	survey	Caseworkers for 416 randomly selected care leavers	Practitioners reported that pregnant/parenting care leavers had greater academic deficits and were less likely to finish high school than non-parenting care leavers
Loxton et al. (2007) Australia	Service delivery for young women who are pregnant or mothers ( <i>OoHC subgroup</i> )	interviews, focus groups, written responses	57 service providers, 93 young mothers	Service providers perceived young mothers to disengage with services due to frequent placement moves and the need to retell their stories, and advocated for more streamlined supports
Max and Paluzzi (2005) United States	Promoting successful transitions to independence among pregnant/ parenting care leavers	interviews, expert roundtable	12 program providers from nine US states	Service providers stated that complicated eligibility criteria limited access to services for young parents transitioning from OoHC, and emphasized the importance of healthy relationships
Mendes et al. (2014) Australia	Needs of dual-order clients in the juvenile justice and OoHC ( <i>Young parent subgroup</i> )	interviews, focus groups	77 practitioners from multiple fields	Service providers reported that children were removed from young parents in OoHC due to a lack of parental coping skills, which sometimes contributed to substance use
Radey et al. (2016) # United States	Relationships and supports among young mothers exiting OoHC	focus groups	13 young mothers, 14 service providers	Service providers indicated that young mothers often lacked beneficial social relationships, and viewed young mothers' trust issues as an impediment to developing relationship skills
Radey et al. (2016) # United States	Perceptions of needs, strengths and experiences of parenting care leavers	focus groups	15 young parents, 14 service providers	Service providers noted that young parents required more support after exiting OoHC, and recommended adult and peer mentoring, more parenting and child development training

(continued on next page)

Table 2 (continued)

Study	Topic	Methods	Participants	Key Findings
Rutman et al. (2002) <sup>*</sup> Canada	Practitioners' perceptions of their work with young mothers in OoHC	focus groups	20 practitioners	Practitioners felt that policies failed to meet young mother's material needs and overemphasized the role of child protection
Silver (2008) United States	Policies and practices within a Supervised Independent Living program (SIL)	case study	10 young mothers, 7 case managers, 3 administrators	Caseworkers reported an inability to meet program mandates due to a lack of resources, and felt obliged to maintain a false impression of compliance with unrealistic official policies
Stockman and Budd (1997) United States	Practitioner perceptions of parenting programmes for young mothers in OoHC	survey	28 agencies supporting young mothers in OoHC	Service providers described home visits, peer support groups and mentoring as highly effective but rarely used, and identified young mothers' lack of trust as an obstacle to engagement
Tyrer et al. (2005) <sup>*</sup> United Kingdom	Needs and experiences of care-experienced young fathers	interviews	16 young fathers 78 carers and professionals	Professionals indicated that young fathers in OoHC had minimal education, poor work prospects, little financial security, and did not understand expectations of fatherhood

Multiple publications arising from the same study # \* ^

### 3.1.3. Impact of OoHC

Practitioners expressed that involvement in the OoHC system placed additional burdens on young parents. During the transition from OoHC to independence, young parents must make post-placement arrangements while managing parenting responsibilities (Radey et al., 2016). Practitioners described a lack of autonomy arising from risk management policies involving excessive scrutiny of parenting practices instead of providing adequate support (Dominelli et al., 2005; Rutman et al., 2002). They also recognized that young parents in and exiting OoHC often had no input regarding important decisions (Fairhurst et al., 2015), or were threatened with detention for not completing court-ordered programs (Dworsky & DeCoursey, 2009). When coupled with their own experiences of being placed in OoHC, many feared their own children would be removed (Datta et al., 2017; Dworsky & DeCoursey, 2009; Dworsky & Wojnarowski, 2012; Fairhurst et al., 2015). Similarly, practitioners indicated that some feared asking for help (Datta et al., 2017), or disclosing their pregnancies (Bruce, 2016).

Many practitioners and foster care providers desired to minimize young parents' struggles. Foster care providers described providing young mothers in their care with the freedom to participate in normal adolescent activities and make some parenting decisions that they disagreed with (Adams & Bevan, 2011). Practitioners emphasized the importance of providing opportunities for young parents in and exiting OoHC to enjoy their youth (Knight, Chase, & Aggleton, 2006b) and learn from their mistakes. They also indicated that services should be youth-friendly (Max & Paluzzi, 2005), account for adolescents' simultaneous desires to be independent and dependent (Dworsky & DeCoursey, 2009), and reflect adolescent development, attachment and trauma issues (Fairhurst et al., 2015).

### 3.2. Placement perceptions

Practitioners and foster care providers described strengths and weaknesses of different OoHC placement types for young mothers and their children, including foster homes (5 publications), congregate care (5 publications), and independent living (3 publications). Unmet demand was identified across all placement types (Bruce, 2016; Dworsky & DeCoursey, 2009; Fairhurst et al., 2015; Gotbaum, 2005). The most widely examined placement factor was support availability, identified in nine publications.

#### 3.2.1. Mother and baby foster care

Specialized mother and baby care was highly preferred by practitioners in the United States and the United Kingdom based on the perception that these placements offered extensive emotional and practical support (Bruce, 2016; Knight et al., 2006b). Some identified a link between caregiver support and increased service participation (Dworsky & DeCoursey, 2009). Similarly, foster care providers in the United Kingdom expressed that young mothers and their babies benefited from foster families that genuinely cared about them, and described good placement matches as involving young mothers who desired a family placement, realized the benefits of available supports, and had an opportunity to get to know the carer prior to the child's birth (Adams & Bevan, 2011). Conversely, practitioners in New York City indicated that pregnant young women were often removed from foster homes because carers were unwilling or unable to accommodate an infant (Gotbaum, 2005).

#### 3.2.2. Congregate care

Practitioners raised many concerns about the suitability of traditional congregate care placements for young mothers. Some perceived that residential care weakened young parents' capacity and motivation to become self-sufficient due to the institutionalized nature of service provision (Knight et al., 2006a). Residential placements were often associated with unhealthy peer relationships (Max & Paluzzi, 2005), substance use, running away, school refusal (Fairhurst et al., 2015), and

sexual activity as a means of self-protection (Chase, Maxwell, Knight, & Aggleton, 2006). While specialized group homes in the United States offered comprehensive parenting supports, most only accepted young mothers with one child (Gotbaum, 2005). In Australia, a proposed specialized residential model for co-parenting mothers and fathers and their children included a range of onsite services and flexible transitions to independence (Fairhurst et al., 2015).

### 3.2.3. Independent living

Studies conducted in the United States offered insights regarding the suitability of independent living placements for young mothers and their children. Some noted that placement eligibility often included employment and regular school attendance (Radey et al., 2016). Such strict eligibility requirements excluded many young mothers, putting them at greater risk of homelessness (Dworsky & DeCoursey, 2009). One study specifically examined a supervised independent living program for young mothers, identifying practitioners' concerns related to budget constraints, unsafe and substandard housing, unrealistic policies and heavy workloads (Silver, 2008).

## 3.3. Needs among young parents in and exiting OoHC

Practitioners and foster care providers offered in-depth observations regarding the needs of young parents in and exiting OoHC and their children. These included assistance with relationships (15 publications), education and training (14 publications), services (12 publications), and material support (10 publications).

### 3.3.1. Relationships

Practitioners in all four countries expressed that many young parents in and exiting OoHC lacked adequate support networks (Datta et al., 2017; Dominelli et al., 2005) and experienced difficulties developing trust due to family breakdowns, placement moves, and frequent worker turnover (Fairhurst et al., 2015; Tyrer et al., 2005). Birth families were often seen as unsupportive, unavailable, or the cause of additional burdens (Chase et al., 2006; Max & Paluzzi, 2005; Radey et al., 2017). Yet practitioners in only two publications identified a need for relationship skills development (Bermea, Rueda, & Toews, 2018; Radey et al., 2017).

Practitioners generally portrayed young parents' co-parenting and romantic relationships as problematic (Chase et al., 2006; Radey et al., 2016). For instance, staff within a young mothers' residential program described same sex relationships between residents as pathological and manipulative (Bermea et al., 2018). Practitioners in four studies indicated that OoHC services marginalised young fathers. Some noted that parenting services often excluded young fathers and placement arrangements were inconducive to access visits (Fairhurst et al., 2015). Others expressed that service providers were often unaware when young men became fathers or actively discouraged their involvement due to negative stereotyping (Tyrer et al., 2005). Social workers who had identified young fathers on their caseloads reported that few had regular contact with their children or provided financial support (Gordon et al., 2011). As a consequence, young mothers were unable to share parenting responsibilities (Dominelli et al., 2005).

### 3.3.2. Education and training

Practitioners described parenting skill training as a significant need among both young mothers and fathers (Fairhurst et al., 2015; Gordon et al., 2011; Leathers & Testa, 2006; Loxton et al., 2007). However, they identified difficulties engaging young fathers due to relationship instability (Stockman & Budd, 1997), and confusion among young fathers regarding their responsibilities (Tyrer et al., 2005). Recommended training topics included birth preparation, infant caregiving, first aid (Fairhurst et al., 2015), child development (Radey et al., 2016), child health, emotional sensitivity, and discipline (Stockman & Budd, 1997).

Practitioners and foster care providers named education and

employment training as two of the greatest needs within this cohort (Adams & Bevan, 2011; Gordon et al., 2011). Practitioners reported that young parents in and exiting OoHC were less likely to complete high school (Leathers & Testa, 2006), and expressed that more attention should be placed on education to minimise social exclusion (Tyrer et al., 2005). They identified pre-existing academic deficits and parenting responsibilities as barriers to educational attainment, but described better engagement in correspondence education and alternative schools with onsite childcare and financial incentives (Dworsky & DeCoursey, 2009).

Practitioners identified the need for life skills training in the areas of time management, communication, conflict resolution (Max & Paluzzi, 2005), budgeting, and housekeeping (Datta et al., 2017), as well as learning how to pay bills, grocery shop, and use public transport (Radey et al., 2017). Some reported that such training was rarely received (Leathers & Testa, 2006; Stockman & Budd, 1997), while others cautioned that providing too much assistance would impede young parents' ability to function independently after exiting OoHC (Dworsky & DeCoursey, 2009).

### 3.3.3. Services

Practitioners described high levels of mental health needs including post-natal depression (Chase et al., 2006), anger and stress management (Gordon et al., 2011; Stockman & Budd, 1997), substance abuse treatment (Gordon et al., 2011; Mendes et al., 2014) and frequent provision of crisis intervention (Dworsky & Wojnarowski, 2012). Practitioners described the mental and emotional strains caused by parenting with minimal resources or support (Bruce, 2016), acknowledged the relationship between early childhood trauma and anxiety, depression and post-traumatic stress (Gordon et al., 2011; Loxton et al., 2007), and noted that young parents with the greatest needs were often the least likely to elicit support (Datta et al., 2017). Practitioners recommended peer support groups to facilitate mutual support and the exchange of advice (Datta et al., 2017; Radey et al., 2016). Peer and adult mentors were frequently recommended but rarely available (Dworsky & DeCoursey, 2009; Fairhurst et al., 2015; Gordon et al., 2011; Loxton et al., 2007; Stockman & Budd, 1997).

Australian practitioners argued that ante-natal planning should commence as soon as a pregnancy was confirmed (Fairhurst et al., 2015), but American practitioners acknowledged that age-appropriate services were largely unavailable, and cannot be provided when young women do not report their pregnancies or run away when discovered (Dworsky & DeCoursey, 2009). Australian health service providers indicated that young mothers in and exiting OoHC disengaged with services out of frustration from re-telling their stories to new providers (Loxton et al., 2007). Health care workers in the United States also emphasized service continuity through home visits to establish rapport, prepare for birth, and provide universal follow up care (Datta et al., 2017).

Most practitioners framed childcare as a service need among young parents without recognising the potential child development benefits. Some noted that a lack of childcare was an employment barrier, particularly given that many young parents in and exiting OoHC lacked informal support networks (Radey et al., 2017). Caseworkers described how some young mothers struggled to meet independent living program requirements of attending school, parenting classes and employment without childcare assistance (Silver, 2008). Practitioners in one study recommended universal preschool for all children of young parents in and exiting OoHC as well as increased respite services (Dworsky & DeCoursey, 2009).

### 3.3.4. Material support

Practitioners expressed opposing views regarding the provision of financial assistance to young parents in and exiting OoHC and their children. Some emphasized that living stipends were insufficient to meet basic needs (Dworsky & Wojnarowski, 2012) ultimately leading to

young parents whose children were also placed in OoHC due to neglect (Rutman et al., 2002). Conversely, practitioners in another study valued service provision over cash assistance for parenting care leavers during their transition to independence (Radey et al., 2016).

While practitioners from one study asserted that aftercare services were more comprehensive and flexible than in-care supports (Chase et al., 2006), those in other studies indicated that the transition from OoHC led to reduced support (Radey et al., 2016) and service delivery complications (Loxton et al., 2007). A few foster care providers described providing support after young mothers exited their care (Adams & Bevan, 2011), and practitioners recommended that aftercare assistance should mimic the benefits provided by families of young parents without an OoHC experience (Rutman et al., 2002), including financial and emotional support, and respite from parenting responsibilities (Dworsky & DeCoursey, 2009).

Housing posed another significant concern (Bruce, 2016; Chase et al., 2006; Loxton et al., 2007; Max & Paluzzi, 2005). Some indicated that safe and reasonable housing was unaffordable on the private market (Rutman et al., 2002), and waiting lists for government subsidised housing were excessive (Radey et al., 2016). Recommendations included offering multiple affordable housing options for parenting care leavers, as well as training regarding obtaining and maintaining leases and tenancy laws (Max & Paluzzi, 2005).

### 3.4. Practitioners' and foster care providers' needs

Practitioners and foster care providers in ten publications described disjointed service provision for young parents in and exiting OoHC. Other findings included the need for greater financial resources (9 publications), improved professional development and supervision (7 publications), role clarity (4 publications), and effective policies (3 publications).

#### 3.4.1. Strengthened service provision

Practitioners desired OoHC policy and practice changes to improve service provision. For instance, some indicated their child welfare concerns needed to be taken more seriously by authorities (Dworsky & DeCoursey, 2009) and they required alternative methods to remain in contact with parenting care leavers (Radey et al., 2016). Others suggested reducing caseloads (Max & Paluzzi, 2005) and employing specialist family support providers could provide caseworkers with more time to focus on non-parenting related services (Dworsky & DeCoursey, 2009). Additional recommendations included streamlining services to reduce the number of different professionals involved in a case (Max & Paluzzi, 2005), employing a single caseworker to coordinate all services for young parents in and exiting OoHC (Loxton et al., 2007), improving collaboration between different agencies and providers (Chase et al., 2006), implementing program cross-funding, and minimising service duplication (Max & Paluzzi, 2005).

Foster care providers struggled to support overwhelmed new mothers when other children in their care had complex needs (Knight et al., 2006b). They desired for caseworkers to share information, provide them with emotional support, and reinforce expectations with the young mothers in their care, but expressed concerns with high caseworker turnover (Adams & Bevan, 2011). Conversely, foster care providers in another study described caseworker involvement as sometimes unhelpful and intrusive (Knight et al., 2006b). Parenting speciality workers also described difficulties with caseworkers whom they relied on for background information (Dworsky & Wojnarowski, 2012).

#### 3.4.2. Financial resources

Budget limitations were often cited as limiting practitioners' ability to provide services (Datta et al., 2017) and material needs for this cohort (Chase et al., 2006; Silver, 2008). Services focused on skill development without addressing the underlying issues of poverty were

reported to cause difficulties with clients (Dominelli et al., 2005) and feelings of professional inadequacy (Rutman et al., 2002). Some foster care providers expressed confusion regarding allowance entitlements for mother and baby placements (Adams & Bevan, 2011) and others reported tension among pregnant young women because of the impending new baby-related expenses (Knight et al., 2006b). Practitioners suggested that foster care providers did not accept mother and baby pairs because no additional funding was provided for these placement types (Dworsky & DeCoursey, 2009).

#### 3.4.3. Role clarity

Practitioners and foster care providers expressed frustration with a lack of clarity regarding their roles. Some service providers in the United States were uncertain if it was their responsibility to monitor baby health and well-being (Dworsky & DeCoursey, 2009), and others in Canada struggled to perform child protection investigations while also providing advocacy and support to the young mothers (Rutman et al., 2002). Foster care providers in the United Kingdom expressed confusion regarding the OoHC status of the young parents' children, and whether or not they should inform caseworkers when the young parent violated house rules (Knight et al., 2006b). Some feared that this could be used to justify removing the baby, which strained their relationships with the young mothers (Knight et al., 2006b). Other foster care providers in the United Kingdom described how being required to assess young mothers' parenting abilities contributed to placement breakdowns, and desired transparency to inform the young mothers of the evidence they needed to collect (Adams & Bevan, 2011).

Foster care providers described their biggest challenge as balancing the dual responsibilities of supporting the young mother and her baby (Adams & Bevan, 2011). They welcomed formal placement contracts to help ensure all parties understood their rights and responsibilities. In particular, this ensured foster care providers and young mothers understood placement expectations such as babysitting responsibilities and visitation with the child's father (Adams & Bevan, 2011). While foster care providers desired clear expectations delineating the care they should provide for the baby, some practitioners indicated that this could jeopardize the development of relationships within the placement (Knight et al., 2006b).

#### 3.4.4. Effective policies

Two studies closely examined how ineffective policies inhibited practitioners' capacity to support young parents in and exiting OoHC. Child welfare workers in a Canadian study exploring mismatches between organizational priorities and the realities of frontline practice indicated that departmental reorganizations and policy shifts towards intensified scrutiny of their roles while deemphasizing supports for young mothers and their children. They also expressed frustration with procedures that focused on child monitoring without enough preventative supports, large caseloads, and extensive paperwork (Dominelli et al., 2005; Rutman et al., 2002). Similar findings arose from Silver's (2008) case study exploring service limitations within a supervised independent living program in the United States. Case managers recognized that young mothers were often unable to comply with administrative policies and felt devalued by upper level administrators.

#### 3.4.5. Professional development and supervision

Practitioners identified a lack of formal processes for identifying needs within this cohort, evaluating service delivery (Stockman & Budd, 1997), and assessing and supervising mother and baby foster care providers (Adams & Bevan, 2011). A survey of New York City OoHC agencies indicated that less than half provided foster carer training on early parenthood issues (Gotbaum, 2005), and all three agencies in a United Kingdom study failed to offer specific training for mother and baby foster care providers (Adams & Bevan, 2011). Parenting service providers expressed the need for greater awareness of OoHC issues



(Loxton et al., 2007), and desired clinical training and experience in delivering mental health assessments (Dworsky & Wojnarowski, 2012). Other practitioners recommended training covering adolescent relationships and sexual health (Fairhurst et al., 2015); risk assessment, engaging non-custodial parents, providing family planning advice (Dworsky & Wojnarowski, 2012); effective communication, cultural/religious sensitivity, adolescent development, and enabling self-sufficiency (Max & Paluzzi, 2005). Foster care providers desired training on how to provide practical guidance to young mothers, support their emotional needs, assess and record parenting behaviours, and care for drug addicted babies (Adams & Bevan, 2011). Both groups desired peer-based learning, such as sharing best practices with other service providers (Dworsky & Wojnarowski, 2012), and phone support between foster care providers (Adams & Bevan, 2011).

#### 4. Discussion and implications

This systematic literature review exploring practitioners' and foster care providers' views of their work with young parents in and exiting OoHC includes 23 publications arising from 18 studies. This research consisted of small-scale surveys, interviews and focus groups with participants from multiple fields and jurisdictions, and included studies not primarily focused on this cohort. Despite the diversity of the examined literature, several common themes emerged which are discussed in relation to their implications for practice, policy and research. Taken as a whole, the findings from this review suggest that significant levels of unmet need among young parents in and exiting OoHC coupled with complex service delivery issues warrant an increased focus among policymakers and researchers on improving outcomes within this cohort.

##### 4.1. Practice implications

Overall, practitioners and foster care providers portrayed high levels of need within this cohort. They associated the frequency of early parenthood with early trauma, adolescent adversities, and limited knowledge of healthy relationships, pregnancy prevention, or the realities of parenthood (Bruce, 2016; Datta et al., 2017; Dworsky & DeCoursey, 2009; Fairhurst et al., 2015; Knight et al., 2006a; Mendes et al., 2014; Radey et al., 2017; Radey et al., 2016; Rutman et al., 2002; Stockman & Budd, 1997). Despite concerns regarding parenting capacities within this cohort, practitioners and foster care providers frequently expressed frustration regarding requirements for monitoring parenting practices, as this was seen to detract from support provision (Dominelli et al., 2005; Rutman et al., 2002) and damage relationships with young parents (Adams & Bevan, 2011; Knight et al., 2006b). When coupled with practitioners' reports of young parents in and exiting OoHC fearing a repeat of their own childhood removals from home (Datta et al., 2017; Dworsky & DeCoursey, 2009; Dworsky & Wojnarowski, 2012; Fairhurst et al., 2015), efforts must be made to ensure that observation and monitoring is transparent, sensitive, and includes clearly communicated justifications. Providing young parents in and exiting OoHC with access to independent advocates during child protection proceedings can help ensure that they are aware of their rights and responsibilities (Chase et al., 2006).

Some practitioners described instances of child maltreatment within this cohort as inevitable (Mendes et al., 2014; Radey et al., 2017; Rutman et al., 2002). Although substantiated reports of maltreatment among the children of young parents in OoHC are frequent, this may be partly attributed to heightened scrutiny from social services (Dworsky, 2015). However, a maternal history of maltreatment strongly predicted maltreatment among young children in a population level study of teenage mothers which excluded those in OoHC to reduce the potential for surveillance bias (Putnam-Hornstein, Cederbaum, King, Eastman, & Trickett, 2015). While this demonstrates a need for targeted early intervention services, sensitivity regarding young parents' own histories

of OoHC is central to ensuring this cohort is empowered with the skills and knowledge to avoid intergenerational maltreatment.

Practitioners expressed that young parents in and exiting OoHC may not engage in support services due to a lack of trust (Fairhurst et al., 2015; Tyrer et al., 2005), an inability to maintain contact after leaving care (Radey et al., 2016), scheduling and transportation difficulties, mental health issues, conflicting information from family, and a dislike of the program delivery style (Stockman & Budd, 1997). Offering programmes that are flexible and adaptive to specific requirements and sensitivities within this cohort may increase engagement. Confusion regarding parenting roles (Tyrer et al., 2005) and relationship instability (Stockman & Budd, 1997) were additional barriers to service engagement practitioners encountered among young fathers. In other studies, romantic relationships within this cohort were characterized as problematic (Bermea et al., 2018; Chase et al., 2006; Radey et al., 2016). Non-judgmental practices that support the development of all types of healthy relationships may strengthen co-parenting practices. Self-reflection among practitioners regarding any negative assumptions about this cohort may help reduce internal bias (Bermea et al., 2018; Rutman et al., 2002), particularly surrounding the relationship between stigmatization and reluctance among young parents in and exiting OoHC to seek support (Chase et al., 2006).

A promising finding arising from the reviewed literature is that some practitioners described young parents in and exiting OoHC as motivated, resilient, and committed to parenthood (Datta et al., 2017; Fairhurst et al., 2015; Knight et al., 2006a; Mendes et al., 2014; Radey et al., 2016; Rutman et al., 2002; Tyrer et al., 2005). This finding is consistent with the high levels of engagement demonstrated among care leavers attending a strengths-based parenting intervention in the United States (Schelbe, Radey, Holtrop, Canto, & McWey, 2018). Practices which emphasize young parents' assets may assist in developing confidence and strengthening relationships with practitioners and foster care providers. Young parents in and exiting OoHC reported more positive relationships with caseworkers and foster care providers who they described as supportive (Knight et al., 2006b; Maxwell, Proctor, & Hammond, 2011; Tyrer et al., 2005). Furthermore, sufficient social supports are associated with less parenting stress (Budd et al., 2006; Dworsky, 2015) and a decreased potential of child abuse (Budd et al., 2000) within this cohort.

Practitioners and foster care providers recognised the complexities of early parenthood within the context of OoHC. As such, some advocated for parenting services to better reflect adolescents' simultaneous developmental needs for self-efficacy and guidance (Dworsky & DeCoursey, 2009; Fairhurst et al., 2015). Others recommended providing this cohort with opportunities to make decisions (Adams & Bevan, 2011), enjoy their youth (Knight et al., 2006b), and learn from mistakes (Max & Paluzzi, 2005). These recommendations are supported by a study demonstrating how recognition of the conflicting demands of parenthood and adolescence increased parenting empathy and improved social relationships among young mothers in a residential program (Lieberman, Bryant, & Boyce, 2015).

Practitioners emphasized that OoHC services needed to be more inclusive and supportive of young fathers' parental engagement (Dominelli et al., 2005; Fairhurst et al., 2015; Tyrer et al., 2005). Gordon et al. (2011) recommend comprehensive planning to help prioritize early and healthy involvement between young fathers and their children. These recommendations are strengthened by evidence from an intervention study in the UK which found that home visiting nurses successfully engaged some young fathers by emphasizing the importance of their role (Ferguson, 2016). Research conducted in the United States demonstrated that remaining in OoHC beyond age 18 was associated with more frequent contact between young father care leavers and their children, demonstrating the positive impact of extended service provision for this cohort (Hook & Courtney, 2013).

#### 4.2. Policy implications

Rates of early parenthood among young people in and exiting OoHC are often unknown, as statutory reporting requirements are not universal (Craine & C., M., Zou, L., Evans, H., Whitaker, R., & Lyons, M., 2014), and pertinent details are frequently omitted from case record systems (Putnam-Hornstein & King, 2014). Yet, practitioners and foster care providers indicated that early parenthood is common within this cohort. Mandated, systematic data collection is needed in all jurisdictions to ensure sufficient resources are available to support young parents and inform strategies to reduce unintended pregnancies (Chase & Knight, 2006; Putnam-Hornstein & King, 2014). Transparent data collection and monitoring systems may help ensure young people are aware of how and why their information is used (Bruce, 2016).

This literature review identified concerns regarding placement availability and eligibility requirements, as well as negative peer relationships within congregate care placements for young mothers co-residing with their children (Adams & Bevan, 2011; Bruce, 2016; Chase et al., 2006; Dworsky & DeCoursey, 2009; Fairhurst et al., 2015; Gotbaum, 2005; Knight et al., 2006; Max & Paluzzi, 2005; Radey et al., 2016). Identifying and comparing the number of available specialized placements to the actual number required may strengthen service planning (Gotbaum, 2005). Placement policies allowing for flexible consideration of individual circumstances include the option to extend placements beyond age 18, such as through the 2008 Fostering Connection to Success Act in the United States (Putnam-Hornstein & King, 2014). Timeframes for leaving care that coincide with the needs of each young parent and child are most likely to provide adequate opportunities for preparation.

The benefits of holistic aftercare services to young parents are reaped by two generations. Mandates to ensure aftercare availability for all care leavers should specify that services endeavor to replicate the support families typically offer their children (Mendes, 2009). Specific policies are required to meet the distinct needs of parenting care leavers (Leathers & Testa, 2006), such as respite from parenting responsibilities, and additional financial and emotional support (Dworsky & DeCoursey, 2009). Practitioners and foster care providers identified a range of necessary services for young parents during and after leaving care.

Policy developments can equip practitioners and foster care providers to better support young parents in and exiting OoHC. Several studies recommended mandated training for all practitioners and foster care providers in the areas of adolescent development and sexual health, positive communication with young people, and issues related to early parenthood within the context of OoHC (Adams & Bevan, 2011; Dworsky & Wojnaroski, 2012; Fairhurst et al., 2015; Gotbaum, 2005; Loxton et al., 2007; Stockman & Budd, 1997). Well-defined guidelines for foster care providers regarding young parent and child placements are necessary (Chase et al., 2006), but overly prescriptive roles must not compromise foster family relationships (Knight et al., 2006b). Strengthened inter-agency collaboration possesses the potential to prevent service duplication, make better use of existing resources through program cross-funding (Max & Paluzzi, 2005), and provide more specialized, holistic support (Chase et al., 2006). However, placing responsibility onto individual practitioners and programs to compensate for inadequate funding fails to recognise the need for broader restructuring of OoHC policy (Silver, 2008).

Extensive political willpower is required to influence the implicit assumptions underpinning the OoHC system. Existing policies are typically limited to short-sighted solutions which fail to recognize structural inequalities and perpetuate inter-generational disadvantage (Dominelli et al., 2005). They do not acknowledge the harsh circumstances young parents in and exiting OoHC and their children encounter, the critical nature of mothering work, or the relationship between poverty, child maltreatment, and overall life chances (Rutman et al., 2002). Providing sufficient support to this cohort is contingent

upon drastically increased investment in the OoHC system. This goal can be achieved through acknowledgement of social inequity within existing policy, a commitment among policymakers to break the cycle of poverty, and better recognition that the well-being of children and young people is a public responsibility (Max & Paluzzi, 2005).

#### 4.3. Research implications

The support needs of practitioners, foster care providers, young parents, and their children identified in this literature review require further exploration to better inform the development of associated policies and practices. Additional research is particularly needed to explore the views of foster care providers, who may be closely familiar with the day-to-day needs of the young parents in and exiting OoHC with whom they share their homes. Future studies involving larger and more diverse participant groups will build upon the existing body of research, which is largely limited to small qualitative studies and exploratory surveys. Rigorous, systematic data collection is essential to the planning, monitoring and evaluation of both pregnancy prevention strategies and parenting support programs for this cohort (Putnam-Hornstein & King, 2014). Representative and meaningful participation among young parents is critical to the research agenda.

Findings from this review pertaining to practitioner and foster carer perspectives of the children of this cohort were largely limited to maltreatment concerns. An increased research emphasis on the health, education, social, and emotional development of children born to young parents in and exiting OoHC is necessary to establish and promote best practices in these areas. Additional consideration of the perspectives of young fathers regarding their experiences, expectations, and relationships with their children is also needed (Adams & Bevan, 2011; Fairhurst et al., 2015).

This literature review has identified significant concerns among practitioners and foster care providers regarding the availability and suitability of services for this cohort. Further research is needed to better determine the extent of service gaps and efficacy of various delivery models intended to promote positive parenting and enhanced life outcomes among young parents in and exiting OoHC. This may be achieved in part by comparing the strengths and weaknesses of different placement types (Radey et al., 2017), and evaluating program cost-effectiveness (Chase et al., 2006). Randomized, experiential research designs can provide the most solid evidence for specific intervention outcomes (Adams & Bevan, 2011; Leathers & Testa, 2006), including longitudinal studies to identify how needs within this cohort change over time (Datta et al., 2017).

#### 4.4. Limitations

The size and scope of this systematic literature review presents several limitations. As the timeframe for included studies extends over a 21-year timeframe to include all research on the topic, some findings may be outdated but have been included to demonstrate progression in the body of research. Relevant studies may have been overlooked if they were published in a language other than English or did not include key words used in the systematic search. As many studies did not describe or differentiate between the roles of practitioners, comparisons between practitioner groups could not be made.

Several factors limit the generalizability of this literature review. The included studies cover a wide range of research aims, and early parenthood within the context of OoHC is not the primary topic of several studies. The included studies are not representative, as they are small-scale, and primarily qualitative. Finally, this systematic literature review includes studies from multiple jurisdictions with significant variations in policy and practice. As it is beyond the scope of this paper to fully contextualise each research setting, generalizability between studies is highly limited.

## 5. Conclusion

Insights from practitioners and foster care providers who work with young parents in and exiting OoHC and their children provide a contextualised understanding of frontline practice. Collectively, the studies included in this literature review portray high levels of unmet need within this cohort, particularly in the areas of education and employment training, social support, life skills, mental health services, and age-appropriate ante-natal and parenting services. Yet practitioners and foster care providers indicate that their capacity to meet these needs is often limited due to disjointed service provision, financial constraints, role ambiguity, and difficulties engaging with young parents. Suitable OoHC placements, as well as continued availability of emotional, financial and practical support after leaving care is necessary to promote positive life trajectories within this cohort. Further research is needed to shape the development of policies and practices pertaining to early parenthood within the context of OoHC that promote positive outcomes among young parents in and exiting OoHC, their children, and the practitioners and foster care providers who support them.

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## Declaration of Competing Interest

None.

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