



A Scoping Review of Programs for Young Mothers with Child Welfare Involvement in Canada and the United States

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Abstract

Young mothers with child welfare involvement often participate in programs to prevent future child maltreatment. However, most programs are not designed for young mothers and overlook unique challenges related to development, psychosocial stressors, relationships, and stigma. This scoping review synthesized existing literature and mapped what is known about programs designed for young mothers with child welfare involvement in Canada and the United States. The scoping review protocol was designed using Arksey and O'Malley's methodological framework. An extensive search was conducted from university databases and grey literature. The inclusion criteria were (1) the program was designed for parents under 25 years old, (2) the program serves mothers with child welfare involvement, (3) the studies are published in English, and (4) the programs were delivered in Canada or the United States. The search results included 1925 articles and 14 were screened using the inclusion criteria. Article publication dates ranged from 1981 to 2017, with most studies being conducted in the United States. Three themes identified in this review were (1) service delivery approaches, (2) program outcomes, and (3) collaboration with child welfare services. The findings suggest that few programs designed for young mothers exist in Canada and the United States. A variety of program evaluation methods and program delivery approaches were found. Program characteristics that may benefit young mothers with child welfare involvement include incorporating peer support initiatives, the explicit intention to build a therapeutic alliance between the service provider and the mother, and prolonged service delivery.

Keywords Scoping review · Young mothers · Child welfare · Program delivery · Interventions

Many North American young mothers (under age 25) experience unique risk factors related to their health and psychosocial circumstances, which put their children at greater risk of child maltreatment (Doidge et al., 2017). Identified risk factors include intergenerational trauma and child welfare involvement as a child (Wall-Wieler et al., 2018); a history of child abuse (Bartlett & Easterbrooks, 2012); substance use, poverty, and precarious housing (Afifi, 2007); intimate partner violence (IPV), mental health disorders, and lower rates of regular prenatal care (Kingston et al., 2012). Young

mothers (under age 20) are also more likely than older mothers to have experienced child maltreatment themselves (Jaffee et al., 2001), which can have negative long-term consequences, including increased rates of mental health disorders, substance abuse issues, criminal behavior, attachment ruptures, interpersonal problems, and dissociation (Bailey et al., 2007; Gilbert et al., 2011; Jud et al., 2016). Given the perceived seriousness of these risk factors, it is unsurprising that young mothers experience a higher rate of child welfare involvement than their older counterparts (Al-Sahab et al., 2012).

Child maltreatment and the risks of psychological consequences continue to be significant public-health and social-welfare concerns in high-income countries (Gilbert et al., 2009). Programs and interventions that deliver timely and coordinated support to young mothers with child welfare involvement are essential to addressing health and safety concerns. Yet, there appears to be a lack of formal supports in place (Hubel et al., 2018).

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Young Mothers with Child Welfare Involvement

Young maternal age (under age 25) is a predictor of child maltreatment being reported to child welfare agencies (Filippelli et al., 2017; Putnam-Hornstein & Needell, 2011) as well as substantiated cases of child maltreatment, even after controlling for other sociodemographic variables (e.g., region, race) (Lee & Goerge, 1999; Stier et al., 1993). Despite being investigated for less severe concerns, children of young mothers are more likely to be considered at risk for future maltreatment and to experience more intensive child welfare involvement (King et al., 2019). Previous studies suggest that young people connected to the child welfare system are under a persistent microscope, experiencing intensive and wide-ranging observation and surveillance that disproportionately criminalize youth of color (Lovaas, 2016) and youth with a history of substance abuse use (Campbell, 2018). This scrutiny has been exacerbated by increasingly accessible technologies for documentation meant to protect children and minimize liability (Garrett, 2004). At the state level, youth advocates have challenged child welfare documentation practices that perpetuate the cycle of foster care (Lovaas, 2016). For instance, foster youth in California worked on a legislative bill (AB260) to prevent information from prior child welfare involvement from being used as a pretext for removing a parenting foster youth's child (Lovaas, 2016). Perpetuating the cycle of foster care is a widespread fear among young mothers who have been in previous care of the state, creating stress and a sense of pressure for parents (Schelbe & Geiger, 2017).

Programming for Young Mothers

Young mothers with child welfare involvement experience a unique set of needs and barriers than older mothers with child welfare involvement. For example, young mothers experience a more significant financial burden than older mothers (Al-Sahab et al., 2012), exacerbated by unemployment and lack of educational opportunities (Hubel et al., 2018). In addition to the increased financial burden, young mothers face various interacting factors, including social isolation and single-parent status (Bartlett & Easterbrooks, 2015). Moreover, young mothers experience greater difficulty attending programs and interventions than older parents because of social isolation and stigma, transportation costs, and the increased likelihood of living in poverty (Kagawa et al., 2017).

The effectiveness of generalized parenting programs has been examined using young parent samples (Hubel et al.,

2018; Kagawa et al., 2017). A secondary data analysis conducted by Hubel et al. (2018) studied the effectiveness of a parental training program designed for families with child welfare involvement. The study compared the program outcomes of a group of young parents to the overall sample of parents of all ages. The findings suggest that the training program, which was designed for parents of all ages, was not significantly effective in reducing risk factors for young parents with child welfare involvement; however, it was effective for the overall sample (Hubel et al., 2018). One explanation for the difference in results was that younger families required a different delivery approach than their older counterparts. Due to young parents' developmental stage, they may have been better served with a more nurturing approach, such as scaffolding skill development and positive encouragement during observations (Hubel et al., 2018). A second explanation for the difference in results was that young parents had more difficulty adhering to a rigid attendance schedule, indicating the need for a more engaging and less punitive delivery approach. The findings suggest that pre-existing programs require modification and flexibility for young mothers to be more successful (Hubel et al., 2018). Another recommendation was to be more technologically advanced by using online programming, which may be more accessible than in-class training.

A second study assessing the effectiveness of a parenting skills program used a subsample of young mothers to examine whether they experienced different outcomes than older mothers (Kagawa et al., 2017). Their findings suggest that the parenting skills program did not adequately address young mothers' needs, despite finding improvements among the older mothers' sample (Kagawa et al., 2017). Two explanations for the different outcomes between young and older mothers included stigma and social marginalization that the young mothers experienced in the program and that the young mothers' immediate needs of housing and financial insecurities left them unable to engage fully.

Study Objective

This scoping review aims to provide an overview of evidence and identify pertinent gaps in research related to programs and interventions designed for and offered to young mothers with child welfare involvement in Canada and the United States. There is no published protocol for this review. Young mothers are defined in this review as parents under 25 years old (U.N., 2008). This scoping review guides what is currently known about programs for young mothers with child welfare involvement. It provides a starting point for future research aiming to inform program development and implementation.

Methods

This scoping review examines the extent and range of research activity related to programs and interventions for young mothers with child welfare involvement up to 2018. The scoping review was conducted using the methodological framework proposed by Arksey and O'Malley (2005) and Levac et al. (2010), which involves five-stages: identifying the research question; identifying relevant studies and developing the search; study selection; charting the data; and collating, summarizing, and reporting results. The research question was purposefully designed to be broad to ensure a comprehensive mapping and coverage of programs. This review's guiding research question was: What is known from the existing literature about programs for young mothers with child welfare involvement in Canada and United States? Given that we planned to review literature about programs designed for young mothers with child welfare involvement, we anticipated a small sample size; therefore, our approach was more inclusive and incorporated a wide range of study designs including quantitative and qualitative research. Similarly to other scoping reviews (Serrata Malfitano et al., 2016; Tricco et al., 2015), we did not limit inclusion criteria by date as we preferred to take a historical approach to learn more about the evolution of programs and interventions for young mothers over time.

Search Strategy

A combination of sources was used to identify relevant studies that met the screening criteria, including electronic databases, reference lists, hand-searching of key journals, and Google Scholar. A preliminary search of ProQuest, OVID, and EBSCO databases was conducted using the key terms "young mother" AND "child welfare" AND "program" to determine relevant search terms using the university library's thesaurus tool. The final search was conducted with support from the university health sciences librarian, who provided recommendations for database selection and

the search strategy for each database. The search terms for the ProQuest Central database are found in Table 1 (search terms for the OVID and EBSCO databases are available upon request). Manual location screening was an option in the ProQuest Central and EBSCO databases, so the authors used this tool instead of including Canada and the United States in the list of search terms. No location criteria were used for the OVID search, so the authors manually removed any studies conducted outside Canada and the United States.

Article Screening

The electronic database search identified a total of 1987 articles, and 1925 remained after the duplications were removed (see Fig. 1). Zotero Version 5.0 was used to manage the articles throughout the screening process. Predetermined inclusion criteria were: the program was designed for and delivered to parents between the ages of 15 and 24 years old; the program served mothers with child welfare involvement (e.g., delivered by child welfare services, partnered with child welfare services, or targeted young mothers with child welfare involvement); the study was published in English; the study was peer-reviewed and identified in the library databases or through manual searching. Articles excluded were programs or interventions that included mothers of any age in their service delivery or were not focused on young mothers with child welfare involvement.

The first phase of study selection involved the first two authors (A.G., K.H.) screening all titles and abstracts from the databases. The authors converged following the screening of 30 articles to confirm the inclusion and exclusion criteria before moving onto the rest. Any disagreements regarding article screening were reviewed by the third author (B.K.).

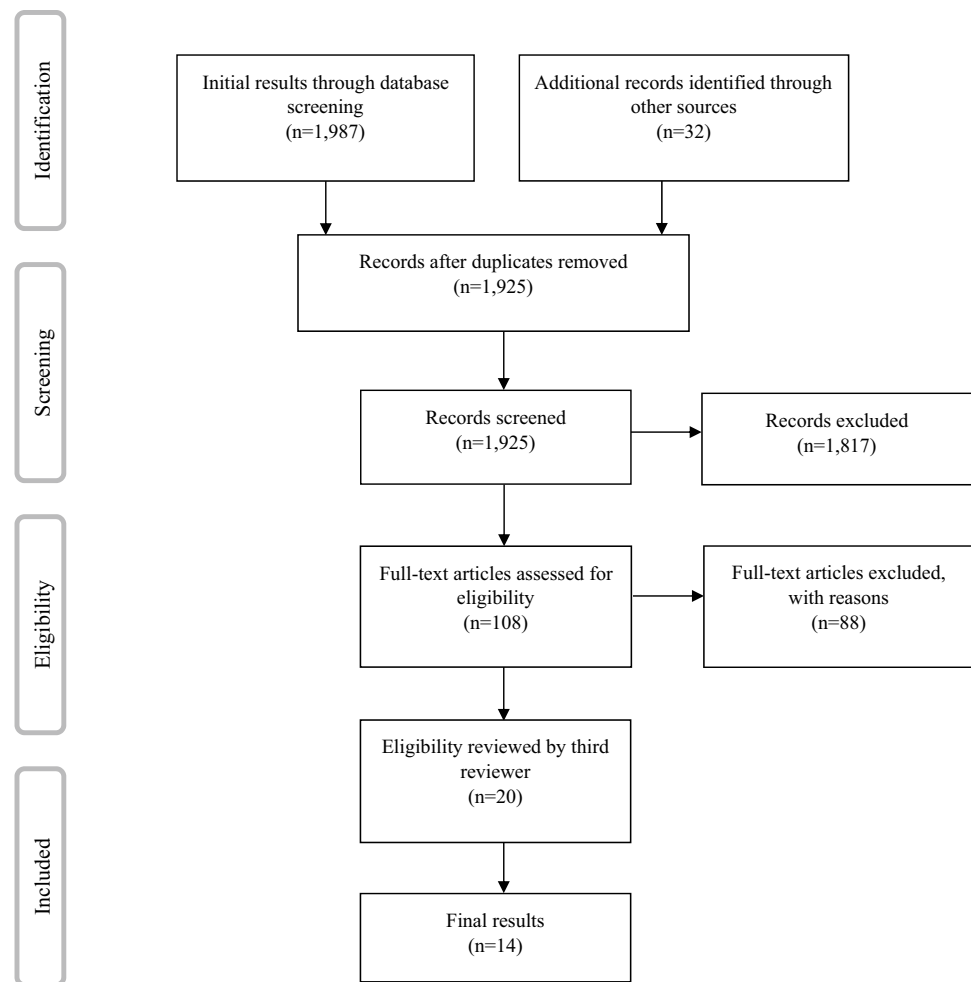
Charting the Data and Generating Findings

Data charting aims to identify key items of information obtained from the screened articles from phase two. The research team developed a data charting form based

Table 1 Search terms

Concept	Synonyms and Boolean Phrases
Young Mothers	(young N/3 mother*) OR (teen N/3 mother*) OR (pregnan* N/3 teen*) OR (pregnan* N/3 youth) OR (adolescen* N/3 mother*) OR (adolescen* N/3 mother) OR (adolescen* N/3 pregnan*) OR (expecting young mothers)
Child Welfare	("child welfare") OR (child* in care) OR (child custody) OR (child protection) OR (children's aid) OR (child and family services) OR (child placement) OR (community services) OR (child protection services)
Program	(early intervention) OR (parent* N/3 program*) OR (prevention program*) OR (parent* N/3 education) OR (parent* N/3 train*) OR (parent* N/3 promot*) OR (parent education in early intervention) OR (health education) OR (maltreat* N/3 prevention) OR psychoeducation

Fig. 1 PRISMA flow diagram



on Arksey and O'Malley's (2005) framework. Data were extracted using headings that included authors, year of publication, study location, methodology, program characteristics, research findings, and meaningful results. The scoping review's final stage involved analyzing the extracted data using descriptive analysis of the extent, nature, and distribution of the screened-in studies and organizing the literature thematically (Arksey & O'Malley, 2005).

Results

Fourteen studies met the inclusion criteria and were included in the scoping review. Their publication dates ranged from 1981 to 2017. Over half the articles ($n=9$) were published since 2000, and almost three-quarters ($n=10$) were conducted in the United States. Of the fourteen programs and interventions that were published, four were hospital-based (Britner & Reppuccil, 1997; Kumar et al., 2016; McHugh et al., 2017; Stevens-Simon et al., 2001), three were operated by child welfare services (Erf, 1981; Sisto, 1985; Wolfe, 1988), four were community-based (Davies et al., 1999;

Duncan et al., 2008; Honig & Morin, 2001; Li et al., 2015), one was a collaboration between child welfare and a community agency (Hudgins et al., 2014), one was a collaboration between a health care organization and community agency (Chablani & Spinney, 2011), and one was a statewide program (Easterbrooks et al., 2013). The program approaches and intervention types were wide-ranging in scope, from home visiting programs to support groups. The program and interventions were delivered by various professionals including human service workers, registered nurses, nurse practitioners, graduate students in social work and psychology, child and youth workers, child development specialists, student librarians, psychiatry residents, physicians, and dietitians, among others. There was variation in program evaluation methods among the studies but most used quantitative approaches (57%). A small number of studies used a qualitative design (36%), and only one article was a mixed-methods design. All results are summarized in Table 2.

Charting and data abstraction methods assisted the process of identifying themes within the studies. The three themes identified in this review of programs and interventions for young mothers with child welfare involvement

Table 2 Summary of studies included in the review

Author/year	Study location	Program delivery & purpose	Methodology	Research findings	study recommendations
Britner and Reppucci (1997)	Virginia, USA (urban dwelling)	A parent education program for the prevention of child maltreatment	A quasi-experimental design with a control group (n = 314), a home visiting control group (n = 96), and the program group (n = 125)	The program group had the lowest rate of reported child maltreatment and was more likely to graduate high school	Programs need to be individualized to the mothers and referred to services based on their needs
Chablani and Spinney (2011)	Massachusetts, USA (urban dwelling)	The Circle of Care Project is designed to use stage-based programming and “relentless outreach” to support vulnerable young mothers excluded from other programs	Descriptive analysis and statistics of program and service delivery	Most youth (90%) were engaged in the program after one year and attending health services	Meaningful relationships with the service provider and relentless engagement with youth help with youth engagement
Davies et al. (1999)	Canada	Albany Teen Centre is a voluntary multi-purpose resource centre offering a school program child nursery, health promotion, counseling, housing assistance, and practical support to pregnant and parenting adolescents at risk of future child maltreatment	A qualitative study with interviews with staff and clients and a focus group with staff	There was an ongoing collaboration between the program and child welfare; program staff discussed referrals to child welfare as a group; staff tried to address child welfare concerns before making a referral	There should be a more extensive collaboration between non-mandated voluntary agencies and child welfare agencies
Duncan et al. (2008)	Arizona, USA	A comprehensive program in an apartment complex where children can be safe and mothers can access support	Descriptive statistics from administrative data	“Community” was established within the program, but there was a high attrition rate (24% of mothers left due to child welfare apprehension)	Internal motivation and decision-making processes of the mothers required more attention than case management and life skills classes
Easterbrooks et al. (2013)	Massachusetts, USA	A home visiting program to prevent child maltreatment	A randomized controlled trial (n = 707) with a home visiting group and control group	A correlation was found between depression and child maltreatment reports in the intervention group	Although home visitors are aware of maternal depressive symptoms, awareness of possible surveillance effects is needed
Erf (1981)	USA (urban dwelling)	A child welfare agency support group for six mothers provided weekly from the prenatal period to two and a half years postpartum	Descriptive analysis of the program	Most women transitioned into Erikson’s first phase of adulthood and shifted their views of abortion from pro-life to pro-choice, and parenting skills improved	It is important to consider young mothers need as much nurturing as their children; therefore, transportation, childcare, and fun activities should be a regular part of programming
Honig and Morin (2001)	Syracuse, NY, USA	Home visiting program that focuses on recognizing infant cues, positive attachment, and infant temperament	Quasi-experimental design with low risk contrast group (n = 90), program graduates (n = 81), and dropout comparison group (n = 39)	Prenatal high-risk mothers entering the program had the most significant difference in preventing future child abuse/neglect	Begin programs for young mothers in the prenatal period for better results and long-term cost-effectiveness

Table 2 (continued)

Author/year	Study location	Program delivery & purpose	Methodology	Research findings	study recommendations
Hudgins et al. (2014)	Georgia, USA	The Second Chance Home Network provides housing and supports to promote child nurturing and self-sufficient mothers, avoid repeat pregnancies, and promote child development	Repeated measures design using data from intake, discharge, first, second, and third follow-ups, and compared with the comparison group	Found improvements in education, housing, income, self-sufficiency, parenting, repeat pregnancy and child outcomes	A longer stay in the program promoted better outcomes
Kumar et al. (2016)	Toronto, ON, Canada	A clinic-based reading intervention program promotes reading with young mothers and their children, using developmentally appropriate tools for guiding young mothers	Randomized controlled pilot with intervention group (n = 15) and control group (n = 15)	Mothers in the intervention group were significantly more likely to report reading as one of the child's favorite activities and had significantly lower maternal depression scores than the others	A greater effort to help young mothers read with their children in developmentally appropriate ways may be helpful
Li et al. (2015)	ON, Canada	Nurse-Family Partnership is a long-term home-visiting program targeting first-time mothers that promotes better pregnancy outcomes and maternal and child health and psychosocial well-being	A multi-phase qualitative study using secondary data analysis and semi-structured interviews with child welfare workers and public health professionals	The program was perceived more helpful than child welfare, which was considered more punitive. There were barriers to child welfare collaboration, and child welfare workers enjoyed working with the program staff	Methods to enhance the program included increased information sharing among practitioners and between the program and child welfare agencies
McHugh et al. (2017)	New York, NY, USA	Bellevue Hospital's Adolescent Parenting Program provides prenatal care, educational referrals, and medical care for young parents through coordinated care via a health clinic and an ongoing program	Reviewed administrative data/charts of young mothers and their children (n = 29)	Young mothers who completed a full year of the program had significantly improved infant health measures, well-baby visits, and immunizations than those who did not	Young mothers bonding with each other and distributing learning materials were incredibly successful in assisting young mothers to attend and complete the program
Sisto (1985)	New Jersey, USA	The Treatment Home Program prepares young mothers for independent living and parenthood and provides the baby with a safe environment. Mothers and their infants live with foster parents who help assess the risk of future maltreatment	Descriptive paper on the program's goals, details, intervention, and assessment (sample size unknown)	First experiences indicate that the program goals were being met, and the design promoted early and informed decision-making on the part of the young parent	Young mothers experienced difficulty in the rigidity of the program's structure, including supervision of infant care and job skills training

Table 2 (continued)

Author/year	Study location	Program delivery & purpose	Methodology	Research findings	study recommendations
Stevens-Simon, et al. (2001)	Colorado, USA	Colorado Adolescent Maternity Program is a multi-disciplinary prenatal and postpartum care program to reduce adverse pregnancy outcomes, repeat teen pregnancies, and increase educational attainment	Randomized controlled trial with intervention (n = 84) and control (n = 87) groups	Prediction efforts identified at-risk infants, but the intervention did not alter the incidence of child maltreatment or maternal life course development	A parenting program that is more inclusive of the support network might be more popular with young mothers and more effective
Wolfe et al. (1988)	Canada	An early intervention program to prevent future child maltreatment	A randomized controlled trial with a control group (n = 14) received services as usual, including an information group and a parent-training group (n = 16), including the information program	Mothers who received parent training in addition to information reported fewer and less intense child behaviour problems and indicated fewer adjustment problems as associated with the risk of maltreatment than did mothers in the control group	The diverse needs of families at risk of maltreatment are best addressed by combining family support and individualized services

in Canada and the United States were (1) service delivery approaches, (2) program outcomes, and (3) collaboration with child welfare services.

Service Delivery Approaches

All studies included in the scoping review were programs designed for young mothers with child welfare involvement. Among the studies, there was a considerable amount of variation between program approaches and service delivery methods. However, the most common forms of service delivery approaches and client engagement strategies were home visiting, parenting education, and services through residential programs or community organizations.

Six of the studies noted home visiting as their primary service delivery approach (Chablani & Spinney, 2011; Easterbrooks et al., 2013; Honig & Morin, 2001; Li et al., 2015; Stevens-Simon et al., 2001; Wolfe et al., 1998). Young mothers were referred to these programs after being identified with issues related to the risk of future child maltreatment, lack of parenting skills, mental health concerns, and housing and financial insecurity. The home visiting programs themselves focused on a wide variety of topics. Most of these programs taught parenting skills and covered areas such as maternal mental health, infants' immunization rates, parental achievement in employment and education, and mothers' support systems. Several home visiting programs were standardized, while others were more flexible, using the relationship between the home visitor and the mother to troubleshoot problem areas unique to the family (Chablani & Spinney, 2011). One rationale that many of the studies used for choosing home visiting was that the target population is high-risk and challenging to engage. Home-visiting was designed as an intensive intervention that has been found to reduce barriers to accessing services (Easterbrooks et al., 2013; Honig & Morin, 2001; Li et al., 2015).

Common among all programs was a focus on parenting skills. For instance, within the home visiting programs this was the primary focus, and among other programs, parenting skills constituted one component of the intervention. Although broadly subsumed under the term parenting skills, the approaches' theoretical underpinnings and prioritizing specific topics differed significantly among programs. Several programs explicitly focused on teaching young mothers about child development (Honig & Morin, 2001; Li et al., 2015; Stevens-Simon et al., 2001; Wolfe et al., 1998). For example, parents were taught about development stages and a child's changing ability to understand and complete tasks. Focusing on human development was to reduce some of the unrealistic expectations young mothers had regarding their child's development. Additionally, the importance of secure attachment between mothers and their very young children and maternal attunement was also a common educational

theme (Duncan et al., 2008; Hudgins et al., 2014). One program focused entirely on one parenting skill: reading with children (Kumar et al., 2016). The goal was to help mothers learn developmentally appropriate ways of reading with their children to strengthen their attachment while simultaneously improving literacy.

Several of the reviewed interventions were delivered in residential programs (Duncan et al., 2008; Hudgins et al., 2014; Sisto, 1985). Residential programs in these studies refer to programs that provide housing to young mothers and their children. Duncan et al. (2008) evaluated an intervention that provided 24-h support and housing to young mothers (aged 18–21) and their children in a residential building. Rent was provided for young mothers for the first several months, and each mother was given furniture and informed they could keep it if they stayed for one year. Hudgins et al. (2014) studied several Second Chance Homes, which house five to seven mothers in Georgia. The Treatment Home Program described by Sisto (1985) recruited staff to act as foster parents for young mothers who lived in the residential facility and kept track of mothers' progress along with specific criteria, such as parenting capabilities in a supportive environment. All residential programs focused on providing participants housing plus other services (Duncan et al., 2008; Hudgins et al., 2014; Sisto, 1985). These included childcare, case management, job and educational attainment referrals, and health care.

A common theme throughout the residential programs was prescriptive programming. Within residential settings, rules were plentiful and offered little flexibility (Duncan et al., 2008; Hudgins et al., 2014; Sisto, 1985). Examples of rigidity include bans on all substance use and required attendance at school or training to remain in the residential facility (Duncan et al., 2008; Hudgins et al., 2014). In one treatment home, staff members were trained to log any infractions, including frustration with the child. These logs would contribute to decisions about the child made by the child welfare caseworkers employed by the home (Sisto, 1985).

Another method of delivering services to this population was the use of service delivery hubs. These programs were designed to provide mothers with the support they needed and offered various support and services within one location to reduce barriers to access. These centers provide childcare, parenting skills groups, health care and advice, and support regarding education and employment referrals (Chablani & Spinney, 2011; Davies et al., 1999; Erf, 1981; McHugh et al., 2017). The service delivery hubs used a collaborative approach to providing skills and services. The approach attempted to be responsive to the mothers' needs and less prescriptive than other methods, such as residential programs or programs targeted on specific parenting skills assumed to be "missing" among the young mothers.

One focus for many holistic programs was improving young mothers' access, knowledge, and familiarity with health care services. For most programs focused on improving health outcomes, the goal was to improve both child and maternal health (Chablani & Spinney, 2011; Davies et al., 1999; Li et al., 2015; McHugh et al., 2017). Intervention methods that focused on health outcomes generally used a broad definition to include an ecological view of children's health and their ability to flourish within their environment (Davies et al., 1999; Li et al., 2015). For instance, one intervention's primary intention was to mitigate the risk of infant maltreatment, and they provided simultaneous follow-up health care for young mothers and their children (McHugh et al., 2017). This simultaneous care approach often involved having a multidisciplinary team to staff the centre, which intended to improve the young family's quality of care. Also, the importance of sex education and access to contraceptives was a component of several programs focused on reducing repeat pregnancies (Hudgins et al., 2014; Stevens-Simon et al., 2001).

Another key goal of many programs was to improve referrals to educational and employment opportunities (Britner & Reppucci, 1997; Chablani & Spinney, 2011; Duncan et al., 2008; Hudgins et al., 2014; McHugh et al., 2017; Sisto, 1985). Mothers were referred to employment opportunities, education, and training. Other supports commonly offered to facilitate these referrals were providing childcare, job searching and resume writing, and connecting mothers with educational centres in the community.

Program Outcomes

A variety of outcome findings reported in the studies were closely linked to the program's goals. The most common outcomes reported were child maltreatment, parental education attainment, health care services, rapid repeat pregnancy, and maternal depression. The following section highlights some of the study outcomes and the measures used.

Child Maltreatment Measures

Seven of the fourteen programs used customized or standardized measures to determine the level of risk of future child maltreatment. Measures were also used to determine participants' inclusion in the program and after the program was completed to assess its effectiveness. For example, the Adult Adolescent Parenting Inventory (AAPI) was used by two studies to measure parenting attitudes concerning harsh or neglectful parenting (Britner & Reppucci, 1997; Hudgins et al., 2014). The AAPI is a 32-item measure that assesses inappropriate parental expectations for young children. The AAPI was used in both studies to measure attitudinal changes pre- and post-intervention. Both the

parent education program (Britner & Reppucci, 1997) and the Second Chance Home (SCH) Network (Hudgins et al., 2014) found an overall improved increase in the AAPI scores post-intervention.

In addition to standardized measures, home observations were also common among the studies and sometimes used in conjunction with a tool. Home observations were done both informally by professionals (Honig & Morin, 2001) and by using the Home Observation for Measurement of Environment (HOME) tool to determine risk level in the home environment (Duncan et al., 2008; Hudgins et al., 2014; Wolfe et al., 1988). The HOME scale is used to measure the quality of the child's environment by sampling certain aspects of social, emotional, and cognitive support available to the child. In one study, Wolfe and colleagues (1988) found no significant improvement post-intervention using the HOME scale; however, self-report measures indicated improvements in parenting risk and child behavior problems.

Several studies used the reported number of child welfare cases or substantiated reports over time to consider the intervention's success (Britner & Reppucci, 1997; Easterbrooks et al., 2013; McHugh et al., 2017). Two studies used founded or substantiated maltreatment reports to measure program effectiveness rather than counting the number of reports (Britner & Reppucci, 1997; Honig & Morin, 2001). Britner and Reppucci (1997) used a state database sample in their analysis. They found that graduates of their parent education program were significantly less likely than those who did not participate to have founded reports of maltreatment. McHugh et al. (2017) explored whether there was a reduction in future child welfare referrals, rather than substantiated cases, among their hospital-based program participants. They found that participants who completed 1 year of the program had significantly improved measures than those who did not, with fewer child abuse reports and more well-baby visits.

Parental Educational Attainment

Four studies assessed if parental educational attainment improved in young mothers following participation in the program (Britner & Reppucci, 1997; Duncan et al., 2008; Hudgins et al., 2014; Sisto, 1985). Britner and Reppucci (1997) evaluated their parent education program with young mothers recruited shortly after their child's birth. The parent education program was group-based and ran on a 12-week cycle with approximately ten mothers. The findings indicate that participants were more likely to graduate high school than the control group, with 68% success in the intervention group. The Common Unity Project (CUP) was a 24-apartment complex for single, young, homeless mothers and their children. The CUP was supported by numerous community agencies that provided their expertise in various domains,

including parent education. Duncan et al. (2008) evaluated the residents' educational goals but found only 17% of young mothers accomplished their goals. This was likely due to a high attrition rate at that residence. In contrast, Hudgins et al. (2014) found that the majority (93%) of mothers in their residential program graduated from high school or obtained their GED. The authors noted that only half (56%) of mothers had graduated by the time they were discharged from the residential program, but 93% had eventually graduated overall by the two-year follow-up.

Use of Health Care Services

A third common theme for program outcomes measured the use of pre and postnatal health care services for young mothers and care for their infants and young children (Chablani & Spinney, 2011; Hudgins et al., 2014). Health care use was measured by determining if children's immunization schedules were up to date, if families had regular access to a health care provider, and if they were attending their health care appointments (Chablani & Spinney, 2011; Hudgins et al., 2014; McHugh et al., 2017). Three studies found improved immunization rates when young mothers were engaged in the program (Chablani & Spinney, 2011; Hudgins et al., 2014; McHugh et al., 2017). Stevens-Simon et al. (2001) evaluated an intensive home visiting program, part of a comprehensive maternity program to prevent child abuse and neglect. They found no significant treatment group differences in the health care utilization pattern than the mothers who did not participate in the home visiting program. This finding was likely due to a combination of a small sample size and program attrition (46.6% dropped out before the end of the study).

Rapid Repeat Pregnancy

Rapid repeat pregnancy has been identified as an important mediator of child abuse and neglect for young mothers (Stevens-Simon et al., 2001; Zuravin, 1988) and young mothers are at an exceptionally high risk to experience a rapid repeat pregnancy (Crittenden et al., 2009; Raneri & Wiemann, 2007). Rapid repeat pregnancy occurrences were evaluated in four studies (Chablani & Spinney, 2011; Erf, 1981; Hudgins et al., 2014; Stevens-Simon et al., 2001). Chablani and Spinney (2011) evaluated the Circle of Care project, a strengths-based program for very high-risk young mothers that included relentless outreach focusing on participant and professional relationships. To reduce rapid repeat pregnancy rates, the intervention goals were to ensure that youth received comprehensive health care, reduced rates of missed appointments, and increased referrals to social and mental health services. They found a reduction in rapid repeat pregnancy, with just 5% of participants experiencing

a subsequent pregnancy. One year after the program, 80% of participants were still using long-term contraception. Two of the remaining three studies also described lowered rates of rapid repeat pregnancies (Erf, 1981; Hudgins et al., 2014). Erf (1981) noted that few of their program's participants appeared to experience rapid repeat pregnancies. Hudgins et al. (2014) found that participants in their residential program had a 4% repeat teenage pregnancy rate than the state-wide rate of 25%. Like health care utilization outcomes, Stevens-Simon et al. (2001) found no significant difference in rapid repeat pregnancies when comparing their intervention and control group participants.

Maternal Depression

Maternal depression is common among young mothers and is considered a risk factor for child maltreatment (Ammerman et al., 2010; Duggan et al., 2004). Two studies in this review measured maternal depression outcomes. Easterbrooks et al. (2013) used the Center for Epidemiologic Studies-Depression (CES-D) scale to examine whether maternal depression moderated the home visiting program's effectiveness, Healthy Families Massachusetts, for young parents in preventing child maltreatment. They found a substantial percentage (38%) of young mothers reported significant depressive symptoms, which was a serious impediment to the home visiting program's effectiveness. Kumar et al. (2016) evaluated the feasibility and effectiveness of the Reach Out and Read program (ROaR) by having participants complete a survey on family reading patterns and the Beck Depression Inventory-Revised (BDI-IA). The BDI-IA is a 21-item self-report screening tool for depression and depression severity. The findings suggested no significant differences between young mothers in the ROaR and control groups due to the small sample size ($n = 31$). However, mothers in the ROaR program did have decreased scores on the BDI-IA scale, corresponding to lower rates of depressive symptoms than their counterparts.

Factors Contributing to Successful Program Outcomes

Many of the programs in this review faced barriers to engaging young mothers for the program's duration (Britner & Reppucci, 1997; Duncan et al., 2008; Honig & Morin, 2001; Hudgins et al., 2014; McHugh et al., 2017). This was particularly problematic because an increased length of participation correlated with better outcomes across various measures reported in several studies (Chablani & Spinney, 2011; Honig & Morin, 2001; Hudgins et al., 2014; McHugh et al., 2017). Two program attributes appeared to mitigate barriers affecting attrition and engagement. First, an approach to maintaining relationships with young mothers promoted longer lengths of continued participation in Chablani and

Spinney's (2011) Circle of Care Project. This program used stage-based programming and a relentless outreach approach to support young mothers who did not meet inclusion criteria in other programs. They found that most participants (90%) were still involved in the program after 1 year and continued to attend health care services with their children. Their success was attributed to a collaborative approach between the participant and the worker and a focus on relentless engagement with continued attempts to engage with the young mother. Second, the explicit intention of developing rapport between workers and participants and between the program participants may have resulted in more extended engagement periods and young mothers' retention (Chablani & Spinney, 2011; Honig & Morin, 2001). Several programs created opportunities for participants to build relationships and support one another. For instance, a community of support in the case of residential programs was noted by participants as a positive experience, and in some cases, a reason to continue participating in the program (Duncan et al., 2008; Erf, 1981; Hudgins et al., 2014; McHugh et al., 2017).

Collaboration with Child Welfare

Although the programs included in this review were designed for young mothers at risk of child maltreatment, most of the programs were provided by community organizations independent of child welfare services. For example, only three programs in this review were delivered by child welfare, and these studies were quite dated; all were published over two decades ago (Erf, 1981; Sisto, 1985; Wolfe, 1988). Only Hudgins' (2014) Second Chance Home Network had a formal collaborative relationship with child welfare in their community. Of the remaining ten programs, there was variety in how much collaboration staff had with child welfare services and the level of involvement the program wished to have. Some programs felt particularly concerned about making referrals to child welfare services, as this could impede their ability to build rapport with young mothers. Other programs became frustrated about the lack of support from child welfare services, even after reaching out to collaborate. For example, the Albany Teen Centre staff had a tumultuous relationship with child welfare (Davies, 1999). The program's staff felt increasingly burdened with child protection responsibilities because of the limited follow-up from child welfare workers after making a referral (Davies, 1999) (Table 3).

Discussion

In this scoping review we identified 14 empirical studies that examined programs and interventions for young mothers with child welfare involvement in Canada and the United

States. This scoping review aimed to map research in this area that evaluated programs designed for young parents and to identify recommendations, gaps, and emerging best practices. Although the evaluation approaches varied among the selected studies, the geographical representation was narrow, with most studies conducted in the United States. The overrepresentation of literature from the United States may be unsurprising due to the abundance of competency-focused research on child abuse and neglect (Wekerle, 2016). The dearth of Canadian studies related to child maltreatment has also been identified in previous scoping reviews (Landers et al., 2018). Regardless of our restrictions on the search criteria, our relatively small sample size suggests that few programs designed for young mothers exist in Canada and the United States, despite their increased risk for child welfare involvement.

Our findings suggest that factors contributing to successful program outcomes for young mothers with child welfare involvement are related to increased program duration and flexibility (Honig & Morin, 2001; Hudgins et al., 2014; McHugh et al., 2017) and an emphasis on building rapport and relationships between service providers and young mothers (Chablani & Spinney, 2011; Honig & Morin, 2001). These findings are aligned with Hubel et al.'s (2018) review that found that young mothers may benefit from more individualized program delivery approaches than older mothers. Furthermore, some of the best overall outcomes used creative engagement and outreach strategies suitable for meeting young mothers' immediate needs. For example, some programs offered prolonged involvement, so mothers could use the services as frequently or infrequently as they wanted over a long period. Therefore, even if the mothers had not been actively using the service they knew it was there if needed. The greater length of program delivery appeared to produce better outcomes for families across various measures,

especially when the program began during the mother's pregnancy. For instance, the significant finding in Honig and Morin's (2001) study was that accepting high-risk mothers into the program before the infant's birth made a significant difference in preventing later child abuse and neglect.

There was an emphasis throughout the programs on young mothers' skill-building and personal development, particularly regarding parent education and independent living. Supporting mothers to achieve competency goals was prioritized in many programs and considered most helpful in reducing child maltreatment. Our findings suggest that the programs focused on skill-building appeared to reduce the risk of child maltreatment. Still, relationship building and resource counseling were also beneficial for young mothers in these programs. It is unclear whether relationship building and resource counseling alone decreased the risk of child maltreatment across these studies. However, the emphasis on skill-building perpetuated a narrow focus on young mothers who were the intervention target in these programs. For instance, many programs did not discuss how fathers or extended families were involved or how they could support young mothers in the postpartum period. Some programs also excluded fathers altogether, apart from some of the more recent studies. The minimization or denial of fathers and partner involvement in the child welfare system has been described previously (Silver, 2015). In their ethnography with Black adolescent mothers involved with the child welfare system in the United States, Silver (2015, 2020) reported that child welfare programs did not allow partners to co-occupy residences with young mothers. Furthermore, young Black fathers tended to be hypervisible through discourses as criminals, drug dealers, and gang members in particular.

This scoping review has several limitations to address. One limitation is that programs not specifically designed

Table 3 The program's relationship with child welfare

	Target Pop	Collaboration with C.W	Delivery by C.W	Target Pop	Collaboration with C.W	Delivery by CW
Britner ^a (1997)	X		Hudgins et al. (2014)		X	
Chablani (2011)	X		Kumar et al. (2016)	X		
Davies (1999)	X		Li et al. (2015)	X		
Duncan (2008)	X		McHugh et al. (2017)	X		
Easterbrooks (2013)	X		Sisto (1985)			X
Erf (1981)			X	Stevens-Simon et al. (2001)	X	
Honig (2001)	X		Wolfe et al. (1988)			X

^aThe article's first author is included in the table. Please see Table 2 for full authorship

for young mothers were excluded. Therefore, interventions designed for all parents may demonstrate positive outcomes for this population, but they were excluded because there was no explicit focus. For example, some studies have indicated that home visiting may be more impactful with young mothers (Barnet et al., 2007). A second limitation is that several older studies were included, which were designed and delivered when service models and approaches were quite different. Although one of our objectives was to conduct a historical approach, older publications may have skewed the findings.

Implications

Many of the programs in this review offered a wide range of services and served as a safety net for young mothers at risk of child maltreatment. The findings indicate that programs for young mothers can be effective, particularly if they maximize flexibility, allow for longer engagement, and support opportunities for relationship-building. These findings can and should support policy shifts and practice developments that allow for the adaption of existing models and the development of new models that could mitigate the risk of child maltreatment among young families. While these are promising findings, they are limited because many reviewed programs excluded mothers deemed at particularly higher risk. The exclusions included those with disabilities, addiction issues, and significant mental health issues. For example, Wolfe's (1988) study evaluated an early intervention program to prevent future child maltreatment. Mothers with a major addiction or psychopathology, intellectual disability, an indication of higher intervention priorities, or involvement in other treatment services were excluded from participating. This exclusion in criteria suggests a significant lack of services for young mothers often considered the most significant risk of future child maltreatment. Community supports may mitigate child welfare involvement; however, young mothers experiencing psychosocial barriers putting them at the highest risk of child maltreatment may be more likely to have child welfare involvement due to a lack of community supports. Furthermore, few of the interventions included in this review had established relationships with child welfare agencies, even though these services were designed to reduce the risk of child maltreatment and potential child welfare involvement. Arguably, the complexities of risk and partnering with child welfare make program development and implementation more challenging. Future research should examine the impact of community-based interventions for higher-risk and more complex pregnant and parenting young mothers. For example,

Dworsky et al. (2021) recently assessed the impact of a pilot home-visiting intervention for pregnant and parenting youth in foster care and reported the adaptations required to ensure that a well-established home-visiting intervention can respond to the specific needs and circumstances of this higher-risk population.

Conclusion

This scoping review aimed to provide an overview of evidence and identify pertinent gaps in research related to programs and interventions designed for young mothers with child welfare involvement in Canada and the United States. Studies evaluating programs designed for this population are increasing, although a lack of services for young mothers remains. Community organizations are leading initiatives to meet young mothers' needs but struggle in finding the best ways to collaborate with child welfare services. Rapport and relationship building among staff and young mothers, and between young mothers themselves, were identified in this review as effective methods for promoting positive program outcomes. Young mothers may experience unique challenges and barriers that require programs to respond to their needs, values, and expectations. Acknowledging the value of individualized approaches should shape the design and delivery of the early intervention and support services for this population.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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