

Working with Extremes: Meeting the Needs of Justice Involved Parenting Youth

This report was prepared for the Eastern Ontario Youth Justice Agency
by Gisell Castillo, MA
in collaboration with
Sarah-Jean Mouchet and Leigh Couture

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Executive Summary:

The Eastern Ontario Youth Justice Agency (EOYJA) recently began addressing the needs of justice involved parenting youth by offering programming in collaboration with St. Mary's Home. As this population is understudied, we conducted research in order to a) better understand how adolescent parenting and risk for recidivism are related; b) determine the programming needs of parenting clients; c) assess the outcomes of the pilot programming provided by EOYJA and St. Mary's Home; and d) provide recommendations for establishing a best-practice approach to addressing parenting needs while targeting recidivism risk factors. This report reviews the relevant literature on justice involved parenting youth, examines quantitative differences in risk assessment scores between parenting and nonparenting clients, discusses challenges and barriers as outlined by caseworkers, and provides recommendations for developing a best practices approach. Based on the compiled information, it is advisable that EOYJA continue and develop parenting specific programming in collaboration with St. Mary's Home.

Working with Extremes: Meeting the Needs of Justice Involved Parenting Youth

The Eastern Ontario Youth Justice Agency (EOYJA) offers specialized, evidence-based programming for justice involved youth in the community. While the EOYJA offers two programs, the Community Support Team (CST) and Intensive Support and Supervision Program (ISSP), the majority of clients participate in the voluntary CST program. Operating from a socioecological approach that embeds youth within their social and community environments, CST caseworkers collaborate with youth and their families in order to equip them with the necessary skills and resources to become the primary agents of long-term change. Recently, the staff at the EOYJA became aware that parenting youth are a growing client base. To address the unique needs of their parenting clientele the EOYJA entered into a partnership with St. Mary's Home, a nonprofit organization that provides residential and community outreach services and programming to teen parents. As this was a pilot initiative and little is known about justice involved parenting youth, the present study was designed to gather information on the population of interest and to determine whether the pilot intervention and standard CST programming are meeting the needs of parenting youth.

Background

Teen parenting is generally considered a maladaptive phenomenon with serious repercussions for both adolescent parents and their children. For example, adolescent mothers are at higher risk for depression, stress, poor partner relations, academic difficulties, dropping out of school, poorer health outcomes, and repeat pregnancies (Beers & Hollo, 2009; Khurana, Cooksey & Gavazzi, 2011). Likewise, teen fathers are more likely to suffer from depression, low self-esteem, anxiety, feelings of guilt, low life

satisfaction, and isolation (Wilkinson, Garcia & Khurana, 2009). Teen fathers are also more likely to have low educational attainment and less earning potential (Wilkinson et al., 2009). It is not surprising then, that teen parents typically experience greater financial difficulty and rely more heavily on social services (Unruh, Bullis & Yovanoff, 2004). While it is important to note that teen pregnancy is not always experienced as negative (Beers & Hollo, 2009), and that in some communities it is accepted and encouraged (Khurana et al., 2011), positive youth outcomes depend on strong social and functional supports (Beers & Hollo, 2009) that are not always readily available.

The children of teen parents are also at greater risk for poorer health outcomes, slower cognitive and behavioural development, poorer academic achievement, decreased social adjustment, and later in life, risky sexual behaviours, substance abuse, and teen pregnancy than are the children of older parents (Beers & Hollo, 2009). Thus, it is important for program providers to be cognizant of the risk factors that contribute to teen pregnancy. Research on young parents has indicated that exposure to trauma, low socioeconomic status (SES), poor academic performance, low educational attainment, lack of social support, permissive parenting, being in a long-term relationship, risky sexual behaviours, low partner support for condoms or contraception (for females), gang membership (for males), delinquency, mental health problems, and drug use have all been associated with adolescent parenthood (Beers & Hollo, 2009; Buston, Parkes, Thomson, Wight & Fenton, 2012). Conversely, teen mothers who have a positive parenting role model and who are encouraged to continue their educational pursuits adjust better to parenting (Beers & Hollo, 2009).

Parenting youth offenders. Justice involved youth experience many of the same risk factors (e.g., substance abuse, antisocial attitudes and values, lack of self-control, difficulties in school) as teen parents (e.g., poor school achievement, early sexual activity, gang membership, substance use and abuse, delinquency) with the added stress of navigating correctional institutions and coping with the stigmatization of criminality (Beers & Hollo, 2009; Khurana et al., 2011). When these two phenomena coincide we are faced with an especially vulnerable population (Buston et al., 2012; Unruh, Bullis & Yovanoff, 2003). Although many of the risk factors associated with adolescent parenthood overlap with dynamic risk factors, justice-involved youth who are also parenting represent a subset of youth with a unique and complex set of risks and needs. For example, in addition to substance abuse, promiscuity, sexually transmitted diseases, and adolescent parenthood, violent victimization is a strong predictor of future criminal activity (Joost, McLaughlin, Reams & Reiner, 1999). Violent victimization such as sustaining an injury from a fire arm is likewise associated with teen parenthood among incarcerated youth offenders (Joost et al., 1999). Parenting youth offenders are also more likely to have a family member convicted of a felony, have an alcoholic parent, belong to a gang, have histories of violence and sexual abuse, come from households with poor parenting and low SES, and have lived in foster care (Beers & Hollo, 2009; Buston et al., 2012; Unruh et al., 2003; Unruh et al., 2004)

While the risk factors associated with teen parenting and those associated with criminal activity largely overlap, the consequences are more complex than merely augmenting the negative effects of either event on its own. For one, many justice involved youth will spend time in custody either as an adolescent or as an adult (Unruh et

al., 2003). As such, there has been considerable research documenting the negative effects of incarcerated parents on children. The children of incarcerated parents are more likely to engage in maladaptive behaviours, use drugs, experience early pregnancy, drop out of school, and suffer from emotional problems such as depression and anxiety (Barr et al, 2011; Loper & Tuerk, 2006). They are also more likely to be placed in foster care which makes sustained connection with the incarcerated parent difficult (Barr et al., 2011). Children who see their incarcerated parents less than once a month later experience greater emotional needs which contribute to a higher risk for delinquency. In fact, children of incarcerated parents are four times more likely to become youth offenders and are at a high risk of being incarcerated as adolescents or adults (Landreth & Lobaugh, 1998; Loper & Tuerk, 2006).

Youth offender fathers. Adolescent fathers involved with the criminal justice system are of particular concern as teen fathers are vastly overrepresented among incarcerated samples. In the United States, 25-28% of male youth offenders are also fathers compared with 4-7% of the general U.S. population (Beers & Hollo, 2009; Wilkinson, Garcia & Khurana, 2009). Rates of teen fatherhood are as high as 30% among incarcerated young offenders in the U.S. and 25% of incarcerated youth in the United Kingdom (Buston, Parkes, Thomson, Wight & Fenton, 2012; Unruh, Bullis & Yovanoff, 2003). Likewise, the majority of the clientele served by the EOYJA are male, making the majority of the parenting youth they treat young fathers.

Justice involved young fathers experience a variety of negative consequences. According to Buston and her colleagues (2012), youth offender fathers are among the most marginalized and disadvantaged young fathers. They are more likely to experience

poor mental health, literacy problems, tense personal relationships, decreased employability, and financial difficulties than their nonparenting peers (Buston et al, 2012; Unruh et al., 2003). They are also more likely to reoffend, to be convicted a second time, and to return to custody after 12 months than are youth offender nonfathers (Unruh et al., 2003). This makes parenting a serious dynamic risk factor that must be addressed within the scope of EOYJA's mandate to reduce recidivism.

Despite these risks and challenges, most youth offender fathers wish to be involved in raising their children (Shade, Kools, Pinderhughes & Weiss, 2012; Wilkinson et al., 2009). In one study, 74% of a sample of 115 were actively involved in childrearing (Wilkinson et al., 2009). Those who were not involved often faced various barriers including limited financial resources and strained relationships with the mothers of their children (Wilkinson et al., 2009).

While teen parenthood is associated with greater risk for recidivism, aiding young fathers and mothers to develop a healthy relationship with their child may paradoxically serve as a protective recidivism factor. For example, research has indicated that maintaining strong family ties while an adolescent or adult offender is incarcerated increases the likelihood of a successful parole and decreases the likelihood of recidivism (Barr et al., 2011; Harrison, 1997; Landreth & Lobaugh, 1998). For young offenders not held in custody, becoming a parent can be a transformative experience that motivates youth to change their criminally oriented behaviour (Shade et al., 2012; Wilkinson et al., 2009).

Overall, teen parenthood can serve as a catalyst for promoting aggressive and deviant behavior or it may spur youth to act more responsibly and engage in self-

improvement (Beers & Hollo, 2009; Wilkinson et al., 2009). Despite the vulnerability of this population and their simultaneous potential for positive change, there remains little research focused on the best practices for addressing the parenting needs of non-residence justice-involved youth (Buston et al., 2012).

Parenting Pilot Intervention

Based on the reviewed literature, one can surmise that interventions geared toward addressing parenting needs are similar to those offered to youth offenders. Whether parenting, justice involved, or both, youth will benefit from programming that helps them stay in school, obtain employment, learn how to problem solve and resolve conflicts, and improve family dynamics. These are areas of focus within CST programming. However, there remain parenting specific needs (e.g., encouraging father involvement, practical parenting skills, building healthy parent-child relationships) that require attention to ensure the well-being of both the parent and child and increase the likelihood of program success. In a progressive attempt to fill this need, the EOYJA developed a pilot parenting intervention in partnership with St. Mary's Home.

The pilot intervention took the form of a cross-appointed CST-St. Mary's caseworker. In addition to providing standard CST services to youth, the cross-appointed caseworker connected clients to parenting related community services such as parental counseling, St. Mary's residential program, St. Mary's outreach program, parenting related educational services, and other community resources. The cross-appointed caseworker also worked with youth to develop overarching treatment goals that integrated parenting goals with dynamic risk factor interventions. Lastly, the cross-appointed caseworker provided other CST staff with parenting resources, personally

provided short-term parenting counseling to active clients, and assisted other caseworkers in connecting youth with St. Mary's programs. In this way, parenting youth who did not work directly with this caseworker were still able to benefit from the partnership and pilot intervention.

The Present Study

The present study was developed in collaboration with EOYJA staff in order to a) better understand how adolescent parenting and risk for recidivism are related; b) determine the programming needs of parenting clients; c) assess the outcomes of the pilot programming provided by EOYJA and St. Mary's Home; and d) provide recommendations for establishing a best-practice approach to addressing parenting needs while targeting recidivism risk factors. When this project was initially conceptualized we had planned on conducting qualitative interviews with past and present clients who fit our definition of parenting (see interview guide in Appendix A). However, despite a concerted effort to reach and recruit past clients, we encountered many challenges in engaging youth. While past clients remained elusive due to missing or out of date contact information, current clients seemed fearful that their participation in this study might prompt the Children's Aid Society (CAS) to become involved. One youth reportedly stated they had very positive experiences with their caseworker but had nothing more to contribute regarding their experiences with the CST program.

In order to encourage youth engagement we decided to offer various ways to participate. If youth felt anxious about a face-to-face interview, they might consider taking an online questionnaire or responding to a text survey. Thus, two surveys were developed in the hopes of having some youth participate (see Appendices B and C). A

recruitment script for caseworkers was also developed as we believed caseworkers were in a better position to explain the nature of participation to youth. Unfortunately, no youth responded to our requests to participate.

The challenges we experienced led to a reformulation of our data collection strategy. The first and second goals of this study were addressed by compiling information from the existing research literature. To supplement the literature review, a focus group with caseworkers was conducted regarding their experiences treating parenting youth. Although not a stringent test of program efficacy, decreases in risk and need assessment scores indicate a degree of program success. Thus, to assess the outcomes of the pilot intervention I analyzed the assessment scores taken before and after participating in the CST program. The recommendations for program improvement outlined below are based on all three sources of information. While the absence of youth input was unfortunate, we were still able to compile useful information.

Methods

Focus Group Data

To gather information on the needs of parenting youth and the challenges and barriers to providing treatment, I facilitated a focus group with 16 EOYJA caseworkers. Of the 16 caseworkers present, nine of them had experience working with parenting youth. As the questions were directed toward these nine workers only their responses are reflected in the results below. To begin the session I informed participants of their right to remain anonymous, to refrain from answering questions and to withdraw at any time. Consent was obtained orally before beginning the session and with the permission of the group the interview was audio recorded and transcribed. Participants were then invited to

review the transcript to request changes to their responses, raise concerns, or request to be removed from the study. No one requested any changes or to be removed from the study.

The interview guide was created in collaboration with the EOYJA executive director, program director, and two agency caseworkers. Broad questions were constructed according to Patton's (1990) recommendations for creating open and effective questions. Topics covered in the interview ranged from descriptive queries regarding treatment strategies, to perceived differences between parenting and nonparenting youth, challenges and barriers to treatment, and suggestions for improvement (see Appendix D). Where appropriate, interview questions deviated from the guide in order to probe unanticipated topics of interest (Morrow, 2005). In total, the session lasted 45 minutes. To analyze the data I conducted a thematic analysis where data were open coded, codes were compared and analyzed for interconnections and then organized into themes (Braun & Clarke, 2006).

Risk Assessment Data

To gauge change in risk and need levels among a sample of parenting and nonparenting youth, scores from the Youth Level of Service-Case Management Inventory (YLS) were gathered from a sample of parenting youth who had completed the YLS at two time points in the last five years. The YLS is composed of 42 dichotomous items that assesses a youth's level of recidivism risk across eight subscales – offenses/dispositions, family/parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behaviour, and attitudes/orientation (Schmidt, Hoge & Gomes, 2005). Through a structured interview protocol, the caseworker assesses whether youth fall under low, moderate or high risk of reoffending across the eight

subscales. A total score ranging between 0 and 42 is derived from adding scores across subscales. Higher scores signify greater risk. In addition to indicating the level of risk, the YLS aids caseworkers in determining the most important areas on which to focus interventions and services. Validation research on the YLS suggests its psychometric properties are favourable; the YLS can accurately predict recidivism and successfully discriminate between offenders and non-offenders (Onifade et al., 2008; Schmidt et al., 2005).

Data were also gathered on important demographics such as age, gender, type of offense, location, and length of involvement. Given that a randomized controlled trial was not possible due to limited resources and a small sample, information was gathered for a sample of nonparenting clients who were matched for age, gender, length of involvement and type of offense. To ensure all ethical requirements were upheld, all identifying information was removed from the data set. The analytic strategy involved using a repeated measures analysis of variance (ANOVA) in order to determine whether intake assessment scores were statistically different from assessment scores obtained at a second time point.

Results

Quantitative Data Analysis

Sample characteristics. Data were compiled for 38 youth who participated in the CST program. The mean age of the total sample was 17.5 and ranged from 16 to 19 years. Of the 38 youth 9 were female and 29 were male. The youth came from three regions typically served by the EOYJA. Almost half the participants were from the Ottawa area (45%), while 37% were from Cornwall, and the remaining 18% were from

Renfrew County. Length of time in the program ranged from 2 to 24 months with the average length of involvement at 9.4 months. Data were also compiled on the pattern of offences committed – violent, property, violent and property, drugs, dispositional and other. Violent and property offences were the most common type (34%) followed by “other” offences¹ (29%), dispositional offences (13%), property only (10.5%), violent only (8%), and finally, drug- related offences were the least common (5%).

Assumptions, Outliers, and Missing Data. To detect univariate outliers data points were converted into standardized scores and inspected for values that lay outside of a normal distribution ($z > 3.29$). The Mahalanobis distance test was also used to identify multivariate outliers (Tabachnik & Fidell, 2006). Fortunately, there were no outliers in the data so no further action was taken. Linearity and normality were inspected through bivariate scatter plots. All scatterplots had the characteristic oval shape suggesting the necessary assumptions for parametric tests, normality and linearity, were met. Box’s M test and tests for sphericity were run for each ANOVA. No assumptions were violated so no further action was taken.

Two cases in the sample had missing data. The first case was missing the client’s age. Since the EOYJA only treats youth between the ages of 15 to 19 and the sample ranges from 16 to 19, this missing data point was not considered critical. The remaining data for this case was, therefore, included in all analyses except for descriptive or comparative analyses that included clients’ age. The second case did not have the post YLS scores available at the time of compilation. Little’s MCAR test was insignificant ($p = .858$) suggesting the data points were missing completely at random. Given the small

¹ Offence type was categorized as unknown when a pattern of offences was indeterminable.

sample size, this client's data was included in descriptive analyses, frequency counts, and in analyses looking at sample characteristics. However, this case and the matched nonparenting case were omitted from analyses of variance (ANOVAs) involving the YLS scores using list-wise deletion as is recommended when 5% of the data, or less, are missing completely at random (Tabachnik & Fidell, 2006).

Sample Characteristics: Parenting versus Non-parenting Youth. Half of the youth in the sample were parenting at the time of data compilation. Youth were considered “parenting” if they were a biological parent, expecting a child, the romantic partner of a biological parent, the romantic partner of an expecting mother, or the primary caregiver of a child. The other half of the sample consisted of non-parenting youth that were drawn from EOYJA's archived database based on their similarity to the parenting group on various characteristics. Specifically, every effort was made to match the two groups on age, type of offence, length of involvement, and location of treatment. Inspection of the data suggested the groups were well-matched for types of offence, location, age and length of involvement, though not perfectly.

Clients in the parenting group were on average older (17.61) than non-parents (17.37) and participated in the CST program for a longer period (9.95 months vs. 8.84). However, these differences were not statistically significant suggesting matching efforts were successful. The two groups also differed on gender distribution with considerably more females in the parenting group (n = 8) than in the non-parenting group (n = 1). Differences between parenting and nonparenting sample characteristics are summarized in Table 1.

Table 1. Sample characteristics and differences between parenting and non-parenting youth.

Sample	N	Age	Length of Involvement (months)	Ratio of females to males	Types of Offences
Parenting	19	17.61	9.95	8:10	Violent / property – 10 Dispositional – 1 Drugs – 3 Unknown – 5
Non-parenting	19	17.37	8.84	1:17	Violent / property – 10 Dispositional – 1 Drugs – 2 Unknown – 6
Total	38	17.5	9.4	9:29	Violent / property – 20 Dispositional – 2 Drugs – 5 Unknown – 11

Analysis of Variance of YLS Scores. To compare YLS scores a series of one-way repeated measures ANOVAs were conducted. First, to test whether youth who participated in the CST program, irrespective of parenting status, demonstrated a decrease in YLS scores, a single group repeated measures ANOVA was conducted. The means for the total YLS scores dropped by 5 points after youth participated in the CST program, from $M = 23.2$, $SD = 6.15$, to $M = 18.3$, $SD = 9.77$, $F(1, 36) = 14.04$, $p < .05$. A look at differences in the subscales of the YLS suggests that programming was effective in addressing various risk factors. Scores on the family, education/employment, peer relations and personality subscales all showed significant decreases after youth participated in the CST program. However, the offenses and substance abuse subscales did not change with program treatment. The means, F-statistic, significance level and effect sizes are reported in Table 2. Overall, the results indicate that CST programming

is successful in reducing recidivism risk as indicated by decreases in YLS total and subscores.

Table 2. Total sample means, standard deviations, F-statistic, p-values and effect sizes.

Scale	Pretest	Posttest	F	η^2
YLS Total	<i>M</i> = 23.2 <i>SD</i> = 6.15	<i>M</i> = 18.3 <i>SD</i> = 9.77	14.04**	.084
Subscales:				
Offenses	<i>M</i> = 2.8 <i>SD</i> = 1.88	<i>M</i> = 2.89 <i>SD</i> = 1.75	0.12	
Family Circumstances	<i>M</i> = 3.75 <i>SD</i> = 1.44	<i>M</i> = 2.33 <i>SD</i> = 1.91	25.1**	.152
Education/Employment	<i>M</i> = 3.94 <i>SD</i> = 2.02	<i>M</i> = 2.69 <i>SD</i> = 2.31	16.3**	.078
Peer Relations	<i>M</i> = 3.11 <i>SD</i> = 1.06	<i>M</i> = 2.47 <i>SD</i> = 1.3	7.11*	.069
Substance Abuse	<i>M</i> = 2.53 <i>SD</i> = 1.56	<i>M</i> = 2.08 <i>SD</i> = 1.66	3.84	
Leisure	<i>M</i> = 2.02 <i>SD</i> = 0.84	<i>M</i> = 1.75 <i>SD</i> = 1	3.33	
Personality	<i>M</i> = 3.19 <i>SD</i> = 1.85	<i>M</i> = 2.14 <i>SD</i> = 1.7	9.37**	.082
Attitudes	<i>M</i> = 1.61 <i>SD</i> = 1.05	<i>M</i> = 1.69 <i>SD</i> = 1.51	.09	

**significant at $p < .01$

*significant at $p < .05$

$N = 36, df = 1$

To examine whether parenting youth were at a higher risk of reoffending or whether their pattern of risk factors differed from that of nonparenting youth, a 2 x 2 repeated measures ANOVA was conducted on the YLS total score and subscale scores with parenting status (yes, no) entered as a between subjects variable and time (before and after program participation) as the within subjects variable. The results yielded a main effect for parenting such that parenting youth actually had lower YLS scores, $M = 18.25, SD = 7.6$, than did non-parenting youth $M = 23.3, SD = 8.64, F(1, 34) = 5, p = .03$. There was also a main effect for time such that participant YLS scores after participating in the program were lower, $M = 18.3, SD = 9.77$, than they were before participating in

the program, $M = 23.2$, $SD = 6.15$, $F(1, 34) = 13.65$, $p < .01$. The interaction between belonging to the parenting group and time did not reach significance.

An examination of the subscales confirmed the previous findings reported for the total sample (see Table 2). The family, education and employment, peers, and personality subscales all had main effects for time, meaning they saw statistically significant decreases in scores over time. The means for the offenses, substance abuse, leisure and attitude scales did not differ across time. The attitude and personality subscales had significant main effects for parenting. In both cases parenting youth had lower scores than did non-parenting youth. The mean attitude score for parenting youth was $M = 1.28$, $SD = 1.21$ and $M = 2.03$, $SD = 1.28$ for nonparenting youth, $F(1, 34) = 5.67$, $p = .02$. The mean personality score for parenting youth was $M = 2.05$, $SD = 1.71$, and $M = 3.28$, $SD = 1.8$, for nonparenting youth, $F(1, 34) = 7.61$, $p < .01$. There were no other statistically significant differences in subscale scores. The subscale means and standard deviations for each group, parenting and nonparenting, at time one and time two, are reported in Table 3. Effect sizes for the main effects for parenting are also reported in Table 3. For means and effect sizes relevant to the main effects for time, see Table 2.

Focus Group Results

Sixteen caseworkers were present at the focus group session although only nine of the 16 had ever worked with parenting youth. The results of their input suggest that although parenting youth scored lower on the YLS than did nonparenting youth, they still present with various risks, needs, barriers, and challenges to treatment that, at times, strain caseworkers.

Table 3. Pretest and Posttest YLS means and standard deviations and effect sizes for main effects.

Scale	Parenting			Nonparenting			η^2
	T1	T2	Total	T1	T2	Total	
YLS total	<i>M</i> = 20.83 <i>SD</i> = 5.98	<i>M</i> = 15.67 <i>SD</i> = 8.3	<i>M</i> = 18.25* <i>SD</i> = 7.65	<i>M</i> = 25.61 <i>SD</i> = 5.47	<i>M</i> = 21 <i>SD</i> = 10.62	<i>M</i> = 23.3* <i>SD</i> = 8.64	.09
Offenses	<i>M</i> = 2.61 <i>SD</i> = 2.06	<i>M</i> = 2.67 <i>SD</i> = 1.88	<i>M</i> = 2.64 <i>SD</i> = 1.94	<i>M</i> = 3 <i>SD</i> = 1.71	<i>M</i> = 3.11 <i>SD</i> = 1.64	<i>M</i> = 3.05 <i>SD</i> = 1.65	
Family Circumstances	<i>M</i> = 3.56 <i>SD</i> = 1.65	<i>M</i> = 1.83 <i>SD</i> = 1.69	<i>M</i> = 2.69 <i>SD</i> = 1.86	<i>M</i> = 3.94 <i>SD</i> = 1.21	<i>M</i> = 2.83 <i>SD</i> = 2.04	<i>M</i> = 3.39 <i>SD</i> = 1.74	
Education/Employment	<i>M</i> = 3.5 <i>SD</i> = 1.98	<i>M</i> = 2.33 <i>SD</i> = 2.11	<i>M</i> = 2.92 <i>SD</i> = 2.1	<i>M</i> = 4.39 <i>SD</i> = 2.03	<i>M</i> = 3.06 <i>SD</i> = 2.51	<i>M</i> = 3.72 <i>SD</i> = 2.35	
Peer Relations	<i>M</i> = 3.06 <i>SD</i> = 1.21	<i>M</i> = 2.56 <i>SD</i> = 1.29	<i>M</i> = 2.8 <i>SD</i> = 1.26	<i>M</i> = 3.16 <i>SD</i> = 0.92	<i>M</i> = 2.39 <i>SD</i> = 1.33	<i>M</i> = 2.78 <i>SD</i> = 1.2	
Substance Abuse	<i>M</i> = 2.17 <i>SD</i> = 1.58	<i>M</i> = 1.78 <i>SD</i> = 1.59	<i>M</i> = 1.97 <i>SD</i> = 1.58	<i>M</i> = 2.89 <i>SD</i> = 1.49	<i>M</i> = 2.39 <i>SD</i> = 1.72	<i>M</i> = 2.64 <i>SD</i> = 1.61	
Leisure	<i>M</i> = 2.06 <i>SD</i> = 1	<i>M</i> = 1.83 <i>SD</i> = 0.92	<i>M</i> = 1.94 <i>SD</i> = 0.95	<i>M</i> = 2 <i>SD</i> = 0.69	<i>M</i> = 1.67 <i>SD</i> = 1.08	<i>M</i> = 1.83 <i>SD</i> = .91	
Personality	<i>M</i> = 2.67 <i>SD</i> = 1.91	<i>M</i> = 1.44 <i>SD</i> = 1.25	<i>M</i> = 2.05* <i>SD</i> = 1.71	<i>M</i> = 3.72 <i>SD</i> = 1.67	<i>M</i> = 2.83 <i>SD</i> = 1.86	<i>M</i> = 3.28* <i>SD</i> = 1.8	.11
Attitudes	<i>M</i> = 1.33 <i>SD</i> = 0.97	<i>M</i> = 1.22 <i>SD</i> = 1.44	<i>M</i> = 1.28* <i>SD</i> = 1.21	<i>M</i> = 1.89 <i>SD</i> = 1.08	<i>M</i> = 2.17 <i>SD</i> = 1.47	<i>M</i> = 2.03* <i>SD</i> = 1.28	.085

*Main effect for parenting such that the parenting group scored significantly lower than the nonparenting group.

No middle ground. When asked about their experiences working with parenting youth, caseworkers described two opposing scenarios. Either youth were highly motivated and engaged or they withdrew and cut off contact from their support networks. Depending on how the youth reacted to becoming a parent, this made treatment easier or impossible. One caseworker explained it like this:

They either go one of two ways, they either turn everything right around and all of a sudden like, I need a job, I need a place, they start talking to parents, they see things from the parental view. Or everything gets extremely, much worse where they disconnect from the girlfriend, disconnect from their family, start to use more drugs, they are hard to connect with... and it's a surprise which ones do which, because you may think a guy you have is going to disconnect and all of a sudden he just turns everything around whereas you've got a straight shooter that's going well, then all of a sudden the news of the pregnancy comes out and he just falls off the map... I've never seen the middle ground. It's either they go, turn everything around or they just completely fall off.

While most workers agreed and could relate with one extreme or another, one caseworker described a client that occupied the middle ground. This youth teetered in terms of his commitment and involvement with program activities presumably because he was afraid of the work required to engage. Unfortunately, the youth's indecision meant the caseworker had to over exert himself in an attempt to keep the youth committed. Importantly, it was suggested that while attitudes toward parenting may be moderate and favourable it is youths' willingness to commit that falls to the extremes. The added challenges they face as marginalized youth mean their initial excitement might wane in the face of various barriers, risks and needs. Still, many youth remain committed while others disappear. What accounts for this difference?

Parenting youth who engage. EOYJA staff shared many encouraging stories of youth who were so motivated to become better parents that many dynamic risk factors were addressed by targeting them within a parenting framework. In fact one caseworker suggested his client would not have been open to treatment if he had not been a parent. In this way parenting actually functions as a protective factor for justice involved youth in that it deters some from further criminal activity. Some youth refrain from engaging in risky behaviours because they want to avoid going into custody for the sake of their child. Other youth are committed to caretaking and will make the choice to go home rather than spend time with criminally engaged peers. In other words, being an involved parent often competes with dynamic risk factors as is illustrated in this example:

They really debate on their decisions whether they are going to use that day, whether they are going to go hang out after school, whether they are going to go to party next weekend... I have seen a few times where they, “no man, I’ve got to go get some diapers, and get right home. So, that the recidivism rate you know goes lower.

These observations are echoed by the research literature on parenting fathers that tells how some young fathers have been successful in using parenting as an excuse to disengage from risky behaviours (Wilkinson et al., 2009).

Parenting youth who disengage. Of course, on the other extreme are youth who “fall off the map.” Among the various negative consequences that come with being a parenting youth offender, caseworkers have dealt with increased aggression, substance abuse, and increased theft among their parenting clients. Importantly, youth who resorted to theft often did so as a means to financially support their child and, at times, a drug habit. Likewise, habitual substance users will often relapse in an attempt to cope with

parenting related stress. One caseworker described a situation where her clients used parenting as an excuse to disengage from school and CST programming:

I found actually two girls who were parenting quickly became disengaged with stuff. They needed to do some test at school even if they had daycare, and the excuse was always because of the baby. So they would be pulling away from other commitments and they couldn't go to addictions, or services, because they had to be home with the baby. So I found some of that too, that they sort of use that, their parenting, as a reason why they can't do other things to improve themselves.

When asked to reflect on what factors might influence why youth go one way or another, caseworkers cited many of the protective factors found in the research literature. Youth who have had positive parenting examples are more likely to be involved and highly motivated. On the other hand, youth who grew up in foster care struggle when they themselves become parents. Female clients especially, are at a higher risk for teen pregnancy if they were raised in foster care. Some young women raised in foster care may purposely seek out pregnancy in order to fill an emotional void. This suggests that female clients who were raised in foster care are especially at risk for teen pregnancy.

In their analysis of justice involved young fathers, Wilkinson and colleagues (2009) found that younger dads with histories of absent fathers, who had a strained relationship with the mother of their child, and who were additionally underemployed and less educated were more likely to be absent fathers themselves.

Barriers to treatment. In addition to these risk factors, EOYJA staff identified several barriers to treatment. While some spoke of the difficulties in dealing with complex family dynamics and indecisive youth, the overwhelming challenge was alleviating clients' fear of the Ontario Children's Aid Society (CAS). This underlying

terror of having their children apprehended means many youth become suddenly reluctant to disclose which in turn makes providing services very difficult. For example, one caseworker had a client who withdrew contact with her support network because she was afraid her child would be apprehended if she reached out and admitted she had relapsed.

However, many agreed that by collaborating with CAS and other service providers many of these problems could be addressed. Another caseworker shared a success story where a youth admitted to wrongful doing and was able to keep her child because she demonstrated honesty and a willingness to change. Involving CAS in treatment strategies and, likewise, informing youth about their scope and function will facilitate the proper provision of treatment and services. As one caseworker stated:

I think when you are serving a population that is already paranoid about services being forced on them it is critical for the service providers to work together around meeting the needs of the client while providing safety for the child.

Current treatment strategies. Despite the many challenges caseworkers face in treating parenting youth, many have demonstrated creativity and resourcefulness in addressing both parenting and dynamic needs. Caseworkers who have worked with parenting youth have often catered treatment plans that incorporate parenting needs. Some caseworkers reported connecting youth directly with parenting related services such as those offered by St. Mary's or by Planned Parenthood, others addressed parenting needs by providing youth with educational materials or facilitating prenatal care visits with physicians. Others adapted standard CST programming to simultaneously address parenting needs. For example, one caseworker facilitated an agreement with a school and partner agency where a client was able to learn parenting skills and gain high school

credits at the same time. Others still, strategized their programming by connecting clients with parenting services to address those additional needs which then allowed them to focus their energy on recidivism risks and needs. This treatment strategy is advantageous in that it allows caseworkers to focus on what they do best while addressing parenting needs and not having to “go all over the place.” It also suggests that having a cross-appointed St. Mary’s worker to facilitate these community linkages may improve programming. A cross-appointed caseworker is best suited to connecting youth to services as they would have a specialized knowledge of the risks and needs of parenting youth offenders. Additionally, a cross-appointed caseworker would serve as a valuable and efficient resource for other CST caseworkers with parenting clients.

Discussion

Overall, the results of this study suggest programming provided by the EOYJA has promising effects on both parenting and nonparenting youth. However, contrary to what one would expect based on the research literature parenting youth had significantly lower YLS scores than did nonparenting youth offenders. These results are surprising given that other researchers have found parenting youth offenders to be at greater risk for maladjustment and recidivism. However, because teen parenthood is a dynamic risk factor in itself, some of the parenting youth admitted into the CST program had lower scores than is typically required but were admitted nonetheless precisely because they were parenting and, thus, at high risk.

Still, it may also be that a measure designed to assess only dynamic risk factors is missing other indicators of distress such as those produced by the parenting experience. Future evaluation work should attempt to gauge change among parenting youth using a

measure designed to capture indicators of risk specific to parenting. Lastly, it may be that the youth sampled reflected those who are highly motivated as they remained engaged long enough to complete a second risk assessment. Regardless, that both groups dropped in recidivism risk as measured by the YLS is promising. However, the reader is reminded that because the sample size was small, the resulting effect sizes were also small suggesting the observed effect is not robust.

Looking at the results of the ANOVAs on the YLS subscales also offers valuable insight. For example, the subscales that did not significantly decrease over time might reflect treatment areas that require more attention. For example, if the YLS is meant to predict recidivism then one would hope for a significant decrease in the offences subscale. Of course, given the wide variability in length of involvement in program activities, it may be that the time frame is too short to see any real effects on offending behaviours. Lastly, it is interesting that parenting youth exhibited lower attitude and personality subscale scores than did nonparenting youth irrespective of program participation. This may be an indicator that parenting youths' motivations for engaging in criminal behaviour may differ from those of nonparenting youth. Khurana and her colleagues (2011) in fact suggest that young female offenders are often detained for family related incidents such as violent altercations with family members. These differences may be important for guiding treatment strategies.

The results of the focus group thematic analysis added context for understanding a complex phenomenon. While some caseworkers suggested that parenting youth fared better because of their new parenting role, other caseworkers witnessed their client increase their engagement in risky behaviours, while others had clients who simply

disappeared. Caseworkers described clients' experiences as characterized by extreme reactions to parenting, with both positive and negative outcomes. They spoke of needing to find a balance when designing treatment plans between addressing both recidivism and parenting needs while preventing caseworker burnout. These accounts, together with the quantitative results, suggest that while the EOYJA is on the right track, there is room for improvement. Any development of the existing pilot parenting intervention should, however, work to clearly delineate program activities as they differ from standard CST programming as this will make it easier to gauge outcomes that are specific to the parenting intervention only.

Limitations

Although the results of this study are interesting and encouraging, they must be interpreted with caution. For one, the sample of parenting youth on which statistical analyses were conducted is small which limits the generalizability of the results. Although there were significant results, the effect sizes of these results were small, explaining between 7-15% of the variance (Cohen, 1992). Additionally, the range of length of involvement was between 2 and 16 months suggesting participants varied greatly in program dose which may have also contributed to the small effect sizes. A second limitation of this study is that despite seeking to understand the needs of parenting youth especially as they relate to dynamic factors, parenting risks and needs were never directly measured. Thus, although the results indicate improvements in recidivism risk, we do not know if these changes extend to reductions in parenting needs and risks. Similarly, youth were never directly assessed in this study. Many of the nuances of the parenting youth offender experience cannot be captured by standardized measures or

even by third party perceptions such as those captured in the focus group. Future evaluation work should seek to obtain parenting related data and, if possible, document parenting youth experiences through qualitative accounts. Lastly, the results of this study are cross-sectional and, thus, cannot be generalized to longer time frames.

Recommendations

Despite the favourable YLS results, previous research indicates that justice involved fathers are at a higher risk for recidivism than their non-parenting peers (Unruh et al., 2003). The presented results should, therefore, be interpreted as encouraging but not as an indication that parenting youth offenders do not require specialized attention. By and large, the research literature suggests that youth who are both justice involved and parenting are especially disadvantaged and require sustained interventions that cater to their unique needs (Buston et al., 2012; Unruh et al., 2003; Unruh et al., 2004). The anecdotal reports offered by CST caseworkers support this position. As suggested by frontline staff, parenting youth respond differently with some showing increased motivation for self-improvement while others completely disengage. As suggested above, it may be that parenting youth scored lower on the YLS than did non-parenting youth because those who opted to partake in the CST program, and who remained long enough to complete the YLS a second time, are motivated to self-improve. The lower scores may also reflect a conscious effort on behalf of EOYJA staff to permit parenting youth with lower YLS scores to participate in the CST program because they are at greater risk. Thus, it remains worthwhile for the EOYJA to consider ways in which it might better serve the needs of justice involved parenting youth and to allocate resources to further investigate the risks and needs of this population.

Gender sensitive programming. Based on the research literature, it is clear that justice-involved parenting youth will have different needs depending on gender (Beers & Hollow, 2009; Khurana et al., 2011). The experiences of justice-involved adolescent mothers will differ greatly from those of adolescent fathers involved with the criminal justice system. For one, adolescent fathers typically do not live with their children while adolescent mothers are more often the primary care givers (Beers & Hollo, 2009; Unruh et al., 2004). Adolescent mothers and fathers, therefore, have different risk factors and will require somewhat different interventions.

Address histories of sexual and physical abuse. While histories of sexual and physical abuse are risk factors for both male and female youth offenders, histories of victimization are more common among female offenders (Khurana et al., 2011; Loper & Tuerk, 2006). In fact, Khurana and her colleagues (2011, p.284) suggest that “Given its prominence in the lives of female juvenile offenders, many researchers have labeled abuse victimization as the first step in young women’s pathway to juvenile and criminal justice system involvement.” According to these authors, histories of abuse are strongly associated with risky sexual behaviours and drug use, which in turn, strongly predict teen pregnancy (Khurana et al., 2011). Similarly, other researchers have found that adolescent mothers with lower educational achievement, cognitive abilities, mental health, and those who have been exposed to sexual violence and substance abuse are at higher risk for repeated pregnancies and intimate partner violence (Beers & Hollo, 2009). Therefore, interventions for adolescent mothers should consider histories of sexual and physical abuse and how previous trauma interacts with both dynamic risk factors and parenting related risks and needs. Likewise, caseworkers who are working with female youth

offenders with known histories of victimization should take special care to address any risky sexual behaviours and work with youth to prevent teen pregnancy.

Focus on education and employment. Research on adolescent fathers, on the other hand, suggests that most want to be involved in raising their children but perceive barriers to providing adequate care (e.g., Beers & Hollo, 2009; Shade et al., 2012; Wilkinson et al., 2009). Some of the barriers identified in the literature include insufficient income, unemployment, lack of education, inadequate parenting skills, low self-efficacy, disinterest in daughters, and strained relationships with mothers and associated family (Beers & Hollo, 2009; Shade et al., 2012; Wilkinson et al., 2009). For example, Wilkinson and her colleagues (2009) found that the majority of the young fathers in her sample wanted to provide financially for their children as they saw this as a key aspect of fatherhood. This is of particular importance as these young fathers suggested that if they were unable to secure legitimate employment they would resort to criminal activity to fulfill their role as provider (Wilkinson et al., 2009).

Many of these same factors – unemployment, low education, insufficient income, strained relationships – are also associated with re-incarceration and recidivism (Unruh et al., 2003). Youth offender fathers who find employment, enroll in school, and connect with community resources are less likely to recidivate and return to custody (Unruh et al., 2003) and are more likely to be involved in parenting (Beers & Hollo, 2009; Wilkinson et al., 2009). While it is clear that CST caseworkers already prioritize these domains and strategically plan treatment so that it addresses both recidivism and parenting needs, the importance of connecting teen fathers with employment and education opportunities cannot be stressed enough.

Provide alternative models of masculinity. Additionally, the parenting attitudes of young fathers may require specialized attention. For example, Shade and colleagues (2012) found that their sample of young, justice involved fathers stated an explicit preference for sons ($n = 16$ out of 19). Some fathers indicated that they simply would not be involved in parenting if they had a daughter. These young fathers fantasized about making their sons “into a real man.” Their understanding of manhood was based on hypermasculine ideals that promote the pursuit of power and physical dominance. They spoke of raising sons that were capable of defending themselves and their families in the context of street and gang-involved life. While these ideals support violent criminal behaviour and discourage caring and affectionate parenting, these young fathers paradoxically wanted to be good fathers by ensuring their sons remained out of the justice system and off the streets (Buston et al., 2012; Shade et al., 2012). Thus, caseworkers might consider engaging young fathers in conversations regarding nonviolent masculinity, problematic gender norms, attitudes toward daughters, and adaptive parenting strategies that do not reproduce violence or other dynamic risk factors. Moreover, caseworkers might consider how the criminal justice system supports these problematic hypermasculine ideals particularly in detention facilities (Shade et al., 2012).

Need for parenting programs geared toward justice involved adolescent fathers. Caseworkers voiced a real need for programming geared toward young fathers as male clients outnumber female clients, and thus, young justice involved mothers. While St. Mary’s offers educational programming for young mothers, caseworkers suggested that male clients might feel uncomfortable sitting in a room with a female majority covering female-oriented topics. A review of the existing literature suggests

that although there have been efforts to develop programming geared toward incarcerated teen fathers, no one program is definitively superior (Buston et al., 2012, Loper & Tuerk, 2006). Buston and her colleagues (2012) conducted a comprehensive literature review of all programs designed for justice involved young fathers. Her search yielded 12 studies evaluating 28 programs primarily in the United Kingdom, two in the United States, and primarily with incarcerated young fathers (Buston et al., 2012). Loper and Tuerk (2006) similarly reviewed parenting programs for incarcerated adults. The vast majority of the interventions reviewed by these researchers have been information-based classes that involve videos and discussions to aid in delivering parenting material (Buston et al., 2012; Harrison, 1997; Loper & Tuerk, 2006). Interventions have ranged in length from 4 to 16 weeks, vary in material covered, differ in the skill and expertise of program providers, and have often been catered to a specific sample (Buston et al., 2012; Loper & Tuerk, 2006). Thus, there are no best practices established at this time regarding young offender parenting interventions (Loper & Tuerk, 2006). That said, participants often reported positive experiences (Buston et al., 2012), improved parenting attitudes (Buston et al., 2012; Harrison, 1997; Loper & Tuerk, 2006), and increased parenting knowledge (Buston et al., 2012, Loper & Tuerk, 2006) after participating in these programs. It is important to note, however, that no study used a randomized controlled trial and none documented the long term or behavioural effects of these interventions (Buston et al., 2012). Loper and Tuerk (2006) likewise found that many studies did not use adequate evaluation methods.

Two interventions, however, seem particularly promising and differ from the typical course-based programming. If funding were made available, the EOYJA and St.

Mary's might consider partnering to offer an adapted version of filial therapy. This innovative approach to improving parenting focuses on teaching fathers to play with children while focusing on developing the father's empathy, acceptance of their child, and ability to communicate and encourage their child. The resulting high quality interaction is believed to be therapeutic for children in addition to improving parent-child relationships. As part of the training fathers are able to practice these skills and receive feedback on their interactions (Landreth & Lobaugh, 1998). Landreth and Lobaugh (1998) found that their sample of incarcerated adult fathers showed significant increases in all subscales of the Porter Parental Acceptance Scale, which measures parents' acceptance of their children's feelings as well as elements of unconditional love, and significant decreases in parenting stress as measured by the Parenting Stress Index. Additionally, the children of incarcerated fathers showed increases in positive self-concepts after participating in the program (Landreth & Lobaugh, 1998).

Recently, a similar approach was used with adolescent fathers in a detention facility (Barr et al., 2011). The Baby Elmo program combines changing the physical environment to facilitate father-child interactions with parenting skill training using Sesame Street video segments. In this study, incarcerated adolescent fathers were then given the opportunity to interact and play with their child after the 10 week training session. The Baby Elmo intervention was successful at increasing incarcerated teen fathers' responsiveness to their children as measured by the This is My Baby Measure and by six emotional responsiveness subscales capturing positive interactions (e.g., turn taking). The authors argue that these improved interactions benefit both the incarcerated youth and the child in the long-term (Barr et al., 2011). This study, however, did not use

a control group so some of the effects may be attributed to participants' motivation to become better fathers.

If similar programming is not possible, there is some evidence that information-based interventions have some positive effects, at least in the short-term (Buston et al., 2012). Specific areas to focus on would include teaching practical parenting (e.g., how to change diapers or bathe an infant), improving young fathers' confidence in parenting abilities, self-perceptions and attitudes toward parenting, providing alternative models of masculinity as it relates to fathering, educating fathers on child abuse and accessing social supports, and connecting them with a peer support network of other justice-involved young fathers (Buston et al., 2012; Landreth & Lobaugh, 1998; Loper & Tuerk, 2006). Buston and colleagues (2012) also suggest that interventions that work form a strong theoretical basis, have concrete objectives, make use of skills based methods, and provide opportunities for practice are the most promising.

Increased communication and collaboration with service partners. One of the more important themes that arose from the focus group data was that youth possess a resounding fear of CAS involvement. In fact, the original design of this study included interviews with parenting clients. This piece of the research was ultimately abandoned because youth refused to speak with us about their parenting experiences. The staff members involved in this project believed they were concerned about revealing information that might result in their child being apprehended.

Caseworkers suggested there are a lot of misconceptions regarding the role and the power CAS workers have to apprehend children. To ensure treatment success it is important that CST staff collaborate with CAS personnel to best serve youths' needs.

Part of this work will require involving youth in discussions about CAS, what they do, and under what conditions they will remove children from their care. As suggested by a CST caseworker, CAS operates on a spectrum and is often in favour of having children remain with their parents. Keeping parenting youth well informed about what different agencies are required to do by law may help with greater treatment compliance. In cases where a child has already been apprehended, it is critical that these collaborative efforts involve youth in order facilitate sustained contact between child and parent.

An interesting point raised by Loper and Tuerk (2006), however, is that not every justice-involved parent should be encouraged to maintain and nurture a relationship with their child. In some instances, the child is better served if they are kept away from the parent (e.g., psychopathy, negligence, etc.). For example, some researchers have found that some incarcerated parents use their relationship with their children in manipulative and self-gratifying ways (Loper & Tuerk, 2006). Likewise, although some research suggests children fare better when teen fathers are involved, there have also been studies suggesting that teen father involvement has negative or no effects on the behavior of children (Beers & Hollo, 2009). Caseworkers are encouraged to carefully consider whether youth and their children are best served by increased interactions. Decisions should be considered carefully with input from CAS, St. Mary's, EOYJA staff, the client, and the client's social support network.

Documenting parenting risks and needs. Just as there is great variability in parenting interventions, there are many and diverse parenting related measures that have been used to gauge change (Loper & Tuerk, 2006). According to Landreth and Lobaugh (1998), parents' self-perceptions as adequate caregivers are crucial to improving parent-

child relationships. Caseworker experiences with parenting youth and some research studies suggest that parenting stress is a serious barrier to addressing youth's needs and to encouraging young fathers' involvement in caregiving (Beers & Hollo, 2009). Thus, measurement tools that capture parenting stress and attitudes may be the most useful in assessing risk and need levels. Below is an appraisal of two measures the EOYJA may consider adding to its battery of assessments.

The Parenting Stress Index (PSI) is composed of two domains. The parental distress subscale captures the parent's emotional and mental health while the childrearing stress subscale captures the parent's perceptions regarding their stress levels and the child's resulting problematic behaviour. One study found that incarcerated mothers who scored high on the PSI also reported higher levels of depression and anxiety (Loper & Tuerk, 2006) suggesting the parenting subscale possess good construct validity and may be used to gauge youth's mental and emotional health as it relates to parenting. Other research has demonstrated that parenting stress is higher among abusive parents suggesting the scale may be used to identify parents at risk of abusing their children (Haskett, Ahern, Ward & Allaire, 2006). The childrearing stress subscale alone can distinguish between abusive and non-abusive parents (Haskett et al., 2006). One clear advantage is that the short form (PSI-SF), consisting of only 36 items, retains many of the psychometric properties of the long form (Loyd & Abidin, 1985). It is correlated with the long form at $r = .87$ and has moderate to high correlations with other measures of family functioning (Haskett et al., 2006; Reitman, Currier & Stickle, 2002). It has population norms available for comparison purposes (Haskett et al., 2006) and has been used to gauge change among incarcerated parents (e.g., Landreth & Lobaugh, 1998;

Loper & Tuerk, 2006).

Alternatively, the revised Adult-Adolescent Parenting Inventory is a measure that was designed for use with adolescent as well as adult parents. It uses language at the fifth grade reading level and can be administered orally when needed. It is comparable in length to the PSI-SF taking 10 to 15 minutes to administer 40 items that capture parenting attitudes across 5 domains: inappropriate parental expectations, inability to demonstrate empathy toward child's needs, belief in use of corporal punishment, use of children to meet self-needs, and attitudes regarding restricting child's power and independence. It has been used to identify high-risk parenting practices and has been used to gauge change among incarcerated parents, but not youth (Harrison, 1997; Palusci, Crum, Bliss & Bavolek, 2008). The AAPI appears to be used less often, despite being in existence 10 years longer, as is indicated by the number of published studies using this measure compared to the number of studies that have used the PSI.

Permission to follow up. Finally, while the results of this study are promising, we do not know whether the positive effects of program participation are long lasting. As one caseworker put it, “the thing about us is that we tend to not to stick around beyond the year. So sometimes we won’t see all of those challenges come to a head.” The EOYJA should consider implementing follow-up procedures. This can be accomplished by asking clients to sign consent forms that request permission for follow up contact. At termination, youth can be asked to provide a list of contact information (e.g., of family members and friends in addition to their own) provided they are willing to be contacted in the future. This will facilitate contacting previous clients for feedback and evaluation purposes. To track client progress after termination they may be contacted at 6 months

and at 12 months. A good indicator of program success would be to administer the YLS at these time points, and a parenting measure for youth who are parenting, to see if changes are long lasting or short lived, or if risk factors decrease or increase post termination.

One of the barriers cited by staff members to documenting this kind of information is having an inadequate database set up. To aid in future evaluation work, I have attached a sample data file that can be used as a model for entering incoming data. The organization of variables in this file corresponds to how data would be entered in statistical programs and will, thus, make it easier to share data with future researchers and evaluators (see Appendix E). The other barrier is sufficient funding and staff hours to finance the added work of follow-up data collection. The benefits, however, are worthwhile as they would speak to the program's success at impacting recidivism and parenting in the long run.

Conclusion

In sum, while EOYJA programming is undoubtedly having a positive effect on youth, there are various ways that services for both parenting and nonparenting youth can be improved. First, parenting youth can be better served by developing programming that caters to their nuanced needs. Expanding the parenting intervention to include some of the elements outlined in the recommendations may go a long way to creating a lasting impact. Furthermore, if one or a few caseworkers specialize in treating parenting youth offenders, this means other caseworkers are free to focus on dynamic risk factors and do not overcommit trying to address both dynamic and parenting needs. Avoiding caseworker burnout means their remaining clients continue to receive the best care

possible. At the very least, continuing the existing pilot program, with the potential to expand, is one way parenting needs may continue to be addressed in conjunction with dynamic risk factors. Thus, continuing the pilot program is a worthwhile venture that merits further funding.

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Appendix A

Interview Face Sheet

Participant Pseudonym: _____

Length of Involvement with CST: _____

Current Age: _____

Self-identified ethnicity: _____

Willing to provide feedback/be contacted at a later time (e.g., for member checks):

YES / NO

Interested in receiving a summary of results:

YES / NO

If yes, preferred contact method and information²:

² Please record contact information and willingness or interest in being contacted again on the participant consent form.

Interview Guide

Interviewer: Hello, I'm _____. Thank you for meeting with me today. I would like to talk to you about your experiences with the CST program, specifically the parenting-related services you received. I am interested in knowing what worked well, what did not work so well for you, as well as what other services you think should be offered to parenting youth. Keep in mind there are no right or wrong answer. We are interested in your thoughts, opinions, and experiences to help us better understand how to improve the programs and services that are offered. What you say in this interview will stay between you and me but you should know that we would like to use quotes from this interview when we report the results. Your quotes will only be associated with the fake name you have given so it will be difficult for others to know it was you who said so. Do you have any questions before we begin? (Address any questions or concerns)

Services received:

- 1) Describe for me the kinds of services, skills, or information you received related to parenting³.
 - a. Get information on types of services, duration, from whom, with what goals/intentions
 - b. Did you and your caseworker agree on parenting-related goals as part of your CST programming? What were they?

For each intervention ask:

- 2) How did you, your caseworker, and the worker from St. Mary's come to agree on those services?
 - a. Get information on specific needs that were being addressed
- 3) What did you think of the service(s) you received?
 - a. Initial perceptions:
 - i. Were you hopeful, suspicious, indifferent?
 - ii. Was it something you wanted to do?
 - iii. Was it something you thought you needed?
 - iv. Did you believe it would make a difference?
 - b. Initial motivation level:
 - i. What did you hope to get out of this service?
 - ii. Was it something you were excited to do as part of your programming?
- 4) Tell me about your experience(s) while receiving this service.
 - a. Was it enjoyable?

³ If client did not receive interventions specific to parenting, ask about other interventions that they believe influenced their ability to parent. If client cannot identify any, suggest some that they can speak about and probe for effect it may have had on parenting.

- b. What did you learn?
 - c. Did you regret doing it?
 - d. Would you do it again?
- 5) Was the parenting service you received effective/useful?
- a. What about this service was helpful?
 - b. What about this service was not helpful?
 - c. Did this service help you improve ____/work toward your goal of ____?
 - d. How did it help you improve?
- 6) How have you changed as a result of that parenting service?
- a. How have you used what you learned?
 - b. What can you do now that you couldn't do before?
 - c. What do you feel you have gained from receiving these services?
 - d. If no change - Why do you think receiving these services did not lead to any changes?
 - i. What would have led to changes?
- 7) Have the parenting related services you received affected other parts of your life? How?
- a. Did the services received help with some of your other OAGs? In what ways?
 - i. (Probe for information on if/how parenting interventions impacted other risk factors – e.g., aggression, peers, family dynamics, etc.)

[If client did not receive parenting specific interventions, do not ask the following questions]

- 8) How has the CST program affected your ability to parent?
- a. What skills did you learn as part of your CST program?
 - i. Have you used these to help you parent better?
 - ii. How useful have these skills been in helping you parent better?
 - b. Has your relationship with your child changed as a result of your participation in the CST program? How?
 - c. In what other ways, if any, has your involvement with the CST program changed your ability to parent?

Perceived needs and barriers during program:

- 9) Was there anything about the services you received that you found difficult to work through? (e.g., attending meetings, completing activities, conflicting schedules)
- 10) Was there anything missing from the services you received that would have better helped you?

- 11) Think back to that period of time and your unique experiences as a youth who is also parenting. What parenting related challenges did you/have you experienced in going through the justice system while parenting?
- 12) What parenting related challenges did you experience while receiving services from CST and St. Mary's?
- 13) What do you wish your caseworkers knew about your life as a parenting youth that you think would have helped them better understand you?
- 14) What kinds of supports would you like to see offered to parenting youth involved with the criminal justice system?
- 15) What would you change about the program or services you received to make it better for other participants?

Perceptions of overall program utility/final comments:

- 16) In your opinion, what are the strengths of the parenting/CST program?
 - a. In other words, what *really* worked for you and why?
- 17) Given the chance, would you recommend this program to other people in a similar situation? Why or why not?
- 18) Is there anything else you would like to share with me so I can better understand your experiences?

Survey Questions

Please indicate the extent to which you agree or disagree that the CST program has helped you in the following ways:

- 1) I learned new parenting skills

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

- 2) I have a better sense of what to expect in a parenting role

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

3) I feel confident in my ability to parent

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

4) I know where to go in the community to look for prenatal care and/or parenting related information and/or support.

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

5) I have a better understanding of what healthy relationships look like

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

6) My involvement with the CST program has made me a better parent overall

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

7) On a scale from 1-10, indicate where you would have rated your confidence level in your own parenting abilities *before* you started the CST program:

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 ---
10

8) On a scale from 1-10, how would you rate your confidence level in your own parenting abilities now?

1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 ---
10

Thank participant and debrief.

Post Interview Form

Mood/Tone of the Interview

Participant's Emotional Reactions throughout the Interview

My Emotional Reactions to the Participant

My Emotional Reactions to what the Participant Said

Strengths of the Interview

Weaknesses of the Interview

Additional Comments/Notable Features of the Interview

Appendix B

Online Survey

1. What is this survey about?

Thank you for visiting our survey page! We want to know what you think of the CST program and whether it has helped you and your life as a parent/as someone who parents a child. For the purposes of this survey, you are a parenting youth if a) you are a biological parent and/or b) you are in a relationship with a biological parent.

The goal of this study is to get your point of view on the program so we can make CST better.

Who is running this survey?

This survey was created by a research team composed of CST staff Leigh Couture and Sarah Mouchet, and a researcher at Carleton University, Gisell Castillo.

What does participation involve?

Participating means answering 9 questions. It is completely voluntary so you are free to stop at any time. It shouldn't take more than 15 minutes and you skip questions you don't want to answer.

Is this survey anonymous?

Yes. You don't have to tell us your name.

What will happen to my responses?

Your responses will be used as feedback to help us improve the CST program Gisell Castillo will review the responses and summarize the findings.

What are the risks and benefits?

There are no anticipated risks to participating in this survey. The benefits are that you will help improve the CST program.

Who can I get in touch with if I have questions about this study?

If you have any questions or would like more information about this study, please contact Sarah Mouchet at smouchet@eoyja.ca.

I have read and understand the above information and agree to participate: Yes No

2. The CST program helped me learn new parenting skills.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

3. I have a better idea of what to expect in a parenting role.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

4. I am confident I can parent well.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

Why or why not? _____

5. I know where to go in the community to look for parenting related information and/or support.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

6. I know what healthy relationships look like.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

7. My relationship with my child has gotten better.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

Why or why not?

8. I am better at parenting now than I was before I participated in the CST program.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

Why or why not? _____

9. I would recommend the CST program to other youth going through the same thing.

- Strongly Disagree
- Disagree
- Neither
- Agree
- Strongly Agree

Why or why not? _____

10. Is there anything else you would like to share with us that will help us understand how to improve our services?

*Survey is powered through Survey Monkey and available by the following URL and using "CST" as the password: <http://www.surveymonkey.com/s/DX66GNV>

Appendix C

Text Survey

“Welcome! The following questions r about changes after being in CST.”

Rate whether you agree or disagree with the following statements. “strongly disagree” txt SD. “disagree” txt D. “neither” txt N. “agree” txt A. “strongly agree” txt SA.

- 1) I learned new parenting skills
- 2) I know what to expect in a parenting role
- 3) I am confident I can parent well
- 4) I know where 2 go 4 parenting info/support.
- 5) I know what healthy relationships look like
- 6) My relationship with my child has gotten better
- 7) I am better at parenting now than b4 CST
- 8) The CST program did nothing 4 me
- 9) I would recommend the CST program

“Thank you for taking part in this survey!”

*This scale is for converting text responses

1	2	3	4	5
Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

Appendix D

Caseworker Focus Group Interview Guide

Introduction:

Good morning, my name is Gisell. I have been working with Leigh and Sarah on a project concerning justice-involved youth who are also parenting. One of the goals of this project is to get a better sense of the needs of CST clients who are parenting and since you work with these youth you're in a great position to provide input.

Before we begin, I want to clarify what I mean by "parenting." We've been working with a broad definition so that a youth is considered parenting if they are a biological parent, if they are expecting a child, if their boyfriend or girlfriend is a teen parent or is expecting, or if they are otherwise the primary caregiver of a child.

To be clear, a parenting youth does not necessarily need to be living with the child. So, an uninvolved biological father who's child lives with his parents or the mother, or a mother who's child is in custody would be considered a youth who is parenting.

So, with that definition in mind,

- 1) How many of you currently have clients who are also parenting?
 - a. How many of you have worked with parenting youth in the past?
 - b. For those who do not see clients, in what capacities have you worked with parenting youth?
- 2) Thinking about the youth you have served who are also parenting, have you provided any additional services or resources that you typically do not offer to non-parenting youth?
 - a. What kind of additional services/resources?
- 3) Now I want you to think about how you would structure your treatment plan for a youth who is parenting. How is it different from a treatment plan you might create for a non-parenting youth?
 - a. Do you find your interactions are different when you are with a parenting youth? How are they different?
- 4) Generally speaking, what differences have you noticed between parenting and non-parenting youth?
 - a. Have you found that one group is more challenging or difficult to work with?
 - b. In what ways are they more challenging/difficult to work with?
 - c. What have you found the most challenging about working with parenting youth?
- 5) From your point of view, what extra challenges do parenting youth face?
 - a. What would you recommend for addressing these challenges?

- 6) From your experiences, what services have worked well with/for parenting youth?
 - a. What about those services works well/makes them successful?
- 7) In your opinion, what services are missing or should be introduced to better meet the needs of parenting youth?
- 8) From what you have observed, how do parenting youth fare after they complete the program?
- 9) Is there anything else you would like to share today about the differences you have observed between parenting youth and non-parenting youth?
- 10) Do you have any other suggestions for improving services or treatment plans for parenting youth?
- 11) Is there anything else you'd like to share regarding parenting youth that we haven't covered today?

Appendix E

client	parenting	time	ylstotal	offences	family	educ_employ	peers	subs_use	leisure	personality	attitudes	age	gender	length_involv	location
1555	1	1	34	5	3	7	2	1	4	3	1	17	2	15	3
1555	1	2	31	2	3	3	4	2	3	3	0	17	2	15	3
1555	1	3	25	5	5	5	4	1	3	4	0	17	2	15	3
1555	1	4	15	5	5	7	4	0	3	3	5	17	2	15	3
1556	2	1	40	3	5	6	2	5	1	2	1	18	1	9	1
1556	2	2	25	3	4	5	1	6	1	3	0	18	1	9	1
1556	2	3	27	3	3	4	1	5	1	4	1	18	1	9	1
1556	2	4	25	2	4	4	1	4	1	3	0	18	1	9	1

N.B. Data are hypothetical for illustrative purposes.

Time 1 = at intake

Time 2 = at termination

Time 3 = 6 month follow-up

Time 4 = 12 month follow-up