

Submission by Philip Mendes and Jade Purtell (Department of Social Work, Monash University) to National Children’s Commissioner Roundtable on “Young Parents and Their Children” with a particular focus on young people transitioning from out-of-home care who become early parents (i.e. where the State Parent becomes the state Grandparent)

Below we present the key findings of Australian and international research literature on young people transitioning from out-of-home care who experience early pregnancy and parenthood.

We note that care leavers are over-represented in teenage parenthood statistics, detail the range of contributing factors to this over-representation, and document the policy and practice reforms that are likely to lead to improved outcomes for care leavers including those experiencing early parenthood.

Review of Australian and international literature on Young people transitioning from out of home care and Early parenthood (adapted from Philip Mendes, Guy Johnson and Badal

Moslehuddin, *Young People leaving state out-of-home care: a research-based study of Australian policy and practice*, Australian Scholarly Publishing. Melbourne. 2011).

Care leavers are over-represented in statistics of teenage pregnancy and parenthood. Cashmore & Paxman (1996) found that nearly one in three young women interviewed (nine in total) had been pregnant or given birth soon after leaving care. A follow-up survey when they were 23-24 years old found that a further six young women and two of the young men had become parents, whilst another young woman was pregnant. Overall, 57 per cent (16/28) of the young women interviewed had had children or were expecting one, whilst two of the young men had also become parents (Cashmore & Paxman 2007).

Raman et al (2005) found that 17 of the young people (28 per cent) in their sample became parents either in care or soon after leaving care. A national study by Morgan Disney & Associates (2006) estimated that on the basis of four earlier leaving care studies (Cashmore & Paxman (1996), Maunders et al (1999), Raman et al (2005) and Owen & Lunken (2000) 24 per cent of care leavers had children soon after leaving care which was approximately 24 times higher than the rate of teenage pregnancy in the general population. A national survey by McDowall (2009:60) reported that 5.2 % of the 275 young people still in care, and 22.7 of the 196 young people who had left care were parents.

These findings are also reflected in overseas research. Biehal and colleagues (1995) surveyed 183 young people in 1992 and found that nearly one quarter of young women leaving care in three different local authority areas in England had become parents by the time they moved to independent living or formally departed the care system. In a second survey of 74 care leavers completed in 1994, they found that one third of young people and nearly one half of female care leavers had become parents within 18-24 months of departing care. All were aged 19 years or under at the time of birth. These figures, which were not representative of all care leavers in the UK, differed sharply from the overall population whereby only five per cent of young women aged 15-19 years had children. Other UK studies present similar

findings (Allen 2003; Dixon & Stein 2002; Dixon et al 2006; Ferguson 1966; Hai & Williams 2004; Rainer 2009).

US studies also suggest a disproportionate number of care leavers become young parents. Courtney & Dworsky (2005) found that nearly half the 19 year old females in their Midwest study of 603 care leavers in the USA had become parents. This figure, which was not representative of all care leavers in the USA, was more than twice the number of 19 year olds who had given birth in the general population. Two years later, 71 per cent of the females in this group reported having been pregnant, and 50 per cent of the young men had also become parents (Courtney et al 2007). Other US, Canadian and Swedish studies also present evidence of similar concerns (Barth 1990; Cook 1994; Tweddle 2007; Vinnerljung et al 2007).

Contributing factors

The high rate of early pregnancy and parenthood can be attributed to a range of pre-care, in-care, and after-care experiences. For example, researchers have found that young women who have experienced child sexual abuse before entering care have a limited understanding of sex, sexuality and interpersonal relationships (Cashmore & Paxman 1996; Haydon 2003; Vinnerljung et al 2007). Other pre-care factors may include being the child of a teenage parent, growing up in families characterised by dysfunctional relationships with poor role models, exposure to permissive sexual norms, and limited parental monitoring and supervision (Barn & Mantovani 2007).

A further contributing factor to early parenthood can be the quality and stability of the in-care experience. Many young people in care have lacked consistent and positive adult support. Many experience school exclusion or low educational achievement and some become involved in crime and/ or substance misuse. These outcomes appear to be associated with early sexual activity and pregnancy (Haydon 2003; Rolfe 2003; Chase & Knight 2006; Barn & Mantovani 2007; Cashmore & Paxman 2007). Many young people in care appear to feel unloved and unwanted, and view sex as a means of attaining love and affection. Some young women in care also lack sufficient self-confidence to communicate with partners and insist on safe sex (Biehal et al 1995; Rolfe 2003; Chase et al 2006; Knight et al 2006).

There is also broad concern and mounting evidence that young people in residential care can be at high risk of sexual exploitation and sexual abuse

from other young people, staff and predators in the community (Commission for Children and Young People 2015). Sexual exploitation typically refers to young people in out-of-home care being targeted by others who provide them with money, drugs and other goods and services in exchange for sexual services from the young people (Commission for Children and Young People 2015). Young people in out-of-home care have limited access to 'pocket money' or an 'allowance' which is common for young people to receive from their parents in the community, and placement instability can make part-time employment a difficult thing to maintain. It would seem that a lack of sufficient income and spending money can increase a young person's vulnerability to sexual exploitation. There is little research detailing any relationships between sexual exploitation and early pregnancy.

The experience of residential care can also provide both the opportunity for, and pressure from, peers for involvement in risky behaviour including early sexual experiences (Bruce & Mendes 2008). In addition, there appears to be limited provision of sex and relationship education including access to contraception within residential care (Stein 2004; Broad 2005a; Green 2005; Chase et al 2009). Additional sex education is particularly important for young people in out-of-home care given that many miss out on the sex education that is offered in school due to poor school attendance. Often early pregnancy appears to be the result of ignorance caused by a lack of information or advice from carers (Barn & Mantovani 2007).

It should be acknowledged that early parenthood can present both challenges and opportunities for care leavers. Potential problems can include poverty due to reliance on income support payments, difficulties in attaining secure and appropriate housing, experiences of social isolation and family violence, poorer physical and mental health, and child protection interventions with their own children.

But it is important to note there may also be positive effects associated with early parenthood. A number of studies point out that many young mothers view motherhood as an achievement that brought personal satisfaction and reward and increased maturity and status, and turned them towards a more positive and settled lifestyle (Dixon et al 2006; Rolfe 2008; Stein 2004; 2008). A service system that doesn't address the challenges described above may fail to harness the positive effects that can occur with early parenthood. This risk is especially high for the most vulnerable group of young care leavers.

Whyte (2011) identified a group of young care leavers particularly at risk of homelessness and other poor outcomes. This group typically experienced one or more of the following: mental health issues, intellectual or cognitive disabilities, and issues such as substance abuse, youth justice involvement, violence and sexual vulnerability (Purtell and Mendes 2016). Young people in this group, if the support services system is working as it is designed to, can be referred to and/or working with professionals at different organisations and in different services for each of the issues listed above as well as many more.

Fairhurst, David and Corrales (2015), in their study of the needs of young women who were parenting whilst in care, argued that placement instability in out-of-home care and having multiple workers after being removed from their own families can lead to mistrust of the Child Protection system as well as a concern that their children will be removed (Fairhurst, David and Corrales 2015).

Improving outcomes for care leavers including those experiencing early parenthood

The international research summarized by UK researcher Mike Stein (2004; 2008) argues that three key reforms are required to improve outcomes for care leavers: improving the quality of care, a more gradual and flexible transition from care, and more specialized after-care supports.

The focus of the first reform is to improve the quality of care. Positive in-care experiences involving a secure and trusting attachment with a supportive carer are essential in order to overcome the damaging impact of pre-care experiences of abuse or neglect (Gaskell 2010). This involves providing stability and continuity, what Cashmore and Paxman (2006b) call 'felt security in care' in terms of being loved and belonging, an opportunity, if possible, to maintain positive family links which contribute to a positive sense of identity, assistance to overcome educational deficits and holistic preparation. Foster care placements, small children's homes and residential care with a therapeutic orientation appear to be most successful in addressing young people's emotional and educational needs. But to use a football analogy we can't just measure children's progress at the age of 15 or

16 years and then stop there because if we do it is a bit like a football team which plays one half of a grand final, but fails to play the last half which actually decides the outcome. It also needs to be acknowledged that some young people leave care abruptly at 15 or so years of age and commonly refuse to participate in transition planning. Nevertheless, this group of young people should still be entitled to ongoing support at a latter stage if, and when, they want it.

The second component is the transition from care. This includes both preparation for leaving care, and the actual moving out from the placement into transitional or half-way supportive arrangements from approximately 16-21 years. The transition from care needs to become a gradual and flexible process based on levels of maturity and skill development, rather than simply age. Without family assistance, care leavers cannot reasonably be expected to attain instant adulthood. It is not possible for them to successfully attain independent housing, leave school, move into further education, training or employment, and in some cases become a parent, all at the same time. Rather these tasks need to be undertaken sequentially. As reflected in the 'focal model of adolescence', they need to be given the same psychological opportunity and space all young people require to progressively explore a range of interpersonal and identity issues well into their twenties. This also means being given second or third chances when necessary (DCSF 2010; Dumaret et al 2009).

Those who leave care later generally have better outcomes, and this is particularly the case where young people are able to remain in care past their 18th birthday. The evidence from the USA, where some States have delayed the discharge from care till 21 years, suggests that those who leave care at an older age are likely to do better because they are provided with greater ongoing social and economic support commensurate to that usually provided by a birth family (Courtney & Dworsky 2006).

The third component is ongoing support after care until approximately 25 years of age. This may involve a continuation of existing care and supports and/or specialist leaving care services in areas such as accommodation, finance, education and employment, health and social networks. Ongoing support reflects messages drawn from life course theory which emphasize that transitions to independence vary according to the diversity of life experiences, and that care leavers should not be expected to conform to normative ideals of maturation and timing (Horrocks 2002). The research

evidence suggests that effective after-care interventions can facilitate ‘turning points’ that enable young people to overcome the adverse emotional impact of earlier traumatic experiences (Wade & Munro 2008: 219).

Currently, many Australian care leavers are without this kind of ongoing support, and thus those who experience early pregnancy and parenting do so often without the educational attainment, family support and stability of accommodation and social and community networks that other young people in the community can often take for granted. There is a dearth of research investigating early parenting amongst care leavers. It is unclear how these disadvantages can impact young care leaver parents though we may reasonably deduce that it may be more difficult for such young people to earn sufficient income to access safe and suitable housing, and access supportive family, social and community networks – the ‘village’ that raises children. These young people may also lack support networks and assistance to advocate for themselves and their children when Child Protection is involved and court processes are underway, for example.

There is speculation and anecdotal evidence that young care leaver parents experience Child Protection involvement with their own children at higher rates compared with others in the general population. If this is the case it is worth considering what access such young people have to parenting support and advocacy within the legal and Child Protection systems. Care leavers face a number of specific disadvantages in the community that could result in parenting challenges. Access to housing would be a prime example of this. Many care leavers experience homelessness within 12 months of exiting care. It is unclear what impact housing instability and risk of homelessness may have on Child Protection’s assessments of their parenting abilities. Furthermore, if young parents are forced into unsafe, unstable or inappropriate housing because of homelessness, this may contribute to Child Protection involvement and removal of children despite other parenting skills being quite adequate.

It is also worth considering whether Child Protection practitioners currently have formal or informal access to care leaver’s personal records and health information in making assessments about their parenting abilities. This would presumably not be the case for other groups in the community potentially meaning that young parents in care or who have left care may be subject to greater levels of ‘supervision’ by Child Protection authorities. The CREATE Foundation has recently released a short video on young care

leaver's perceptions of stigma in the ways they feel they are treated by community and support workers (CREATE 2017). In the video young people describe being labelled with negative titles such as drug addict, drop out, delinquent and outcast, for example.

Specifically, a number of in-care, leaving care and after-care reforms are needed either to prevent pregnancy in the first place or, alternatively, to maximize the prospects of successful parenting given that parenting can potentially be a crucial turning point in shifting care leavers towards a more positive lifestyle.

Teenage pregnancy-prevention programs including sexual education should be offered to all young people in out-of-home care. There also needs to be active monitoring to ensure that both boys and girls have ready access to birth control, and relevant professional training provided to carers so that they can provide crucial information to young people (Bilaver & Courtney 2006; Davidson 2006; Lopez & Allen 2007; Vinnerljung et al. 2007).

In addition, young parents transitioning from care should not have to change placements and lose access to support services, particularly where they are receiving crucial support from foster carers that is enabling them to successfully care for their child (Rutman et al 2002; Dominelli et al 2005).

Holistic and ongoing parent support programs should be available to assist care leavers who become young mothers and young fathers. They will need help with both emotional and practical issues, including finances to purchase clothes and equipment for a new baby, pre-natal classes, birth information, parenting skills, housing, social inclusion, advice on breastfeeding, re-negotiating relationships with family members, and access to formal or informal support networks (Biehal et al 1995; Wheal 2005; Chase & Knight 2006).

Parent support programs may include mutual support groups, extended support from foster carers, advice lines, and mentoring and advocacy schemes operated by parents who were formerly in care. For service provision to be effective it needs to be nonjudgmental because many care leavers are particularly sensitive about any criticism of their parenting skills. Support should focus on providing young parents with the skills and resources that will prevent their own children being placed in care

(Cashmore & Paxman 1996, 2007; Rolfe 2003; Hai & Williams 2004; Surcouf 2006).

Positive examples from UK leaving-care schemes include young parent groups that offer an opportunity to share common concerns, acquire assistance with parenting skills and generally discuss the challenges of parenthood. Some schemes also offer more individually based support to reduce social isolation. These include specialist teenage-parent midwifery services that appear to be highly valued by care leavers (Biehal et al. 1995; Broad 2005a; Chase & Knight 2006). Similar pregnancy support programs are also offered in a number of Baltic Sea states including Estonia, Poland and Russia (Erentaite 2008).

In Australia, the limited information that exists would suggest that few state or territory programs specifically target pregnancy and early parenthood issues, although some programs provide holistic and ongoing support that may include support to pregnant and parenting care leavers (London et al. 2007). St Luke's Anglicare (2009) have recently proposed the introduction of an intensive parenting skills service which will provide pre-birth and post-birth support to care leavers who become parents. Further research to identify the risk factors for early pregnancy and the needs of care leavers experiencing pregnancy and early parenthood, the effectiveness of current services in meeting these needs and any service gaps or unintended barriers to access, intergenerational links with child protection, and potential new service directions such as peer mentoring models, is required.

Summary of Limitations of current Leaving Care System in all states and territories

- Post-care supports for young people 18 years and over are discretionary, not mandatory;
- Many care leavers are not developmentally ready at 18 years to live independently;
- There is no guarantee of housing support so that many care leavers exit directly into homelessness, and others endure ongoing housing instability.
- Too many programs within and beyond OHC focus on preparing for independence, rather than for ongoing support or interdependence.

Limitations of Leaving Care Services and Early Parenting in Victoria

- Homelessness and housing instability can lead to unsafe environments for infants and children and consequent Child Protection involvement including removal of children.
- Applications for Public Housing can be affected by pregnancy and risk of removal of children by Child Protection.
- Young people in care and Care leavers may be subject to closer scrutiny as young parents due to statutory involvement of Child Protection in their own lives
- Child Protection involvement can preclude young parents from accessing voluntary parenting support programs such as Family Services, leaving their parenting support to be provided by Child Protection services who hold responsibility for assessing children for safety and removal as well as supporting young parents to safely look after their children.

In our opinion, three structural initiatives would add to the capacity of our system to meet the needs of all care leavers. The first would be the introduction of the **Corporate Parenting philosophy** which underpins the UK model of support.

This concept refers to the responsibility of state authorities to introduce policies, structures and roles that actively compensate children and young people in care for their traumatic pre-care experiences, and offer them the

same ongoing nurturing and support as typically experienced by their peers who are not in care in order to maximize their ambitions and achievements. It emphasizes a shared responsibility between different departments such as education, health, and child welfare. This means in practice providing them with the best possible placement experiences in terms of stability and supportive relationships until their care order ends, and then continuing to take responsibility for their welfare until they are at least 21 years old. The term ‘corporate’ refers to the fact that organisations are involved in parenting children and young people in care, and the need to ensure that structures are in place to support the individual carers who parent within that system.

Secondly, we propose the introduction of a **national leaving care framework** similar to that of the UK which could be actioned via the existing national framework for protecting Australia’s children. A national framework would arguably address a number of key weaknesses of the existing Australian system such as the wide variation in policy and legislation between the states and territories and even within individual jurisdictions, and the otherwise unnecessary disruption of supports for young people who shift from one jurisdiction to another.

It would also improve opportunities for national benchmarking, and place pressure on poorer services to improve their standards via the introduction of a Guidance and Regulations document that would clarify the obligations of all service providers to care leavers. It is also evident from the UK experience as reflected in the introduction of the Children (Leaving Care) Act 2000 that national legislation is likely to increase the profile of leaving care, and drive improved resourcing and higher quality of service provision. In Australia, although Child Protection is a state jurisdiction, income support and a range of key welfare services for adults are funded by the federal government through Centrelink and Medicare. The Transition to Independent Living Allowance, a one-off \$1500 payment for eligible care leavers is also administered federally. Thus the federal government already bears a great deal of financial responsibility for young care leavers.

Thirdly, we need to establish a **National Data Base** similar to that of the UK Department for Education freely accessible on the internet which would allow us to monitor the progress of care leavers till at least 21 years; measure outcomes in key areas such as education, employment, health, housing, parenthood, substance use, social connections, and involvement in

crime; and analyse differences in the effectiveness of various states and territories and NGO policies and programs. Some of this data could be more easily available if community services providing support in these areas asked service users if they had previously been in care as part of their intake and assessment processes. This would allow reporting on the numbers of care leavers requesting community service assistance.

In summary, there is **overwhelming evidence** that state and territory governments need to do more to improve the life chances of care leavers. Good policy **intentions** need to be backed up by **serious funding** for ongoing support services. Care authorities should aim to approximate the ongoing and holistic support that responsible parents in the community typically provide to their children after they leave home till at least 25 years. Providing adequate supports for care leavers in Australia is relatively cheap given the small number of care leavers in any one year, and will provide substantial social and economic gains for both the young people concerned and Australian society more generally.

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PUBLISHED ARTICLE

Philip Mendes, "Improving outcomes for teenage pregnancy and early parenthood for young people in out-of-home care", Youth Studies Australia, Volume 28, No.4, 2009, pp.11-18.

Abstract: Young people leaving out-of-home care are arguably one of the most vulnerable and disadvantaged groups in society. Compared to most young people, they face particular difficulties in accessing normative developmental and transitional opportunities. One particular manifestation of this disadvantage is their over-representation amongst teenage parents. This paper examines the research literature and identifies the key factors contributing to early pregnancy and parenthood for care leavers, the challenges of early parenting and the positive effects of early parenting. The implications for out-of-home care policy and practice are outlined and supports and programs that may contribute to better outcomes are identified.

Keywords

Young people leaving care, teenage pregnancy, early parenthood, better outcomes

Introduction

Leaving care is formally defined as the cessation of legal responsibility by the state for young people in out-of-home care (Cashmore & Mendes 2008). But in practice, leaving care is a major life event and process that involves transitioning from dependence in out-of-home care to independence. Young people leaving out-of-home care are arguably one of the most vulnerable and disadvantaged groups in society. Compared to most young people, they face particular difficulties in accessing age-appropriate developmental and transitional opportunities. Care leavers have been found to experience significant health, social and educational deficits including homelessness, involvement in juvenile crime and prostitution, mental and physical health problems, poor educational outcomes, and inadequate social support systems (Maunder, Liddell, Liddell & Green 1999; Community Affairs References Committee (CARC) 2005; Bromfield & Osborn 2007; Cashmore & Paxman 2007).

National studies on prevalence

Care leavers are over-represented in Australian statistics of teenage pregnancy and parenthood. It should be noted, however, that most Australian studies are small-scale qualitative studies which are not statistically representative of the overall number of care leavers who total about 1800 each year. At present, there is no monitoring of young people after they leave the care system. Hence we cannot accurately state the proportion of care leavers who become teenage parents, or compare this proportion with the percentage of teenage parents in the general population. Nevertheless, the existing studies still provide some rich evidence on the experiences of care leavers.

For example, a 1996 NSW study by Cashmore & Paxman found that nearly one in three young women interviewed (nine in total) had been pregnant or given birth soon after leaving care. A follow-up study four to five years after this group had left care when they were 23-24 years old found that a further six young women and two of the young men had become parents, whilst another young woman was pregnant. Overall, 16 of the 28 young women interviewed (that is 57 per cent) had had children or were expecting one, whilst two of the young men had also become parents (Cashmore & Paxman 2007).

A study of 60 care leavers in Victoria (Raman et al 2005) found that 17 of the young people (28 per cent) became parents either in care or soon after leaving care. A smaller study of rural care leavers in Victoria by Bonnice (2002) found that of six young people interviewed, one became pregnant whilst in care, and three other young women and one young man became parents soon after leaving care. A study of 20 Victorian care leavers by Moslehuddin (2009) found that six of the young people – three females and three males - had become parents shortly after leaving care. One of the women already had five children when she was interviewed at the age of 26 years. A national study by Morgan Disney & Associates (2006) estimated on the basis of four earlier leaving care reports by Cashmore & Paxman (1996), Maunders et al (1999), Raman et al (2005) and Owen & Lunken (2000) with a total sample size of 288 young people that 24 per cent of care leavers had children soon after leaving care which was approximately 24 times higher than the rate of teenage pregnancy in the general population.

International studies on prevalence

These findings are also reflected in overseas research. An early study by Ferguson (1966) found that more than 10 per cent of a sample of 95 female care leavers in Scotland had given birth prior to their twentieth birthday. Biehal and colleagues (1995) found in one survey of 183 young people conducted in 1992 that nearly one quarter of young women leaving care in three different local authority areas in England had become parents by the time they moved to independent living or formally departed the care system. In a second survey of 74 care leavers completed in 1994, they found that one third of young people and nearly one half of female care leavers had become parents within 18-24 months of departing care. All were aged 19 years or under at the time of birth. These figures, which were not representative of all care leavers in the UK, differed sharply from the overall population whereby only five per cent of young women aged 15-19 years had children.

A study of 79 Scottish care leavers by Dixon & Stein (2002) reported that almost one in ten care leavers became parents within six months of leaving care. A study of 36 care leavers in Yorkshire (Allen 2003) found that four of the young women were either parents or pregnant, and a study of 55 care leavers in London (Hai & Williams 2004) found that 13 per cent were parents or were pregnant shortly after leaving care. Research by Rainer (2009) estimated that female care leavers aged 15 to 17 years in England were three times more likely than other young women of their age to become teenage mothers. During 2007, 360 young women aged 12-17 years had given birth whilst still in care.

Barth (1990) found that 40 per cent of 55 recent care leavers in the San Francisco Bay area had been pregnant since departing foster care. The national Westat study of care leavers in the USA found that 17 per cent of females in an overall sample of 810 young people had been pregnant by the time they left care (Cook 1994). Similarly, Courtney & Dworsky (2005) found that nearly half the 19 year old females in their Midwest study of 603 care leavers in the USA had become parents. This figure, which was not representative of all care leavers in the USA, was more than twice the number of 19 year olds who had given birth in the general population. Two years later, 71 per cent of the females in this group reported having been pregnant, and 50 per cent of the young men had also become parents (Courtney et al 2007).

A 1994 Canadian study of 29 care leavers aged 18 years reported that 50 per cent of female care leavers became mothers shortly after transitioning from care. A later 2006 study found that one third of 37 young people who had recently left foster care were parents (Tweddle 2007). And a Swedish study by Vinnerljung and colleagues (2007) based on 50,000 former child welfare clients found that 16-19 per cent of girls and 5-6 per cent of boys who had been in care become teenage parents. Care leavers were two to five times more likely than other young people to become parents before the age of 20.

Approach to the review of the literature

This paper is part of a larger long-term study of leaving care policy and practice in Australia and internationally. That broader study includes a review of all available English-language literature on leaving care, and has found significant commonalities in leaving care outcomes. This paper has drawn on that literature review to identify the key issues confronting care leavers who have experienced teenage pregnancy and/or early parenthood, and possible policy solutions. An obvious limitation of this methodology is that most of the literature cited presents generic leaving care studies which include some information on teenage pregnancy and early parenthood. Only a few of the studies specifically targeted care leavers experiencing teenage pregnancy and early parenthood.

Contributing Factors to Early Parenthood

The high rate of early pregnancy and parenthood can be attributed to a range of before care, during care, and after care experiences.

Experiences prior to care

Many care leavers have experienced physical, sexual or emotional abuse or neglect prior to entering care. These experiences of abuse and neglect may contribute to ongoing social, emotional and psychological problems, developmental delay, and/ or significant behavioral difficulties compared to children and young people from a non abusive family background (Mudaly & Goddard 2006; Osborn et al 2008). Research suggests that many teenage parents who have been in care experience a range of mental health problems

including depression and self-harm, and poor self-esteem (Barn & Mantovani 2007).

Researchers have found that young women who have experienced child sexual abuse before entering care have a limited understanding of sex, sexuality and interpersonal relationships (Cashmore & Paxman 1996: 133; Haydon 2003: 10-11; Vinnerljung et al 2007: 99). Other pre-care factors may include experiences of growing up in families characterised by dysfunctional relationships with poor role models, exposure to permissive sexual norms, and limited parental monitoring and supervision (Barn & Mantovani 2007).

Experiences in care

Contributing factors to early parenthood can also be the quality and stability of the in-care experience. Many young people in care have experienced poor quality caregivers, multiple placements, a number of carers, been enrolled at several schools and had poor continuity of caseworkers. These young people are less likely to receive consistent and positive adult support. Many experience school exclusion or low educational achievement. They may become involved in crime and/ or substance misuse. These outcomes appear to be associated with early sexual activity and pregnancy (Haydon 2003: 10; Rolfe 2003: 12; Chase & Knight 2006: 83-84; Barn & Mantovani 2007: 231-233; Cashmore & Paxman 2007: 76). Many young people in care appear to feel unloved and unwanted, and view sex as a means of attaining love and affection. Some young women in care also lack sufficient self-confidence to communicate with partners and insist on safe sex (Biehal et al 1995; Rolfe 2003; Chase et al 2006; Knight et al 2006).

More specifically, the experience of residential care can provide both the opportunity for, and pressure from, peers for involvement in risky behaviour including early sexual experiences (Bruce & Mendes 2008). In addition, there appears to be limited provision of sex and relationship education including access to contraception within residential care (Stein 2004; Broad 2005; Green 2005; Chase et al 2009). Additional sex education is particularly important for young people in out-of-home care given that many miss out on the sex education that is offered in school due to poor school attendance. Often early pregnancy appears to be the result of ignorance caused by a lack of information or advice from carers (Barn & Mantovani 2007).

Challenges of Early Parenthood

Access to further education, training and employment

Teenage pregnancy can limit young women's life chances and opportunities. Many teenage mothers have little education and live in subsidised housing. Without access to suitable transport and child care it is difficult to undertake further education or training. They can then fall into a "benefits trap" where there is little incentive for them to seek paid work because their lack of qualifications limits their earning capacity (Hobcraft & Kierman 1999; Allen 2003; Haydon 2003; Rolfe 2003; Surcouf 2006; Cashmore & Paxman 2007; Vinnerljung et al 2007; Rolfe 2008).

Poverty appears to be commonplace among care leavers with children. Research studies conducted in the UK (Biehal et al 1995; Broad 2003; Rolfe 2003; Hai & Williams 2004; Knight et al 2006) and Australia (Cashmore & Paxman 2007) found that most young parents were reliant on income support payments, experienced considerable financial hardship, and in many cases had incurred significant debts. Many young fathers appear to have a history of truancy, were serving or had previously served custodial sentences, and/or had ongoing substance abuse problems (Tyrer et al 2005; Chase & Knight 2006).

Affordable housing

Secure and appropriate housing can also be difficult to afford and many young parents live in unsafe and unhygienic environments with vulnerability to drug use and sexual assault in some cases (Broad 2003; Chase & Knight 2006; Chase et al 2006; Chase et al 2009). However, Biehal and colleagues (1995) and Cashmore & Paxman (2007) reported more positively that most of their sample were able with the assistance of social workers to attain satisfactory accommodation.

Contact with friends and family

A number of ex-care young mothers specifically experience social isolation and family violence. Cashmore & Paxman (2007) reported that eight of the 15 young mothers in their study lacked social and emotional support, and 11

of the mothers had been in violent relationships including a number still residing with controlling or violent partners. Similarly, Broad (2005) indicated that half the 33 young women in his study reported significant violence from current or ex-partners.

Care leavers are also less likely to enjoy family support during and after the pregnancy. Rolfe (2003) found that one third of her sample had no contact with their family of origin, and had to rely on friends or professional workers for assistance. But conversely, some received significant and ongoing support from foster carers. Biehal and colleagues (1995) reported more positively that parenthood brought increased contact with some families, and often support from immediate or extended families was significant. However, this renewed contact was rarely unproblematic, and often stirred up complex and unresolved memories and feelings regarding past experiences. Cashmore & Paxman (2007) similarly reported mixed findings with some mothers experiencing positive contacts with family members or their partner's family, but others experiencing problematic relationships.

Child protection intervention

A minority of care leavers experience child protection interventions with their own children. As with the earlier figures on pregnancy and early parenthood, it is difficult to estimate how representative these figures are of the total number of care leavers. Nevertheless, the figures do suggest that care leavers who become teenage parents are more likely than the general population to come to the attention of child protection authorities.

Biehal and colleagues (1995) reported that five of the 25 parents in their sample had contact with child protection agencies, but only in one case was a legal order used to remove a child at risk of harm. However, they were critical of two aspects of these interventions. Firstly, they tended to involve a social worker who was already working with the care leaver, but no attempt was made to separate the roles of supporting the care leaver and supporting the child. Secondly, social work involvement with care leavers who were young parents often tended to focus more on monitoring and surveillance of their parenting skills, rather than the provision of support to them as care leavers.

Rolfe (2003) reported that three of the 20 young mothers interviewed had children removed by child protection, although two of the children had been returned to their care. These mothers also expressed concern that authorities placed more emphasis on surveillance than support, and felt that they were under greater scrutiny than other parents. Some of the same concerns were expressed by the 63 young parents interviewed in the Chase et al (2006) study who felt that they were subjected to more critical judgements than other young parents. Canadian research similarly suggests that the state places too much emphasis on punitive scrutiny and surveillance of young mothers, rather than providing structural supports to enhance their parenting resources (Rutman et al 2002; Dominelli et al 2005).

Two of the nine mothers in the Cashmore & Paxman study (1996) had their children voluntarily placed in foster care because they were unable to cope. Another five mothers expressed a fear that their children would be placed in care. In the follow-up study (Cashmore & Paxman 2007), a number of mothers remained fearful of contact with the child protection department, and viewed department workers as more concerned with monitoring and control than with providing assistance to young parents.

The Victorian figures were particularly high. Three of the five parents in the study by Bonnice (2002) had their children removed and placed in care. Fifty-four per cent of the parents in the study by Raman and colleagues (2005) sample had experienced child protection involvement with almost all cases involving a care and protection order. Reasons cited included domestic violence, substance abuse, mental health concerns and child abuse. Three of the six parents in the study by Moslehuddin (2009) reported child protection interventions leading to permanent care orders. Two of these parents had substance abuse problems. Morgan Disney & Associates (2006) estimate that nationally about 24 per cent of care leaver parents have contact with child protection authorities.

Positive Effects of Early Parenthood

Despite the challenges outlined above, many care leavers overcome difficult circumstances, and become happy and successful parents. This is particularly the case when they are provided with consistent, adequate and ongoing personal and financial support (Hai & Williams 2004; Stein 2004; Chase & Knight 2006). Many young women appear to view motherhood as an opportunity and achievement. While parenthood involves hard work,

added expenses, and limits on personal freedom it can bring huge personal satisfaction and reward (Rolfe 2008).

Young mothers in a number of studies have described parenthood as a life changing event which turned them towards a more positive and settled lifestyle. They were motivated to leave behind risky behaviours such as substance misuse, casual and unsafe sex, and involvement in crime. Instead, parenthood gave them a new sense of stability, maturity and purpose, and a feeling of adult status and identity that they previously lacked. Many express pride in being able to provide the competent care that their parents failed to provide. Becoming a mother also seems to fill the emotional void in their life as they receive the love and affection that they were denied by their own parents or family (Biehal et al 1995; Broad 2003; Haydon 2003; Rolfe 2003; Dominelli et al 2005; Chase & Knight 2006; Chase et al 2006; Knight et al 2006; Barn & Mantovani 2007; Cashmore & Paxman 2007).

Tyrer and colleagues (2005) presents similar findings for young fathers who expressed positive feelings towards their children, and stated that parenthood had contributed to a greater sense of maturity and responsibility including in some cases giving up drugs and ending disruptive friendships.

Implications for Policy and Practice

All the available local and international research suggests that significant supports and programs are needed to compensate care leavers for the disadvantages produced by their traumatic pre-care experiences, their lack of family support, and in some cases, their less than supportive substitute care experiences. At the very least, care authorities should aim to approximate the ongoing and holistic support that responsible parents in the community typically provide to their children after they leave home till at least 25 years. With regards to early parenthood, a number of in-care, leaving care and after care reforms are needed either to prevent pregnancy in the first place, or alternatively to maximize the prospects of successful parenting.

Stability and continuity in care

Providing high quality care is essential to overcome the damaging pre-care experiences of abuse or neglect. This involves providing stability and continuity in placements, felt security in care in terms of being loved and

belonging, a positive sense of identity, assistance to overcome educational deficits and holistic preparation (Stein 2008).

Teenage pregnancy prevention programs including sexual education and distribution of contraceptives should be offered to all young people in out-of-home care. There also needs to be active monitoring to ensure that both boys and girls have ready access to birth control, and relevant professional training provided to carers so that they can provide crucial information to young people (Bilaver & Courtney 2006; Davidson, 2006; Vinnerljung et al, 2007).

Flexible transitioning out of care

The transition from care needs to be less accelerated, and instead become a gradual and flexible process based on levels of maturity and skill development, rather than simply age. Care leavers ageing out of care should not have to change placements and lose access to support services irrespective of their personal circumstances. This is particularly important where young mothers are receiving crucial support from foster carers that is enabling them to successfully care for their child (Rutman et al 2002; Dominelli et al 2005).

After care programs and support

Holistic and ongoing programs of parent support should be available to assist care leavers who become young mothers. They will need help with both emotional and practical issues including finances to purchase clothes and equipment for a new baby, pre-natal classes, birth information, parenting skills, housing, social inclusion, advice on breastfeeding, and accessing formal or informal support networks. Young fathers will also need to be specifically engaged, and encouraged to participate in the birth and parenting process (Wheal 2005; Chase & Knight 2006: 99).

These programs may include mutual support groups, extended support from foster carers, advice lines, and mentoring and advocacy schemes operated by mothers who were formerly in care. For service provision to be effective it needs to be non-judgmental given the particular sensitivity that many care leavers will have about any criticism of their parenting skills. Support should focus on providing young parents with the skills and resources that will

prevent their own children being placed in care (Cashmore & Paxman 1996; 2007; Rolfe, 2003; Hai & Williams 2004; Surcouf 2006).

Some positive examples from the UK leaving care schemes include young parent's groups which offer an opportunity to share common concerns, acquire assistance with parenting skills, and generally discuss the challenges of parenthood. Some schemes also offer more individual-based support to reduce social isolation. These include specialist teenage parenting midwifery services which appear to be highly valued by care leavers (Biehal et al 1995; Broad 2005; Chase & Knight 2006). Similar pregnancy support programs are also offered in a number of Baltic Sea States including Estonia, Poland and Russia (Erentaite 2008).

Most Australian states and territories have now recognized the humanitarian and economic arguments for greater investment in post-care programs. As early as 1996, New South Wales introduced both legislative and policy supports for young people leaving care. Western Australia, Queensland, South Australia and Victoria have also made significant recent progress in this direction. Tasmania, the Northern Territory and the Australian Capital Territory are all currently developing service responses (Create Foundation, 2008).

However, most local programs are relatively new, and have not been subject to formal evaluation. The limited information which exists would suggest that few state or territory programs specifically target pregnancy and early parenthood issues, although some programs provide holistic and ongoing support which may include support to pregnant and parenting care leavers (London et al 2007). Further research to identify the needs of care leavers experiencing pregnancy and early parenthood, the effectiveness of current services in meeting these needs, and potential new service directions such as peer mentoring models, is clearly required.

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