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## **CHAPTER 6**

### **IS EARLY PARENTHOOD SUCH A BAD THING?**

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Research on young parents who have experience of local authority care is fairly limited and to date has been somewhat pre-occupied with the assumed negative impact of early pregnancy on life outcomes and prospects for young people in care. Yet the idea that pregnancy precludes other opportunities supposes that all young women (and indeed young men) have equal access to opportunities and life chances. However, there is a substantial research base that tells us that this is not the case and that young people in and leaving local authority care face significant disadvantages on many fronts. This chapter explores some of these issues in more detail and draws both on the existing literature base and on more recent research conducted by the authors.

The chapter will discuss how, despite at times facing significant hardship, many young people in and leaving care manage to be successful and happy parents. Little has been written about positive outcomes for young people from care who become parents at a young age. For instance, there has been little, if any, acknowledgement that pregnancy and parenthood can provide a focus and stabilising influence for young people who perceive themselves to be caught up in chaotic and often harmful lifestyles.

To illustrate these points the chapter will draw on findings from a Department of Health-funded study of young parents in and leaving care, focusing on those young

people who view parenting as a life changing and worthwhile experience, and will highlight the factors that have enabled them to feel they have coped and succeeded. In so doing, it will demonstrate how current developments in policy and practice appear to have the potential to influence the level, type and acceptability of support available to young parents, thus improving outcomes for the mother, the child and, to a more limited extent, the father.

## **RESEARCH ON YOUNG MOTHERS AND FATHERS**

International comparisons show that England has the highest rate of teenage conceptions in Western Europe (UNICEF, 2001). There is now a significant body of research identifying key contributing factors to early pregnancy and parenthood (Cheesbrough *et al.* 1999; Kane and Wellings, 1999, Social Exclusion Unit, 1999; Swann *et al.* 2003), and, while it can be a positive experience for some, research findings show that young parents (and their children) are more likely to experience long-term social exclusion and other poor outcomes compared to their peers (Kiernan, 1995; Botting *et al.* 1998).

Limited research suggests that young people in, or leaving, care, are at heightened risk of teenage pregnancy (Brodie *et al.* 1997; Corlyon and McGuire, 1997; Corlyon and McGuire, 1999). The 1958 Birth Cohort study found that at 33 years, young people who spent time in care were 2.5 times more likely to be teenage mothers or fathers under 22 years, than their peers (Hobcraft 1998). Biehal *et al.* (1992) found that 25 per cent of care leavers had a child by age 16, and that 50 per cent were mothers within 18-24 months of leaving care (Biehal *et al.* 1995). However, the sample sizes

in these latter studies were small and research evidence to support a clear-cut association is still limited. At the time of the research and indeed at the time of writing, there were no official statistics on the numbers of young people in local authority care, or those leaving care who were pregnant or parents. A survey of local authorities, conducted in 2002, as part of the same research project, revealed that less than 40 per cent of local authorities surveyed collected any data on the young people in their care who became pregnant or parents.

As noted in chapter 3, extensive research has, however, demonstrated the generally poor life outcomes for young people leaving care. These include a disproportionately high vulnerability to health problems, including mental health difficulties and substance misuse (Saunders & Broad, 1997; Utting, 1997; Department of Health, 1997; House of Commons Health Committee, 1998; Skuse & Ward, 1999; Arcelus *et al.*, 1999; Buchanan, 1999; Richardson & Joughin, 2000; Wylter, 2000). Limited access to education and a lack of educational qualifications or aspirations (Borland *et al.*, 1998; Jackson, 2001; Kiernan, 1995; NCH, 2000) have been linked to high levels of unemployment, poverty and homelessness (Biehal *et al.*, 1995; Social Exclusion Unit, 1998; Vernon, 2000; Stein & Wade, 2000; NCH, 2000). There is also an increased likelihood of running away (Wade *et al.*, 1998; Stein & Rees, 2002) and involvement with the criminal justice system (NCH, 2000; Courtney *et al.*, 2001).

Young people in and leaving care, therefore, exhibit a clustering of the risk factors associated with teenage pregnancy more generally. Furthermore, research illustrates that they are more likely to experience family relationship disruption (Musick, 1993; Sweeting and West, 1995); low self-esteem (Emler, 2001); a lack of access to good quality sex and relationships education (Corlyon and McGuire, 1999; Health

Development Agency, 2001; Wellings et al. 2001) and difficulties in accessing health services (Social Services Inspectorate, 1998).

While there is only limited research on young women in and leaving care who become pregnant, still less is known about young fathers with experience of care (Coleman, 2001). Research on young fathers generally, suggests that young men tend to become fathers at a slightly later age (around 18 or 19) than young women become mothers (Burghes *et al.*, 1997). Factors associated with teenage motherhood are also commonly associated with teenage fatherhood (Dennison & Coleman, 2000). Teenage fathers are more likely to have been involved in youth offending, with some estimates suggesting that more than a quarter of men in young offenders' institutions are already fathers or expectant fathers (Dennison and Lyon, 2003). They are also more likely to have engaged in truancy and to have left school at 16 than young men who do not become fathers in their teenage years. However, there is limited evidence of a direct causal effect between educational 'drop-out' and fatherhood (Dearden *et al.*, 1995).

Teenage fathers, whether or not they live with the mothers of their children, have reported similar difficulties in parenting, including poor accommodation, unemployment and being benefit-reliant (Lalond, 1995); and receiving little or no encouragement or support to adjust to their role as fathers (Speak *et al.*, 1997; Quinton et al., 2002 ).

Since the 1970s the concept of the 'new father' has evolved, as one who actively participates in the care of his child (Jackson, 1984; Haywood and Mac an Ghail,

2003). This has in turn created a starkly contrasting stereotype of fatherhood typified by feckless males who are uncaring about the child and the mother. Fathers from disadvantaged backgrounds appear to be most readily assigned to this latter category (Allen and Bourke Dowling, 1998; Pollock, 2001) and this, in turn, may affect how professionals relate to them. In one recent study, professionals interviewed rarely saw work with young fathers as central to their roles and responsibilities (Quinton et al., 2002). Yet some young fathers, especially those having experienced custodial sentences, while they strongly aspire to being the ‘new father’, require extensive support to enable them to take on their roles as fathers and avoid re-offending (Dennison and Lyon 2003).

We now go on to describe and discuss our study of young parents who have been in care.

## **THE FRAMEWORK AND METHODOLOGY OF THE STUDY**

A preliminary review of relevant literature, together with a survey of a sample of local authorities in England, provided the contextual framework for the main qualitative study. This involved in-depth interviews with young parents (and those about to be parents), professionals and carers, in four contrasting sites across England.

In total, 78 local authority professionals and carers, from a range of social care and support services participated in semi-structured interviews. Professionals were contacted in each site through the use of snowball-sampling, to identify those with experience of working with young parents.

In-depth semi-structured interviews, using a pre-tested discussion tool, were held with a total of 63 young people. Identifying young parents with experience of care to take

part in the research and particularly young fathers, proved complex and time-consuming. Consequently, sampling of participants was largely opportunistic and where it was not possible to make appointments, it involved researchers just spending time in services in order to identify eligible respondents. This reflects the complexities of research with more marginalised young people, an issue discussed in more detail in Chapter 10.

Semi-structured interviews focused broadly, yet not exclusively, around a set of key themes that engaged young people in discussion: their own reaction and that of significant others to the pregnancy and subsequent decision making; their views about and use of contraception; sources of information about sexual health and relationships; who or what had or had not helped them from when they or their partner had become pregnant up to the present time. There was also limited discussion of their care history, including the age at which they had entered care, and the number and type of placements they had experienced.

The study gave primacy to the accounts of young people themselves, and as such was located within the emerging tradition of childhood studies, in which young people's accounts of their social circumstances and experiences are regarded as valuable in their own right (Greig and Taylor, 1999; Lewis and Lindsay, 2000; Hallett and Prout 2003).

Interviews were normally tape-recorded and, when this was not possible, detailed field notes were kept. Findings from interviews were analysed using constant comparative method (Glaser and Strauss, 1967) to elicit recurrent themes identified by

interviewees and these are discussed below. Once each of these themes had been identified in a preliminary form, a search for 'negative instances' took place (Merriam 2002; Seale 2002), prior to confirmation of the principal themes structuring respondents' accounts of their own experiences.

## **RESEARCH PARTICIPANTS**

Forty seven; young women, between the ages of 15 and 22, and 16 young fathers between the ages of 15 and 23 were interviewed. Although seven young women were older than 20 at the time of the research, all had become parents for the first time at a young age (at 14, 14, 15, 16, 17, 17 and 18 respectively). All but one of these women had had more than one child. The young women who had their first child at age 14 had had three and four children respectively by the time the study was conducted. Likewise, young fathers interviewed in their early 20s had all become parents in their teenage years, and a number were the fathers of several children. Two had become parents at age 16 and had four and three children respectively.

At the time when the young people were interviewed, the majority of the 51 who were already parents were living with their child or children. However, the children of four parents interviewed had been taken into local authority care; one was at the time of the research due to attend a child protection conference to decide if she could retain custody of two children, one had had a baby taken into care and was later reunited with the baby, one couple had placed two of their three children in foster care voluntarily but maintained contact, and at least three others had experience of their children being placed on child protection registers. One young man was trying to gain custody of one of his children who had been living in another authority with his

former partner and had ended up in care within that authority. Of the thirteen young men interviewed who were already fathers, only two were living with their child(ren) and the child's mother, although one of these had lost contact with two of his other children; seven said they had some regular contact with at least one of their children although two had lost contact with another child; three reported having no contact at all with their child(ren); in one case the children had been taken into care. All three young men who had pregnant partners were living with their partner and envisaged staying together with that partner.

Of the 47 young women interviewed, four were in part-time work, seven were at college and three were about to re-enter education, all through specialist provision for teenage parents. A total of 33 were in receipt of income support (including one receiving a job seekers allowance). Of these, many had plans to re-enter education and/or training or employment in the near future. The London site reported the largest proportion of young parents currently on an education programme, with five out of the ten young women interviewed at this site currently studying. Prior to their pregnancies many reported having left school or having ceased to attend school early, often as young as 12 or 13 years old. One young woman in the study reported not being able to continue at school through her pregnancy on the grounds of 'health and safety'.

Of the 16 young men interviewed, seven were in receipt of income support (including one receiving a job seekers allowance), three were on training programmes, two were in full or part time employment, three were in custody and one was at university. Again, the majority of young men reported early disaffection with education.

## **INFLUENCES ON EARLY PREGNANCY**

While the focus on this chapter is primarily on young people's experiences of parenthood, it is important to outline the range of factors identified by the young people themselves which rendered them vulnerable to pregnancy at an early age. These factors included a breakdown in family relationships, often preceding going into the care system, a lack of continuity in care, not trusting others, feeling rejected, lonely and stigmatised. Although the vast majority of pregnancies in the sample were unplanned, many young people spoke about their wish to continue with their pregnancy because they wanted 'someone to love' and to ensure that their children were not rejected in the way they had been. In addition, many young people had missed out on sex and relationships education because of disruptions in their schooling or not receiving enough information in foster and residential care. Peer pressure and introduction to sexual activity — often alongside drug and alcohol use — in residential care were also influencing factors (Knight and Chase, forthcoming).

## **BECOMING A PARENT**

Despite the fact that the vast majority of young people had not planned their pregnancies, most young people interviewed felt that becoming a parent had been a positive experience. A number had mixed feelings about being a parent and felt that if they had their time again they would have delayed having a child. Relatively few felt that the experience overall had been a negative one, either because they were too young to deal with it, or because the complications in their lives had made parenting difficult.

Positive experiences centred primarily on the love and enjoyment they felt they received from their children. For some young people, parenting signified a sense of achievement or proof of their ability to cope. Many talked about becoming a parent as a step towards maturity, one that had promoted a positive change in them. For some, being a Mum or Dad meant that they enjoyed a newly found status or level of respect. Others described experiencing a replaced love that they had never received themselves:

‘He is such a happy baby...even when he hurts himself he just looks at you and laughs ...there is nothing I don’t enjoy.’ (Young woman, age 16, parent at 16 years, 1 child)

‘Giving birth was one of the best things ever. I’m really proud of my son and of myself for the way I’ve brought him up and the fact I’ve done it myself.’ (Young woman, age 18, parent at 15 years, 1 child)

‘It is just the experience...fantastic to have that experience...words can’t describe how fantastic he is.’ (Young woman, age 15, parent at 15, 1 child).

‘My baby is my pride and joy at the moment, he is the love that I never had, the things I never had as a child.’ (Young woman, age 18, parent at 18, 1 child)

Several young people made reference to the ‘calming’ or ‘settling’ effect that becoming, or the prospect of becoming, a parent had had on them. Descriptions of how they had ‘changed’ as a result were often in stark contrast to how they had perceived themselves before having the child:

‘I think I would have been in jail if I hadn’t of had him, as I was close to going to jail. It was social services who told the judge that I was starting to sort my life out and was pregnant and that I was going to ‘anger management’ [classes].’ (Young woman, age 18, parent at 15, 1 child)

‘Having a child has calmed me down. I used to take drugs all the time like smoking dope until I found out I was pregnant, I used to get locked up all the time but I don’t anymore. I stopped drinking as well, as I was a right little alchy, but I still smoked cigarettes. He [the baby], never asked to be there but he was there so I had to stop all those things.’ (Young woman age 17, parent at 16, 1 child)

‘It changed me.... it changed everything about me...it made me realise I am going to bring a life into the world, I need to grow up and stop acting like this, like a spoilt teenager.’ (Young woman, age 20, parent at 18, 2 children)

‘If I didn’t have X [baby], I would still be trying to kill myself on drugs... I f I didn’t have X [baby] I would still be childish; if I didn’t have X [baby] I would probably be dead.’ (Young woman, age 19, parent at 17, 1 child)

‘I didn’t give a fuck, I didn’t need to get a job, get housing, because everything I am doing just affected me, no one else... I think the baby is a way to better myself. Now I am thinking, in three years time I need to have a steady job, I need to have this, I need to have that...and the only reason is because of this baby.’ (Young woman, aged 17, pregnant with 1<sup>st</sup> child)

While young men and women interviewed shared very similar views about the meaning and experience of becoming parents, collectively the relationship of young fathers with their children was more complex. Some were directly involved in bringing up their child or children, others reported being involved with some of their children but estranged from others, and some had no part in their child’s life at all. Yet all of those who were not involved talked about wanting to be involved on some level or another, and about the barriers that existed to being an active parent.

The meanings that young men gave to becoming a parent were very similar to those of the young women interviewed. Particularly strong was the wish to replace their own family in some way, alongside wanting to be a better parent, especially a father, to their own children. Many also talked about the stabilising effect that becoming a father had on their lives. Being able to provide well for the mother and child materially was a major issue and ‘Wanting them to have things that they never had’ -- whether a wide screen television or the ‘best trainers’ -- was really important:

‘I love it, it’s the best thing that can happen to a bloke really...I’ve always got money, she’s always provided for, I don’t do drugs around her, or drink.

I only smoke a bit of pot now and again.’ (Young man, age 24, parent at 16, 3 children)

‘I’ve got responsibilities now, I have to stop going out there robbing people - that’s what I used to do. You are talking about a person out of foster care. When I was little, I never had my Dad about...I’m there a bit more, I am there for the little one and I will always be there until he is older... My Dad only took up with me when I was 13 [now] I see my Dad as a friend, but I don’t want my son to see me as a friend – I want him to see me as a Dad.’  
(Young man, age 20, father at 19, 1 child)

‘When I am with him [son], there is no other feeling like it. It’s great.’  
(Young man, aged 22, parent at 18, 1 child)

‘I am pleased the way things are going. A lot of people are happy about it and I know the baby is wanted.’ (Young man, age 17, partner pregnant with 1<sup>st</sup> child)

For many of the young people interviewed, parenting was seen as a chance to do things differently and to give their own children a better experience than they themselves had had:

‘I just like being able to teach him things, bring him up the way I want him brought up instead of all these different families bringing him up like I was.’  
(Young woman, age 19, parent at 18, 1 child’)

‘Nothing will ever happen like that to X [baby]. I will always be there for her...it’s a good thing that I’ve been through what I have. You know what I mean? ’Cos she’s going to have the best in life definitely..... She’s never going to go through what I’ve been through... It hurts to even think about it.’  
(Young woman, parent at 17 years, 1 child)

The more negative perceptions of becoming a parent described by some young people related to a range of factors including loss of independence and freedom; loss of friendships and social opportunities, and subsequent isolation; or a sense of being overwhelmed by the responsibility and the new demands placed on them.

‘In a way, I’ll say now I am still not ready to be a father, I’m still too young, if she’d have gotten rid of it I’d have been happier. I wouldn’t be tied down so early. I would still prefer to go out and party. Now, I just get on with it and deal with it.’ (Young man, parent at 19, 1 child)

‘If I knew then what I know now I would get rid of it. People can promise a lot when you are first pregnant but not be so willing to help when you have the baby. I would tell other young girls it’s not as easy as you think it is going to be.’  
(Young woman aged 18, parent at 17, 1 child)

## **FACTORS INFLUENCING HOW WELL YOUNG PEOPLE COPE AS PARENTS**

It is important to recognise that many of the young people interviewed were content with their lives as parents, received ongoing support and help, and reported positive experiences of the transition to independence and parenthood. For others, however, the process was more difficult and, at times, painful.

What clearly emerged was a continuum of support needs for young parents in and leaving care. An ability to cope was felt by professionals to be linked to personal characteristics and not necessarily with a disrupted childhood. It was also linked to the type of support the young person was receiving. The importance of a trusted confidant or just someone 'to be there' emerged as key to how well supported young people felt from when they became pregnant to becoming a parent. The young people who described positive experiences of service access and use most usually attributed this to the presence of key individuals who had helped. What was important was having a single person there for them on a range of levels, someone who could be relied upon for support over a period of time, who could assist them in accessing a range of support and services and, most importantly, someone they could trust. Instability created by changes in staffing or frequent moves was, therefore, a major barrier:

'Who you trust is about finding the right person to talk to about personal things. When a professional talks with you just to fill in paper work it puts

you off, it feels like it is just work to them and not that they are interested in who you are. You want someone you can relax with, talk with and enjoy a joke with too...its more about the attitude of the worker or advisor than their age or professional background.’ (Young man, age 22, father at 15, four children)

Many young people were open about the extra support they wanted, or wished for. Those who had never experienced parenting before and were without family backing were most in need of practical support:

‘I feel I need more help with how to deal with the practical things with the baby and how to cope to understand life.’ (Young woman, age 16, pregnant with first child).

## **DIFFERENT SOURCES OF SUPPORT**

Young people interviewed were in a range of settings including foster care, supported housing units, or living independently. None, at the time of interview, were in residential care. They were asked who or what had helped them from the point at which they discovered that they were pregnant until the time of the interview.

### **Support from partners**

Of the young women in this study, 24 (51per cent) reported being with a partner at the time of the interview. Where relationships were working well, the support of a partner was seen as invaluable, and many professionals identified the presence of a supportive

partner as a key factor in enabling young people to cope. Importantly, support could also be derived from a new partner, after the father of the child had left:

‘After my ‘ex’ left, I met my current boyfriend. He treats the baby as if it is his own and the baby loves him.’ (Young woman, age 18, parent at 17, one child)

One young person talked about the difference it made having a supportive partner with her third child compared with having no one there for her other two children, who were now in foster care. She felt that her partner’s presence at the birth was why she has more of a bond with her third child.

### **Support from family**

Many professionals saw both historical and current influences of family as key factors in contributing to how well a young person later coped as a parent. Positive family relationships generally, either their own or their partner’s, were identified as central in providing young people with a wide range of emotional, financial and practical support. Both young men and women described receiving assistance from parents of partners who had strong family ties and had not experienced being in care.

When young people had encountered at least some positive parenting in the past, this was felt to have a beneficial impact on their ability to cope, and it was more likely that a line of communication with their birth families would be maintained. In some cases,

young people described how having a baby enabled bridges to be built between themselves and their own families, especially their mothers:

‘Me and my Granny [main carer] get on better. We used to be at each other’s throats all the time, but now she’s my best mate because she wants to help the baby and she just loves him. I didn’t think she thought I was responsible or anything before.’ (Young woman, age 17, parent at 16, one child)

‘It has helped build a better relationship with Mum and Dad again.’ (Young woman, age 17, pregnant with first child)

‘She [Mum] opened her door with open arms which surprised me because I hadn’t talked to her for two years.’ (Young woman, age 20, parent at 18, two children)

However, this experience was by no means universal and was dependent on the nature of the young person’s previous relationship with family members. A number of young parents described highly volatile relationships with family and improved relationships immediately following the birth of the baby often dissolved later. Some professionals commented that many of these young people entered care as a result of the breakdown of relationships at home. Here, part of the work, they felt, was to help rebuild family support structures. Family mediation and efforts to promote the involvement of the extended family in supporting young parents was seen as helpful in this respect.

## **Foster care**

Foster care placements for young mothers and babies for the most part were highly valued, although in one or two instances foster carers were said to have blocked access to the baby's father. However, where they worked well they were seen as providing the opportunity for continuity of support at an emotional as well as practical level. As one young woman explained:

‘They [foster carers] gave me space to think about things and also gave advice. They treated me like one of their own children. My foster Mum came with me to the scans and was at the birth like a mother. They offered to let me stay with them when I had the baby but I wanted my independence.’

(Young woman, parent at 17, one child).

Yet, despite the obvious benefits of this type of placement, there remained some confusion for both the mother and the carer over their roles and responsibilities. Foster carers were uncertain as to when and to what extent they should intervene, what their duties were with respect to the young person and the baby, their statutory duties to social services, and the extent to which they carried the function of ‘assessing’ the mother's skills. Young mothers described complex interactions and mixed messages from carers and social workers. As one foster care manager said,

‘Is the foster carer there to assess the parenting skills of the young person, is she there to look after the baby or not? How do you define roles? It's very hard being a foster carer because you want to give young people a normal

experience, and yet there are lots of rules and boundaries. Some carers don't want to 'grass them up' to the social workers because they know that they will see it as a significant thing that they didn't come home last night, and it will affect this young person's chance of keeping the baby...and that it can be as whimsical (sic) as the allocated social worker. If it was a different team and a different social worker then you might have a different response, the foster carer knows that.'

And a young mother said,

'She [social worker] says I should not let him [baby] go to foster care so much...but he hasn't got nobody else.....so she says to her [foster carer] try not to help her so much ...try not to be around [baby] so much...that is so annoying. She [social worker] claims she [foster carer] helps me so much they want to move me to a mother and baby unit to monitor me. I say if I'm there who's going to help me? When she had her children she had her family around helping... I haven't got the family so my foster carer is helping me...they are annoying.... there won't be no one there [mother and baby unit] to help... then if I crack they are going to take him...' (Young woman, age 16, parent at 15, one child)

### **Social services**

Relationships between young people and social services departments varied enormously. Most young people had had a series of different social workers. A number talked about really positive relationships where the worker had offered

support when needed but had not interfered excessively or broken trust. Other relationships were more complex, and becoming a parent often added a different dimension to the perceived role of the social worker. For young people less trusting of this service, social workers' actions were seen as largely consisting of scrutiny and assessment.

Child protection assessment procedures, both pre-birth and ongoing, were a central theme in the perspectives of young parents and many felt they were under closer scrutiny than their peers who had not been in care. Once again, trust emerged as a crucial element within the child protection process. There was an evident 'them and us' culture, whereby the social services system in particular, and any other services seen to collude with social services (such as health visitors and family support workers), were viewed very negatively by young people who believed that they were being judged and 'set up to fail'. While some young parents 'survived' the assessment process and felt a sense of achievement once they were deemed competent parents, there was clear evidence from what other young people said that fears about how they would be judged and assessed prevented them from asking for the support they needed. While the importance of the assessment process in itself is not at question here, more could be done to ensure greater transparency and create a more supportive and trusting approach to child protection. The following anecdote, recounted by the coordinator of a voluntary sector young parents' project, illustrates these points:

'A young Mum who was in care and the child was in care because she hurt him - was then moved into foster care with the child. Then from there she went to a family centre. And part of the programme was that she had to

attend here [the teenage parenting programme]. She has now attended for 18 months, her child is off the child protection register and she has her own accommodation. She now enjoys being a parent. Here she felt there was trust. We didn't do anything without talking to her first. We supported her and attended all her case conferences. She saw all the reports before we read them at the case conference. She actually said that she didn't feel 'false' here, whereas she had to continually put on a front when she was at the family centre because she felt she was being watched. They see [the teenage parenting programme] as very different from social services; we don't make any decisions for them.... they have to make decisions for themselves. If there is a child protection issue then we would encourage a young person to phone social services themselves, and if they don't then we would invite social services in.'

### **Leaving care services**

Access to either statutory or voluntary sector leaving care support varied enormously and reflected the different developmental stages of leaving care services at that time (2002 and the early part of 2003). One of the research sites with a well-established statutory leaving care service provided several tiers of support, tailored to the specific individual needs of the young person. Young parents described having access to a leaving care social worker, a leaving care worker (not necessarily a qualified social worker, but there to offer practical help, advice and support) and a mentor who would visit for weekly support, mainly to do with parenting. Support was provided on a daily basis when necessary with the young person deciding jointly with the worker when and how it would be reduced. A strong emphasis was placed on linking young people

into other services such as Sure Start Plus, general health services and educational support.

In another site, some young people had access to leaving care services through the voluntary sector. In the two other sites leaving care services were less well established but were expanding in accordance with the Children (Leaving Care) Act 2000.

Consequently not all young people we spoke to had an allocated leaving care worker.

Where young parents did have access to a leaving care worker they repeatedly described the holistic nature of the support they derived from them, their accessibility, and the fact that they were ‘there for them’ on many different levels:

‘She [leaving care worker] takes me shopping every week and helps with the decorating and with the child. A good worker is someone you can relate to and talk to, and they don’t act like they know better (respect).’ (Young woman, age 19, parent at 17, one child)

‘My leaving care worker came every morning for a few hours during the first few months after the baby was born, she would do the bottles, watch the baby while she was in the bath and used to do my shopping for me..... Now they is going to help us with a nanny during the day, just so I can have some time with me friends as well, because I am really lonely, cos I never see my friends.’ (Young woman aged 17, parent at 17 years, one child)

‘He [leaving care voluntary sector worker] came with me to all my antenatal classes.... He used to stay with me for 2-4 hours at the hospital while they were doing my scans or whatever..... They (voluntary organisation) gave the most support. If it weren’t for them, I wouldn’t have been able to keep X [baby]. Social services would have come and taken her off me.’ (Young woman aged 18, parent at 17, one child)

Importantly, where the leaving care service was well established, young people were able to develop trust in their leaving care worker, despite previous negative experiences of social services.

‘She [leaving care worker] is honest, unlike other social workers. She is always on the end of a phone and on my down days rings me, and talks me through it. She’s different, you can trust her.’ (Young woman, age 16, pregnant with first child)

‘Social services haven’t really done nothing – but the After Care Team have helped a lot, we have talks, they help us with debt and stuff, anything I need help with.’ (Young woman aged 18, parent at 17 years, 1 child)

‘X [social worker at the leaving care team] ...he’s a godsend. He’s really nice to me. He’s the best. I’ve had three other social workers and I don’t like them. He really likes children, I can’t believe he’s a social worker’ (Young woman aged 17, parent at 17, 1 child)

‘Everyone needs someone to talk to and it helps if someone is open with you too. I like people who make time for you and take time to explain things to you. It’s important that someone asks you how you are feeling and if you are OK about what is going on both ‘in care’ and out of care services.’ (Young woman, age 17, pregnant with 1st child)

A number of professionals described how additional resources could enable the provision of a much more intensive level of support and at the same time offer young people concrete things in terms of housing and benefits that they would not have received before. One social services manager said:

‘The structure of the service is such that it allows more support to young people, particularly where there are complex issues. Here, we can jointly allocate a case between a social worker and a personal advisor [PA] .. so the PA is able to do a lot more support work with the young person...I have great hopes and expectations of the role of the PA.’

A key difference was that, unlike other services, leaving care services are very much ‘young people-led’, in that within them care leavers are more actively involved in making decisions about what they want and need through consultative and jointly agreed pathway plans.

## **Primary care services**

Although many young people spoke about feeling ‘judged’ and unsupported by some health professionals, the support of those who related well to young people was highly valued. This was especially true of specialist midwives and support services, such as those provided through Sure Start Plus initiatives (which existed in three of the research sites), or other specialist teenage parenting midwifery services:

‘I had a good midwife.... a really good midwife....she was really nice...I started seeing her when I was 14 weeks pregnant and she supports me even now... I drop in to see her.’ (Young woman, aged 16, parent at 16, one child)

Of a Sure Start midwife, one young person commented:

‘She is very good and makes contact with the social workers, and gives me home visits when I haven’t got the energy to get up.’ (Young woman, aged 16, pregnant with first child)

‘My midwife was fantastic... She discharged me two weeks ago, so she kept me on longer than she should have done really... But we got on really well, we were like friends...she gave me her home phone number.’ (Young woman aged 15, parent at 15, one child)

Another young parent talked positively about a local specialist young parent project with an associated befriending scheme:

‘When I was pregnant I got a friend, X, I am really close with her now. She’s my daughter's godmother. She doesn’t work with them no more, but we’re still friends. She was there when I was having the baby and everything.’

(Young woman, age 18, parent at 16, one child)

One young person described the support she had received from a midwife as well as a Sure Start advisor in relation to the stress she was experiencing at school.. Together, they had helped her explore alternative forms of educational provision through the local young mothers centre. Another young woman talked of the benefits of having a specialist drugs liaison midwife who knew how to deal with the situation and understood the issues:

‘She didn’t just tell you to stop. She was able to look at your psychological well being as well.’ (Young woman, age 22, parent at 18, two children)

The team leader of a specialist teenage midwifery service in London described how, because of their expertise, they could provide a different quality of service to young parents. This included being at case conferences, an observation confirmed by a young parent:

‘My midwife was excellent, she came with me to every case conference’

(Young woman aged 16, parent at 15, one child).

As with social workers, young people held differing perceptions of health visitors. Once again, the key to success appeared to lie in there being opportunities to build positive relationships:

‘[Of a health visitor] She was lovely! She didn’t judge me at all. I only saw her three times. I had to move, so changed health visitor.’ (Young woman aged 17, parent at 16, one child))

‘I didn’t like her at first because I thought she was a bit of a snobby person, but once I got to know her more I think she is lovely... She sits and listens to us, even if it’s not about the baby, but I need to talk.’ (Young woman, aged 17, parent at 17 years, one child).

## **Housing**

Adequate, appropriate and affordable housing, or indeed the lack of it, was a recurrent theme in young people’s accounts. Many of them described enormous difficulties in securing suitable housing for themselves and their child and the high degree of vulnerability that came with this. Some were placed in unsafe environments where drug use was prolific, others faced a series of damp and impractical bed and breakfast accommodation. As a result several experienced violent incidents and at least two young women were raped. Young fathers, especially when estranged from the mothers of their children, described the lack of suitable accommodation in which to spend time with their children.

Some young women had been placed in supported housing units or specialist mother and baby units with trained support staff. On the whole, they viewed this type of accommodation positively. Hostel staff were described as being generally supportive in housing tribunals and helped with teaching to cook. Young people also described how hostel workers often accompanied them to look at more permanent accommodation and acted as advocates if they were being pressurised into accepting sub standard housing placements. One young woman still in a housing association mother and baby unit said:

‘Since I’ve been here I’ve felt more confident with doing things. They do help. No matter what they are doing, unless they are already helping someone else they will just drop it. Even if it is really important paper work, they will just drop it and help you. I think it’s brilliant. They really make you feel at home.’ (Young woman, age 19, parent at 18, one child)

Another young person, looking back on her experiences of a unit run by another housing association, said:

‘The unit was great. It was safe and they showed you how to do things. Like I didn’t know how to manage my money properly [before], but within a month of being there I could do it. I was there less than a year and moved out a month before her first birthday.’ (Young woman, age 21, parent at 17, one child)

And a specialist midwife said:

‘I think a good thing for young parents leaving care are the mother and baby units. They seem to be a positive thing, they need a balance in between, rather than stepping out on their own. They need someone who is there but not standing over you. Most of them seem to welcome that.’

### **Education, employment and training**

Encouraging young parents back into education, training and employment in order to avoid long-term effects of social exclusion is central to the success of the government’s teenage pregnancy strategy. Many young people in the study talked about having been ‘disengaged’ from education at a very young age, and, therefore, having few or no qualifications. Despite their previous disaffection with education, a large majority of the young parents interviewed had aspirations to return to education, training or employment at some point in the future.

In one research site, much emphasis was placed on educational support for young parents. Alternative and non-formal educational opportunities provided valued opportunities for flexible learning. An educational support project with an on-site crèche, sharing Sure Start Plus facilities, enabled young parents to receive extensive support at a range of levels. The service was reportedly well used by young parents who were care leavers.

## **CONCLUSIONS**

We opened this chapter with a question: Is early parenthood such a bad thing? This study cannot pretend to provide any straightforward answers, although it has highlighted some of the many, often complex, support needs of young people in and leaving care. It has also begun to unpack some of the broad assumptions that underpin policy and practice, that all young people start with the same opportunities and life chances which are curtailed by early parenthood.

There is no question of the need to redress the many imbalances in terms of access to support, care, education and career prospects that young people in and leaving care have faced in the past. There may, however, be an argument that for some, as was frequently testified by the research participants in this study, parenthood provides new opportunities: opportunities for reflection and for emotional healing, providing stability and enabling them to move forward. Surely in the long-term what we hope for is a more equal starting point where parenthood is a life choice for all young people that can be weighed up against other options available to them. But in the meantime the reality for many young people in and leaving care is that parenthood may be the best choice available, even if that choice is not always a conscious one.

If we accept this, then the key to what makes the difference between being able to cope as a young parent and losing the unequal struggle is consistent emotional and practical support. Yet the need does not begin with the onset of parenthood. Many of the young people interviewed discussed situations in which they had needed support, irrespective of becoming pregnant or a parent. Dealing with violence, homelessness, drugs, alcohol and difficulties with mental and emotional health were some of the difficulties mentioned. There is, therefore, a clear need to provide young people in

care with someone they can trust and confide in from an early age. Such a person could offer guidance and support at a number of levels, but could also act as an interface between the young person and mainstream services.

Young parents do clearly have support needs over and above those of other young people leaving care. The non-judgemental nature of this support is vital, particularly given the range of concerns about being under scrutiny and their abilities as parents constantly being monitored. As a result they often felt that their own needs were overlooked or dismissed, with the sole focus being on their child. Feeling that they themselves are valued as individuals is crucial to their ability to access and accept appropriate support.

The research revealed the potential and already evident success of some leaving care services that within a short space of time have gained respect and appreciation from young people. The holistic and consistent nature of the help provided was often in stark contrast to previous experiences of sporadic support from overloaded and inaccessible mainstream social services departments. There appeared to be at least anecdotal evidence from the research that an appropriate level of support to young parents could reduce the probability of their children being placed on the child protection register or taken into care. Clearly this whole issue requires further exploration, but it does raise important questions about the resources made available to support services, which determines how much they are able to invest in order to have this level of impact. The reality expressed by a number of professionals was that the best care packages were simply not affordable. Yet they may be the only way to

avoid the often cyclical outcome of children being removed and subsequent pregnancies.

A number of young people in the study also expressed greater trust in services aligned to the voluntary and or non-statutory sector or that were perceived to be somehow distanced from statutory provision. Young people and professionals repeatedly mentioned new services such as Sure Start Plus, specialist midwifery teams and some voluntary sector services as providing essential and well-received kinds of support.

What this research has shown is that with appropriate, consistent and continuing support it is possible for young people with a care background to be good parents and to derive great satisfaction from their new role. Many of those interviewed were clear that becoming responsible for a child had been a turning point in their life which had set them on a much more positive trajectory than had seemed likely before. We cannot say if this picture is overly optimistic because to date there is virtually no research on the longer-term outcomes for young people in and leaving care who have children in their teenage years. Such research is urgently needed given the tide change over recent years in attitudes and practice and the emerging evidence from studies like this one of the potential benefits in becoming a parent to some young people. We may find that early parenthood is not always such a bad thing after all.

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