Pregnancy and Parenthood among Young People In and Leaving Care: What are the influencing factors, and what makes a difference in providing support?

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Abstract

Previous research has shown increased vulnerability to teenage parenthood for young people with experience of local authority care. This study explored factors contributing to early pregnancy and parenthood among young people in and leaving care; the types of support available; and the extent to which they are perceived as accessible. Semi-structured interviews were undertaken with 63 young people. The study findings suggest that young people's experiences both prior to, and during care, influence their decisions in relation to pregnancy and impact on how they view and engage with services. The implications of these findings are discussed in the light of recent changes in legislation and services throughout England.

Introduction

The most recent 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). Much research highlights the fact 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).

However, there is also a body of research that points to the positive experiences of early parenthood. These range from achieving status, social identity, independence and power to excitement and pleasure (Hoffman *et al.*, 1978; Musick, 1993; Tabberer *et al.*, 2000).In addition some young mothers have reported valuing both their role as parents and improved relationships with their own mothers and their families (Hanna, 2001; Tabberer *et al.*, 2000). For many young people, early motherhood can be a means of compensating for a lack of care in their own lives and providing them with someone to love and care for, often providing an anchor in an otherwise extremely disrupted life (Corlyon & McGuire, 1999)

Several studies suggest 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% of care leavers had a child by age 16, and that 50% 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 consistent and clear-cut association is still very limited.

Extensive research has demonstrated the generally poor life outcomes for young people leaving care. These include 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; Wyler, 2000). Limited access to education and a lack of educational qualifications or aspirations (Borland *et al*, 1998; Department of Health, 2000; Jackson, 2001; Kiernan, 1995; NCH, 2000) have been shown to lead to high levels of unemployment, poverty and homelessness (Cheung & Heath, 1994; Biehal *et al*, 1995; Social Exclusion Unit, 1998; Vernon, 2000; Stein & Wade, 2000; NCH, 2000). There is also an increased likelihood of running away (Stein & Rees, 2002; Wade *et al*, 1998) and involvement with the criminal justice system (Botting *et al.* 1998; NCH, 2000).

Young people in and leaving care, therefore, exhibit a clustering of 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); have low self-esteem (Emler, 2001); lack access to good quality sex and relationships education (Corlyon and McGuire, 1999; Health Development Agency, 2001; Wellings et al. 2001) and experience difficulties in accessing health services (SSI, 1998).

Background to the study

This study, commissioned by the Department of Health, was concerned to address two major Government priorities - teenage pregnancy and the health and well-being of young people in and leaving local authority care - and to build on the rather limited research base on these young parents.

In 1999, the UK government launched its *National Teenage Pregnancy Strategy* with the overall goals of (i) halving the conception rate among under 18 year-olds by 2010, and (ii) reducing the long-term social exclusion of teenage parents. Simultaneously, government initiatives in England have sought to improve the life chances of children in and leaving care. Most notably, the Children (Leaving Care) Act 2000 extended the duties placed on local authorities under the Children Act (1989) to provide support to young people during the transition from care. Fieldwork for this study was conducted throughout 2002, that is, two years after the implementation of the Children (Leaving Care) Act. Importantly, at that time, leaving care services across the four research sites ranged from pre-existing services that were being consolidated and strengthened, to services that were in their early stages of development.

The overall goals of the study were to: explore factors contributing to early pregnancy and parenthood among young people in and leaving local authority care; determine the kinds of support available to young parents; and identify what enables or prevents them from receiving the support they need

Methods

There were three main elements to this work: a structured literature review to contextualise and inform the in-depth study; a survey of local authorities to offer a systematic overview of local authorities' interpretations of government initiatives relevant to the care (and after care) of looked after young people; and an in-depth study of the experiences of young care leavers who have become pregnant or parents alongside the perceptions of professionals and carers working with and supporting them.

The preliminary review of relevant literature, together with a survey of a 1-in-3 stratified sample of local authorities in England, provided the contextual framework for the in-depth qualitative work. This involved individual semi-structured interviews with young parents (and those about to be parents), professionals and carers, in four contrasting sites across England - one in the North, one in the South, one in London and one in Central England. Sites were selected for geographical and socio-economic diversity, as well as variable rates in teenage pregnancy, and the numbers of children and young people looked after.

Young people were accessed through a wide range of professionals and services. In total, 63 young people were interviewed – 47 young women aged between 15 and 22 years of age, and 16 young men aged between 15 and 23. Overall about 25% of the sample had more than one child, and 20% came from minority ethnic backgrounds. A pre-tested discussion tool guided interviews with young people and explored their experiences of pregnancy and parenting, their views and use of contraception, where they had learned about sex and relationships and who and what had helped, or not helped, from conception until the present time. All participants had become parents for the first time during their teenage years with the majority

(71%) becoming parents between 14 and 17 years. Participants aged 18 years and older presented important reflections on their adolescent years in local authority care and how these experiences influenced their later decisions in relation to pregnancy and parenting.

Semi- structured interviews were also conducted with 78 professionals and carers across all four sites from a wide range of professional backgrounds including senior managers and front line workers in residential, field and leaving care social work; foster carers, foster care managers and family support workers; teenage pregnancy coordinators; primary care workers including specialist nurses for looked after children, Sure Start plus advisors, specialist midwives and health visitors; staff in youth offending teams, Connexions and youth services; staff in supported housing units; educational support workers and specialist parenting support projects.

Professionals were asked about their experiences of this work, and about roles and responsibilities in relation to preventing pregnancy and supporting young parents. Interview transcripts were analysed using the constant comparative method (Glaser and Strauss, 1967) to elicit recurrent themes identified by interviewees. A search for 'negative instances' (Merriam 2002; Seale 2002) was subsequently conducted before using each of these principal themes to present respondents' accounts of their experiences.

Findings

Young people's previous experiences

Many young people interviewed harboured significant feelings of loneliness and rejection resulting from experiences of abandonment by their families, and subsequent transient relationships with significant adults and peers.

> *'All my life I have just wanted my Mum to like me and accept me for who I am. She didn't want me.'* (Young woman, age 20, parent at age 18, 1 child)

In many cases, this clearly impacted on young people's ability to trust adults around them, resulting in many wishing to 'go it alone':

> *'There's few people I trust. When you go into care you lose your trust in people, as you get stabbed in the back'* (Young man, age 20, parent at 19, 1 child).

Others described the difficulties of serial placements with little or no preparation and the assumption that they would just fit in.

> *'They put me in placements, but you don't get to meet the person before you go. You are just ending up with people you don't know. It's quite distressing actually…sometimes you get immune to it after a while. But how do they [social services] expect children to be normal and behave well… They just live in a fantasy world of children who adapt to certain things…. we're not chameleons…. we don't adapt'* (Young woman, age 16, parent at age 15, 1 child)

Such experiences of rejection impacted on many aspects of the young people's lives. Both young people and professionals talked about vulnerability to a wide range of difficulties including drug and alcohol-related dependency; depression and mental health problems; domestic violence; homelessness; youth offending; self-harming; eating disorders; and exposure to sexual exploitation.

Almost all young people interviewed described their lack of preparation for adult life and the limited access that they had to information about sex and sexuality. Most had spent at least some time in residential care. As well as being a place where feelings of rejection were

strongly re-affirmed, for many this was a time of initiation to misusing drugs and alcohol, of running away, of becoming involved in crime, and, for both boys as well as girls feeling, pressure to participate in early sexual activity.

> *'The girls used to knock on the boys rooms at night and get some of the youngest lads in there and have sex with them. When you think about it, it is kind of sick, as the girls used to say 'who's turn is it tonight? I was involved when I was 12 but I didn't tell anyone about it.'*
> (Young man, age 17, partner pregnant with 1st child)

The strength of peer pressure to engage in early sex within residential homes was echoed by professionals, who cited incidents of young people having sex to gain acceptance or secure their own protection, sometimes leading to involvement in prostitution.

The majority of young people reported very limited access to sex and relationships education (SRE). Most described highly disrupted experiences of education, characterised by frequent changing of schools, regular truancy, exclusion, and consequently poor educational aspirations. This meant that they often missed out on any school-based SRE provision and, at the same time, lacked sufficient engagement with education, thought to provide an element of 'protection' against early pregnancy.

Those who did access some SRE at school echoed the regular criticisms that it was too biological in focus, presented by embarrassed and ill-prepared teachers, and was too little, too late, particularly for young people more likely to have their first sexual experiences in their early teens.

> *'I knew nothing before I had sex for the first time. They did do sex education at school, but it was too late, I had already had my baby!'* (Young woman, parent at 14, 3 children).

Young people noted significant difficulties discussing sex and relationship issues with foster carers or in residential care settings. This was due to the strong religious beliefs held by carers, judgemental attitudes toward early sexual activity, foster carers' own lack of knowledge, or assumptions made by carers and social workers about a young person's sexual behaviour if they did ask questions. Furthermore, concerns about a lack of confidentiality or being judged, meant that very few young people accessed sexual health services outside of their care setting.

Most young people (and particularly the young men interviewed) reported that they learned about sex and relationships from friends or on their own

'I learned by trial and error on the streets.' (Young man, aged 22, parent at 16, 3 children)

At least four of the young people in the study identified themselves as having a learning difficulty. These young people could face many more obstacles to accessing appropriate information and support.

'Sometimes I find it hard to take in the words they are telling me and knowing what they mean. People have tried to tell me things, like about contraception, but I don't feel I have learned anything.. I wonder sometimes if it is that I'm not able to express what I need or that people just don't want to listen.' (Young woman, age 22, parent at age 14, 4 children)

Conception and pregnancy

Ninety per cent of young people interviewed reported none or sporadic use of contraception around their first pregnancy, citing, most commonly, a dislike of condoms, a belief that

pregnancy could not happen to them (either due to lack of knowledge or through previous experiences of unprotected sex), difficulties in accessing regular contraception between care placements, or   adverse side effects of taking hormonal contraception, as reasons for not using regular contraception. The remaining 10% said that their contraception had failed, either the condom had split or the pill had not worked. Overall, however, there was a high degree of ambivalence towards the prevention of pregnancy.

> *'I wasn't using anything for a long time – I had never got caught before.'* (Young woman, age 20, parent at 18, pregnant with 2nd child)

Despite the lack of contraceptive use, the most common reaction to the pregnancy was reportedly one of 'shock'. Seventy five per cent of the young people said their pregnancy was unplanned. For 25% it was either planned, or not actively avoided. Most young women came round quickly to accepting the pregnancy, and many reflected back on their feelings of abandonment and lack of attachments as the rationale for accepting and continuing with the pregnancy.

> *'The only friend I've got is my baby. And that's why I said I would keep my pregnancy because I've got no family. And if I have my baby, that's one close family that will never lose me.'* (Young woman, age 17, parent at 17, 1 child)

Young fathers tended to have more mixed reactions varying from being pleased and excited, to denial that the baby was theirs:

> *'I'd been told that she was pregnant but I denied it was mine. But I knew it was mine really. But I was just a child myself so I didn't want to have one. I was a bit stupid then and didn't really care about anything.'* (Young man, age 19, parent at 16, 4 children)

When asked about the options considered when they discovered they were pregnant, an overwhelming majority said that they had not even considered abortion. Most said that they either 'did not believe in' abortion, or that it was their responsibility to accept the pregnancy since they had not taken precautions to prevent it.

> *'Considering the options wasn't confusing as I don't believe in abortion. .Everyone apart from my boyfriend and aunt wanted me to have an abortion, but once my mind is made up no one can change it.'* (Young woman, age 17, parent at 16, 1 child)

Interestingly, less than 50% of young people faced with a pregnancy said that they had received support in helping them make a decision about their pregnancy. Conversely, most described being put under pressure by professionals, carers or birth parents to have an abortion.

> *'Even the doctors were giving me stuff on abortion every time I went to see them, even though I said I wasn't having one, they couldn't get it into their heads that I didn't want an abortion.'* (Young woman, age 18, parent at 17, 1 child)

A specialist nurse for looked after children reiterated this point,

> *'I think if someone is suspected of being pregnant, fear sets in…. real fear and the view that at all costs it is important that this person has the pregnancy terminated. My experience in the homes is that is what the staff want…. even if they talk about choice'.*

Parenthood

For the majority of young people interviewed, becoming a parent was perceived as a positive event, often described as 'calming', increasing their maturity, providing status, and a focus in their lives. Many said parenthood had 'turned their lives around', from misusing drugs, being out late every night, not being motivated to find employment, to wanting to make a home for their child and plans for their future. They talked about how much they loved and enjoyed their children, and the significant achievement they felt.

> *'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)

Many reflected on their aspirations as parents and how these linked to their own experiences of childhood.

> *'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')

However, a few young people admitted, with hindsight, that they would have preferred to have delayed starting a family. They described feeling overwhelmed by the responsibility and the new demands placed on them.

> *'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)

Most young parents were dependent on state benefits and faced economic hardship. Few had

any marketable skills on leaving school, and those who were working, were engaged in low

paid work. Young fathers were especially anxious about their lack of ability to provide

financially for their children.

'I'm worried as I'm not working. I only get £40 a week and I'm in debt. I feel as though I

want to forget about my debt and get on with how I'm going to be able to look after the baby.'

(Young man, age 17, partner pregnant with 1st child)

For other reasons too, young fathers faced significant barriers to being actively involved with

their children. No longer being in a relationship with the mother, the mother finding a new

partner, being in prison, unemployment, or drug misuse were all cited as key obstacles. Other

structural barriers identified included a lack of recognition of their family status, limited

access to appropriate 'family' accommodation, and what was described as an 'active

discouragement' by social services to their involvement.

A number of young mothers described episodes of 'post-natal depression', and this was

commonly recognised by professionals interviewed. However, few young women asked for

help or assistance, in some cases citing fear of having their child taken away. Those that did

ask for help described common experiences of not being listened to or their feelings being

quickly dismissed.

'I was living in a new place with 2 children… and I had changed. I went from happy–go–

lucky to really miserable. I had panic attacks and anxiety, and my boyfriend used to say I had

depression, but the doctor said I was all right. I got myself back together really slowly and

realised what was happening. I don't think I even looked in the mirror for about 2 years…'

(Young woman, age 21 parent at 17, 2 children)

Both young people and professionals identified unstable or inappropriate housing as a major stumbling block, and interviewees described being placed in poor quality or unsafe accommodation as compounding the difficulties they faced in bringing up their child(ren). Many experienced housing that was dirty, or where they were surrounded by drug users, or exposed to violence. The temporary nature of accommodation and serial moves meant that it was difficult to develop any sense of security or stability.

'.. you have this responsibility to make sure that your child comes into a safe home. I was in a hostel and then I moved to this mother and baby hostel, it was like a drug house…it was disgusting…rats and mice and ants. I begged everyone to move me on. In the end I was lucky enough to have a decent social worker and a decent council worker.' (Young woman, age 20, parent at 17, pregnant with 2nd child)

For young fathers leaving care, their family status was not always recognised

'When we found out that X (partner) was pregnant, I was offered help, but not her or the baby. I was offered a one bedroom flat and told she could sleep at the flat but not live there, as she was not a care leaver… ' (Young man, age 18, partner pregnant with 1st child)

While professionals views accorded with young people's about the central importance of a safe place to live, they were quick to point out that often this provision was beyond their control. One leaving care worker commented,

'We have to take all kinds of risks and (even) place young people in situations where they may be at risk of exploitation. But I have a no nonsense approach and tell young people if there is a concern… you do your best, check out the landlord and accommodation. But at the end of they day, the young person is either homeless or they live there.'

Personal Support

Of the young women participating in this study, twenty-four (51%) reported being with a partner at the time of interview, usually, but not always, the father of one of their children. Twenty young women (43%) reported not being with the father of their child(ren) or another partner, and three (6%) described their relationship with a partner as being 'on and off'. Of the 16 young men interviewed, nine were with the mother of at least one of their children, and of the remaining seven, four reported regular contact with their child(ren), two had no contact at all, and one had some contact.

Where relationships were working well, young people and professionals saw the support of a partner as key to coping, while violent or strained relationships adversely affected their ability to cope. Similarly involved birth or partners' families proved to be a significant source of emotional, financial and practical support. However, young people and professionals described relationships with birth families that were highly volatile and which failed to provide any consistent emotional or practical support. One housing support worker commented that young people sometimes regain contact with families once they have babies, only to be rejected for a second time, 'It's just new blood in the family and everybody is interested for five minutes'.

Support from Social Services

Experiences of care and after care services were very mixed, with some young people describing highly disrupted patterns of care with multiple placements. Becoming a parent added a further dimension to the perceived role of the social worker, characterised as one of scrutiny, assessment, and the power to remove their child.

Consequently, social services departments, rather than being viewed as supportive, were frequently viewed with mistrust, and anxiety, particularly when interest in their baby was felt to contrast starkly with previous experiences

'*Social services were not in my life when I was pregnant but the moment he was born, they were in on me, there in my face in five minutes, making it very stressful.*' (Young woman, age 19, parent at 18, one child).

Child protection assessment procedures, both pre-birth and ongoing, were central to how young parents viewed their relationships with social services. Overall, they generated a great deal of fear and confusion and were widely viewed as punitive, prejudicial and unsupportive. Of those interviewed, five young parents had had their children taken into local authority care, one was attending a child protection conference to retain custody of two children, and another had had her baby temporarily removed. A number of others had experience of their children being placed on child protection registers.

Young people as well as many professionals felt that young parents with a history of being in care were 'watched more closely' than young people who had not been in care.

> *''Young people with experience of being in care are under the microscope more so than any other teenage parents, which is not necessarily fair.'* (social worker)

Furthermore, the child protection process was said to lack transparency and created mistrust, particularly with regard to who was and was not part of the process.

> *'I saw her (family support worker) as a friend and told her everything ... But I realised in the end that everything that I told her was brought up at the case conference and used against me…. She stabbed me in the back really. I didn't have other people to talk to – I was on my own with X, I didn't see mum or dad …so I saw her as a friend …that's why I can't trust them no more.'* (Young woman, age 18, parent at 17, 1 child)

Where there was a well-established leaving care service, the change in young parent's perceptions of and relationships with social services, were marked. Young people described the holistic nature of the support and the very different types of interaction they had with leaving care workers compared to previous social workers

> *'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)

Similarly, professionals felt that leaving care services had to the potential to support young people in a very different way. One leaving care 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.'

Six of the young women interviewed were in foster care at the time of the study, and several others had previous experience of foster care. Young mothers largely valued specialist mother and baby foster care placements. There seemed, however, to be some confusion over who was being 'looked after' – mother or baby, whether the foster carer was responsible for assessing the young woman's parenting skills, and, about the interface between the foster carer and social services. The lack of clarity around the boundaries of care caused confusion for both young people and foster carers:

'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 persons chance of keeping the baby' (Foster care manager)

Discussion

This study confirmed a number of acknowledged predisposing risk factors associated with teenage pregnancy among young people with experience of being in care. These included disrupted family relationships and relationships with substitute carers, poor educational access and attainment, lack of information and support around sexual health and relationships, and a range of practical and psychological barriers to accessing contraceptive and sexual health services. Most striking, however, were the factors associated with

rejection, abandonment and the need to form strong attachments and to 'be loved'. On the whole these combined experiences differ significantly to those of children and young people living at home.

The spontaneous allusion of many young people to negative emotional experiences both prior to and whilst in care, is central to understanding the way in which they respond to pregnancy. In relation to such experiences, and in the context of other difficulties in their lives, early pregnancy, for the majority had many more positive than negative associations. Becoming pregnant and having a child brought a new focus to the lives of many, and was most often seen as a 'grounding', and highly positive event.

In the majority of cases, young people rationalised their individual decisions about becoming a parent *after* they discovered that they were pregnant, the majority (75%), claiming that the pregnancy was not planned. Therefore, there is a complex interaction between a clear ambivalence over preventing a pregnancy, and the subsequent thought processes around continuing with the pregnancy, which are undoubtedly linked to previous experiences of rejection. The associations made by young people between opting for abortion and perpetuating the abandonment they themselves had experienced, have clear implications for counselling and support services that engage with young people facing pregnancy.

Supporting young parents with a history of care is clearly a highly complex issue. Yet the survey of local authorities conducted as part of this study highlighted many shortfalls in local authority practice both in terms of efforts to prevent pregnancies and in providing support services. Less than 40% of authorities surveyed had any available data on the numbers of young people overall in their care who were pregnant or parents, far fewer had any data on

young fathers. At the time of the survey, only 40% had a specific sex and relationship education (SRE) policy for looked after children and the quality of those policies reviewed was highly variable. While the survey indicated an apparent increase in the amount of access to SRE and sexual health services for young people in care, few initiatives were evaluated and training for social and residential care workers in providing such education remained very limited.

Overall, therefore, little account has been taken of the specific needs of young people in care with regard to their sexual health and wellbeing. Moreover, the association of social services interventions with their own family breakdowns or being taken into care, and the failure of services to have provided adequate support in the past, mean that once pregnant, young people often felt a need to 'go it alone' and did not ask for help and support. This study revealed that many are mistrustful of efforts by social services to establish contact with them once they are parents, and of their perceived power to control their own family lives.

Young people best respond to a degree of continuity of care and perhaps the overriding shortfall in previous policy and service provision has been limited acknowledgement of the importance of central and trusting relationships. There is a clear need for young people to have access to key trusted individuals able to provide, or facilitate access to, holistic care and support which is not compartmentalised in accordance with professional roles or specialities, but that recognises the young person's individual and, at times, complex needs.

The research has shown the potential of services provided under the Children (Leaving Care) Act to provide or facilitate access to such consistent and holistic support. Where such support existed, young people drew clear distinctions between their previous experiences of statutory

services and the type and quality of services that they now had access to. Even in authorities where the leaving care service was in its embryonic stages, professionals perceived a fundamental shift in ethos of working with young people towards making services more young people led, more accessible in terms of times and location, and having greater flexibility to provide support tailored to individual needs and circumstances.

There is still, however, a lack of clarity over what constitutes good practice in adequately supporting young parents. Questions remain as to how much of an intervention can be provided, and at what cost. The provision of intensive and multi-layered support in one authority for example, was associated with improved chances of successful parenting and a reduction in the numbers of children born to young care leavers placed on the child protection register. Similarly, although specialist mother and baby foster carer placements were a highly valued source of support for young parents, greater clarity around the roles, responsibilities and expectations of this type of provision is required. Furthermore, key questions about how long young people should stay in such placements, and the relative costs involved compared to outcomes, still remain largely unanswered

Conclusions

Overall, this study has shed further light on some of the factors that may make young people in and leaving care vulnerable to early pregnancy. Apparent within the study is the fact that for many young people, pregnancy is not perceived so much as a problem, but rather a means of refocusing attention away from issues that are negatively affecting their lives, at least on a temporary basis. The research has emphasised the central importance of consistent and holistic support to young parents provided from a range of sources working in partnership.

Some clear recommendations therefore emerge from these findings. As a starting point, in order to adequately support the local planning of services, data needs to be collected on young people in and leaving care becoming pregnant and/or fathers, the extent to which young people have access to good quality counselling in relation to pregnancy options, and the longer-term outcomes for young parents in and leaving care. In addition, closer monitoring of training for workers in residential and foster care is required to ensure this addresses the sexual health needs of young people. Such monitoring could be linked to new initiatives such as the National Healthy Care Standard (National Children's Bureau 2004) or the National Service Framework for Children (DH 2004). With regard to the provision of holistic support, local authorities need to explore further the potential of there being a trusted confidante or small network of individuals for every young person in care.

In terms of supporting young parents, local authorities could usefully rethink pre- and post-birth child protection assessments and increase young people's participation and understanding of the processes involved. A more positive presentation of the importance of assessment with a focus on affirmative action and supportive practice is vital. Linked to this is the need for an independent advocate or neutral source of support for all young parents involved in child protection procedures. Similarly, local authorities should provide clearer guidance on the specific roles and responsibilities of specialist mother and baby foster carers. In addition, the role of personal advisors or other key trusted workers, for example those employed by leaving care teams or Connexions services, should be extended with more specialist personal advisor roles being developed to support young parents.

There is still much to be done by local authorities in terms of promoting the shared responsibility for young people in and leaving care. Clearly social services departments alone

cannot adequately provide for young parents during their transition from care and strengthening of partnerships with other local agencies is of paramount importance. The provision of good quality and appropriate housing for young fathers as well as mothers clearly needs to be prioritised through local authority multi-agency forums. Sensitising primary care services to the specialist support needs of young parents leaving care with regard to antenatal and post natal care needs be a further priority. Actively strengthening the links between social services departments and specialist early years and family support services such as Sure Start Plus [1] and other local voluntary or statutory support agencies is also an important pre-requisite to the provision of holistic support. Underpinning all of these efforts should be a shared understanding of how the experiences of stigma and marginalisation that many young people have experienced might deter them from seeking out the support they need. Only then can a key support worker, such as a leaving care personal advisor, effectively become the interface between a young person and a comprehensive range of support services.

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[1] Sure Start Plus provides family based support services to teenage parents and their children

References

Arcelus, J., Bellerby, T. & Vostanis, P. (1999). A mental health service for young people in the care of the local authority. *Clinical Child Psychology and Psychiatry,* 4, 2, 233-245.

Biehal, N., Clayden, J., Stein, M. and Wade, J. (1992). *Prepared for living? A survey of young people leaving the care of the local authorities*. London: National Children's Bureau.

Biehal, N., Clayden, J., Stein, M. and Wade, J. (1995). *Moving on: young people and Leaving Care Schemes*. London: HMSO.

Borland, M., Pearson, C., Hill, M., Tisdall, K. & Bloomfield, I. (1998). *Education and care away from home*. Edinburgh, Scottish Council for Research in Education.

Botting, B., Rosato, M. and Wood, R. (1998). Teenage mothers and the health of their children. *Population Trends 93*. London: The Stationery Office.

Brodie, I., Berridge, D. and Beckett, W. (1997). The health of children looked after by local authorities. *British Journal of Nursing,* 6, 7, 386-391.

Buchanan, A. (1999). Are care leavers significantly dissatisfied and depressed in adult life? *Adoption and Fostering*, 23, 4, 35-40.

Cheesbrough, S., Ingham, R. and Massey, D. (1999). *Summary bulletin: Reducing the rate of teenage conceptions. An international review of the evidence: USA, Canada, Australia and New Zealand*. London: Health Education Authority.

Cheung, Y. & Heath, A. (1994). After care: the education and occupation of adults who have been in care. *Oxford Review of Education*, 20, 3, 361-74.

Corlyon, J. and McGuire, C. (1997). *Young parents in public care. Pregnancy and parenthood among young people looked after by local authorities*. London: National Children's Bureau.

Corlyon, J. and McGuire, C. (1999). *Pregnancy and parenthood: the views and experiences of young people in public care*. London: National Children's Bureau.

Department of Health (1997). *Substance misuse and young people.* London, Department of Health.

Department of Health (2000) *Guidance on the education of children and young people in public care*. London, DfEE and Department of Health.

Department of Health (2004). *National Service Framework for Children, Young People and Maternity Services.* London, Department of Health.

Emler, N. (2001). *Self-esteem: the costs and causes of low self-worth* York: Joesph Rowntree Foundation.

Glaser, B.G. & Strauss, A.L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago, Aldine Publishing Company

Hanna, B. (2001). Adolescent parenthood: a costly mistake or a search for love. *Reproductive Health Matters*, 9, 101-105.

Health Development Agency (2001). *Teenage pregnancy: an update on key characteristics of effective interventions*. London: Health Development Agency.

Hobcraft, J. (1998). *Intergenerational and Life-Course Transmission of Social Exclusion: Influences of Childhood Poverty, Family Disruption and Contact with the Police.* CASE PAPER 15. London. London School of Economics.

Hoffman, L., Thornton, A. & Manis, J. (1978). The value of children to parents in the United States. *Journal of Population*, 1, 91-131.

House of Commons. Health Committee (1998). *Children looked after by local authorities. Second report. Vol. 1: Report and proceedings of the Committee*. London, The Stationery Office.

Jackson, S. (ed) (2001). *Nobody ever told us school mattered: raising the educational attainments of children in care*. London, British Agencies for Adoption and Fostering.

Kane, R. and Wellings, K. (1999). *Summary bulletin: reducing the rate of teenage conceptions. An international review of the evidence: data from Europe*. London: Health Education Authority.

Kiernan, K. E. (1995). *Transition to parenthood: young mothers, young fathers - associated factors and later life experiences*. London: London School of Economics.

Merriam, S. B. (2002) Assessing and Evaluating Qualitative Research. In S.B. Merriam (ed.)

Qualititative Research in Practice: Examples for Discussion and Analysis. San Francisco,

Jossey-Bass.

Musick, J. (1993). *Young, Poor and Pregnant: the psychology of teenage motherhood*. New Haven, US: Yale University Press.

National Children's Bureau (2004 Draft). *Healthy Care Programme Handbook.*
Available at:
http://www.ncb.org.uk/healthycare/pdfs/hcp_handbook_v02.pdf

NCH (2000). *Factfile 2001. Facts and figures about children in the UK*. London: National Children's Homes.

Richardson, J. & Joughin, C. (2000). *Mental health needs of looked after children*. London, Gaskell.

Saunders, L. & Broad, B. (1997). *The health needs of young people leaving care*. Leicester, De Montfort University.

Seale, C. (2002) Quality Issues in Qualitative Inquiry. *Qualitative Social Work*, 1, 97–110.

Skuse, T. & Ward, H. (1999). *Current research findings about the health of looked after children. Paper for Quality Protects Seminar: Improving Health Outcomes for Looked After Children, 6 December 1999.* Dartington Social Research Unit and Loughborough University.

Social Exclusion Unit (1998). *Rough sleeping: report by the Social Exclusion Unit.* London, The Stationery Office.

Social Exclusion Unit (1999). *Teenage Pregnancy: Report by the Social Exclusion Unit.* London: The Stationery Office.

SSI (1998). *Somebody Else's Children: The inspection of planning and decision making for children looked after and the safety of children looked after.* London: Social Services Inspectorate.

Stein, M. & Wade, J. (2000) *Helping care leavers: problems and strategic responses.* London, Department of Health.

Stein, M. & Rees, G. (2002) Young people leaving care and young people who go missing. In J. Bradshaw (ed) *The wellbeing of children in the UK.* York, University of York/Save the Children.

Swann, C., Bowe, K., McCormick, G., Kosmin, M. (2003). *Teenage pregnancy and parenthood: a review of reviews.* London: HDA

Sweeting, H. and West, P. (1995). Family life and health in adolescence: a role for culture in the health inequalities debate. *Social Science and Medicine*, 40, 2, 163-75.

Tabberer, S., Hall, C., Prendergast, S. & Webster, A. (2000) *Teenage pregnancy and choice. Abortion or motherhood: influences on the decision.* York, Joseph Rowntree Foundation.

United Nations Children's Fund (UNICEF) (2001). *A League Table of Teenage Births in Rich Nations.* Innocenti Report Card No. 3. Florence, Italy.

Utting, W. (1997) *People like us: the report of the review of the safeguards for children living away from home.* London, Department of Health.

Vernon, J. (2000) *Audit and assessment of leaving care services in London.* London, National Children's Bureau, for Department of Health and Rough Sleepers Unit.

Wade, J., Biehal, N., Clayden, J. & Stein, M. (1998) *Going missing: young people absent from care.* Chichester, Wiley.

Wellings, K., Nanchahal, K., Macdowall, W., McManus, S., Erens, B., Mercer, C. H., Johnson, A. M., Copas, A. J., Korovessis, C. , Fenton, K. A. and Field, J. (2001). Sexual Behaviour in Britain: Early Heterosexual Experience *Lancet* 358: 1843-50.

Wyler, S. (2000) *The health needs of care leavers: a draft report to the King's Fund*. London, Kings Fund.