

ORIGINAL ARTICLE OPEN ACCESS

Care Leavers Into Parenthood: Support Needs and Effective Practice Approaches Through Transitions From Care

Jade Purtell¹  | Sarah Morris²

¹Department of Human Centred Computing, Faculty of Information Technology, Monash University, Clayton, Victoria, Australia | ²Department of Social Work, Faculty of Medicine Nursing and Health Sciences, School of Primary and Allied Health Care, Victoria, Australia

Correspondence: Jade Purtell (jade.purtell@monash.edu)

Received: 10 June 2024 | **Revised:** 18 November 2024 | **Accepted:** 6 January 2025

Funding: This research was supported by an Australian Government Research Training Program (RTP) Scholarship.

Keywords: care leaver parents | hard to reach groups | lived experience | participatory research | transitions from care

ABSTRACT

There is significant local and international evidence to show that young people transitioning from care have children by age 21 at far higher rates than the general youth population. Intergenerational child protection involvement is also far higher for this group. Conducting research with care leaver parents is challenging because of parental fears of child protection involvement and removal of their own children. Without participatory and engaging research approaches, the evidence base overall can omit the valuable perspectives of hardly reached groups. This paper presents findings from a novel approach to participatory research with ‘hard to reach’ or ‘hardly reached’ groups and is co-authored by one of two ‘Lived Experience Consultants’ contributing to the study. Taking an ‘extrospective’ approach to inquiry, the lead author designed a data collection process that sought to increase the opportunity for Lived Experience Consultants to contribute to the project as subject matter experts, rather than research ‘subjects’. Care experienced parents’ perspectives as Lived Experience Consultants in this research complemented findings from service providers reported elsewhere and illuminated critical practice-based issues, creating barriers to pregnancy prevention and parenting support in Australia.

1 | Introduction

We are beginning to better understand how deficit-focused framing of young people’s transitions from care can reinforce stigma in social services and institutions (Productivity Commission 2024). For care leaver parents, stigma associated with their histories in government care can influence systemic discrimination, which for care experienced parents can manifest as ‘surveillance bias’, where engagement with formal supports can increase the likelihood of being reported to child protective services (Dominelli et al. 2005; Dworsky 2015; Purtell, Mendes, and Saunders 2021). Research on transitions from care has long highlighted poor outcomes into adulthood such as unemployment or low-income employment, higher rates of depression, convictions, homelessness

and poor health (Mendes, Johnson, and Moslehuddin 2012; Sacker et al. 2021; Stein 2012). Poor outcomes have been attributed to a range of factors including abuse and neglect in childhood before placement in care, poor mental health in childhood and adolescence, lower literacy levels and low educational attainment (Sacker et al. 2021). Up until recent extended care reforms across Australia, young people were expected to face and overcome such challenges independently from 18 years of age or earlier (Mendes and Rogers 2020). Young people transitioning from care with a pregnancy and/or children have been tasked with caring for themselves and providing a secure home for their children often without the financial, practical and emotional supports that parents in the community often rely on families and friends for (Gill, Page, and Hairston 2023). Recent research has highlighted the

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2025 The Author(s). *Australian Journal of Social Issues* published by John Wiley & Sons Australia, Ltd on behalf of Australian Social Policy Association.

importance of communities of support and meaningful social relationships for care experienced parents in building a sense of belonging and self-sustaining social, community and familial networks (Gill, Page, and Hairston 2023).

1.1 | Valuing Lived Experience Representation

One way to counter deficit-focussed framing of care leavers' challenges is to increase lived experience representation in research and policy (Purtell 2023). Research approaches that value lived experience can also better engage 'hard to reach' or 'hardly reached' groups and enhance the depth of our understanding of complex issues (Gill 2022; Schwarz, Nydegger, and Hill 2023). The actions of service providers can be perceived as unsupportive by young individuals, eroding trust and access to services (Keddell 2017; Munro 2019; Purtell, Mendes, and Saunders 2021). Through sharing personal narratives like that of the co-author—who faced marginalisation due to experiences in out-of-home care—there is an opportunity for broader social change by recognising the value of lived experience in informing policies and practices within child welfare systems (Beresford 2021). However, 'Epistemic injustice' in academic research can marginalise care experienced perspectives (Farragher et al. 2023). By employing a unique participatory research approach with care experienced young parents (such as the co-author themselves) in this study, valuable insights were gained into conducting research on sensitive topics with care leavers. The 'extrospective inquiry' method (Purtell 2023) aimed at reducing data sensitivity and involving 'Lived Experience Consultants' as subject matter experts, rather than subjects of research (Briskman 2014; Coy 2009; Sweetman 2020).

These principles are exemplified by Dion et al. (2021: 787) and Dion et al. (2022) in a study with pregnant and parenting adolescents asking them to evaluate the relevance of existing evidence from their own perspectives. In previous work, Dion et al. (2021) developed the 'Weight of evidence procedure' to '...contextualize evidence from peer-reviewed literature with stakeholder perspectives' (Dion et al. 2021: 787; Dion et al. 2022). The procedure summarises peer-reviewed research on a particular topic to distil the major themes and then presents those themes to people with relevant lived experience to potentially re-evaluate the evidence base through group discussion and reflection (Dion et al. 2021). The subject of the research is the existing evidence concerning a given issue and its perceived relevance to people with lived experience.

1.2 | Prevalence of Care Leaver Early Parenting

Local and international studies consistently identify that a disproportionate number of care leavers experience early pregnancy and parenting (Courtney et al. 2011; Muir et al. 2019; Vinnerljung, Franzon, and Danielsson 2007). The South Australian (SA) Government has analysed whole of population data for births and found that of mothers aged under 20 during their pregnancies ($n = 544$), 6% of this group had high levels of involvement with child protection and 23% of these mothers had been in care themselves (SA Government

Department of Human Services 2019). In New South Wales (NSW), government data have indicated that care leavers are 10 times more likely to have their children placed in care than the general population (NSW Government 2018). In Western Australia, a longitudinal study of care leavers found that of 2003 care experienced young people, 28% of females gave birth to children when aged between 18 and 23 (Lima, Maclean, and O'Donnell 2018). These young women had 513 children between them, with one in four children being placed in out-of-home care at some point (Lima, Maclean, and O'Donnell 2018).

1.3 | Pathways to Early Parenting

There are conflicting hypotheses in the literature about what causes high rates of early pregnancy and parenting amongst care leavers. Some sources argue that disengagement from education prevents access to sex education and this leads to young people having children during their transitions from care (Connolly, Heifetz, and Bohr 2012; Mendes 2009). There is certainly evidence that disengagement from education is linked to early parenting amongst care experienced young people (Brannstrom, Vinnerljung, and Hjern 2016; Ohene and Garcia 2020). Large quantitative studies from Sweden and from the US report that many young care leavers intentionally get pregnant to start families of their own in the years leading up to, and following, their exits from the care system (Dworsky and Courtney 2010; Vinnerljung, Franzon, and Danielsson 2007). Both of these countries have access to large administrative data sets for representative samples; however, the statistical analyses do not necessarily allow investigation into *why* individual young people may decide to have children at a young age. Boss's (2010) Ambiguous loss theory provides a lens through which these *wanted* pregnancies can be hypothesised as relating to what the literature identifies as an emotional void (Connolly, Heifetz, and Bohr 2012; Mendes 2009). Transitions from care research rarely explore the impacts of loss on children and young people in care. Ambiguous loss occurs when there is simultaneous 'presence and absence of a loved one' (Knight and Gitterman 2019: 165). For children and young people in out-of-home care, they may have family members, friends and community networks who are lost to them but still exist in the world. Given the evidence of wanted pregnancies, exploring the role of loss in young care leavers' decisions to begin a family seems highly relevant. Exploring care leaver parents' own explanations for starting their families at a young age is necessary to better understand the drivers and experiences of the so-called 'emotional void', or other explanations for this statistically significant trend of care leaver early parenting. We cannot hope to properly understand factors influencing early pregnancy and parenting, or design supports to meet young care leavers' needs without hearing from them directly.

1.4 | Surveillance Bias: Intergenerational Cycles of Family Supervision and Child Removal

Regardless of the reasons leading to early pregnancy and parenting, child protection involvement with care leavers' children

features commonly in the literature. For Dworsky (2015: 69), an increased reliance on social services can lead to 'surveillance bias', which refers to 'an increased likelihood that child maltreatment will be observed and reported because of the many interactions youth in foster care have with caseworkers and other service providers'. Dominelli et al. (2005) argue that child protection risk assessment processes are discriminatory and likely to lead to child removal. The Australian Human Rights Commission (2017) report on the rights and needs of young parents received multiple submissions from Australian researchers and service providers reporting that young parents' fears of surveillance bias can provide a disincentive for young parents to seek or access health and support services, ironically further disadvantaging and potentially endangering children—as well as parents themselves. Care leaver early parenting is well documented though not well understood. This paper reports on findings from the lead author's broader PhD study addressing the research question: *What are the key factors explaining care leaver early parenting?* Perspectives of service providers have been published elsewhere (Purtell, Mendes, and Saunders 2021; Purtell et al. 2022). This paper details perspectives from two care experienced parents acting as Lived Experience Consultants due to research recruitment difficulties discussed in the 'Methodology' section.

2 | Methodology

The research reported in this paper was carried out as part of the lead author's PhD study in a small research team consisting of the student and two supervisors. As background research and the literature review progressed, complex risk factors and ethical considerations for research emerged and the study was redesigned several times. The discussion below outlines these risks and subsequent redesigns of the methodological approaches taken.

2.1 | Mitigating Risks of Surveillance Bias in Research

Parents' vulnerability to surveillant biases through participating in research was a concern during the design of this study. If a care experienced parent, as a research participant, disclosed or even appeared as though they were not coping well enough to look after any children they had, the PhD student researcher had little additional support to offer beyond providing details for telephone counselling helplines and obligations under mandatory reporting could be perceived. Considering these risks, the PhD student and supervisors elected to design a two-phase study to learn more about the issues from service providers, as a low-risk informant group, in the first instance.

Accordingly, Phase 1 of the overall study included interviews and focus groups with 16 service providers in the state of Victoria, Australia, working with care experienced early parents. This first phase was informed by a narrative literature review that examined foundational transitions from care studies; articles identified by the Scopus database published between 2015 and 2020 focused on care leaver early parenting and material on Boss's (2010) Ambiguous loss theory (Purtell, Mendes,

and Saunders 2020). Major themes identified in this review formed the interview and focus groups schedule for data collection in Phase 1 of the study. Through thematic analysis of interview and focus group transcripts, emergent themes were identified and added to the themes identified from the literature review. These themes then formed the basis for the interview and focus group schedule for care experienced parents for Phase 2 of the overall study.

2.2 | Recruitment Challenges

Focus groups and interviews to be held with care experienced young people aged 18 years of age to 30 were approved by the Monash University Human Research Ethics Committee in 2020 and a flier advertising this opportunity to discuss 'explanations for why a lot of care experienced young people start families young' was circulated throughout the state of Victoria via state-wide networks and relevant organisations and statutory authorities. Three young people responded, and only two were parents.

2.3 | Research Redesign

Owing to the low response rate, the PhD student researcher proposed that Lived Experience Consultants who already often participated in policy and research consultation work in academia and the community sector locally could be engaged to provide their thoughts and perspectives on the issues raised by the existing literature (up to 2020 at the time) in writing. Both parent respondents to the initial recruitment were known to the PhD student as Lived Experience Consultants that had undergone training with advocacy projects to develop and maintain safe boundaries and recognise topics they were comfortable to discuss and those that they were not. An amendment to the previous ethics application was submitted to offer two Lived Experience Consultants \$100 each to complete a written consultation document responding to research evidence and service provider perspectives on issues relating to high rates of care leaver early parenting. Both parent respondents to the initial invitation were sent the new invitation and explanatory statements. Both provided informed consent to participate in the project as Lived Experience Consultants providing subject matter expertise, and for formal student research purposes, as consenting research participants.

The initial parent respondents were recast as Lived Experience Consultants, and the 'consultation document' or questionnaire was emailed to them. It divided the questions asked into two sections: questions related to the literature review findings and questions connected to the Phase 1 results from interviews and focus groups with service providers. This division covers:

- Pathways from care;
- Pathways to early parenting;
- Parenting challenges for young people; and
- Support for parents. Then,

- Disrupted relationships and loss and grief (identified as significant by service providers);
- Sexual health and pregnancy.

Each question began with a statement. The consultation document asked if the statement ‘sounded right’. The consultation document then asked the two Lived Experience Consultants to suggest other reasons that might explain the statement provided. This format was consistent for each question, though the wording was changed to avoid repetitive language.

The Lived Experience Consultants have been given the pseudonyms Lacey and Jo to allow for easy distinction between them. To maintain a degree of anonymity in the co-authorship status, the pseudonyms remain in place below, where their responses are reported.

3 | Results

3.1 | Lived Experience Consultants’ Perspectives On Care Leaver Early Parenting Research

In this study, existing research evidence, theory and practice wisdom all formed the basis of the data collection. The headings below relate to the themes emanating from the literature review and focus groups and interviews with service providers. References to the relevant literature and service providers’ comments are made throughout accordingly.

3.2 | Pathways From Care

Placement instability in care and disengagement from education were identified by three literature reviews (Connolly, Heifetz, and Bohr 2012; Mendes 2009; Purtell, Mendes, and Saunders 2020) and service providers as being closely associated with care leaver early parenting. Lacey agreed that emotional pathways (i.e., the ‘emotional void’ developed through care and transitions from care experiences) or deliberate intentions to begin a family of one’s own could explain some reasons for high rates of care leaver early parenting:

[Lacey]: I think it’s definitely a factor as often we don’t have the right supports and, in some way, want to create a family so we don’t feel alone.

The other consultant, Jo, provided a detailed account of birth family-related factors, which she thought contributed to her pathway to early parenting.

[Jo]: From my own experience, it was normal from an intergenerational standing to have children young. Heteronormative behaviour was reinforced, bringing with it toxic masculinity which reinforced the objectification of girls, young women, and women.

From as young as 8-years-old I can remember being primed to be a care giver and would be left to take care of the younger children while the adults went to the pub, which was a common occurrence. As I grew older, I was

often tasked with looking after my cousin’s infants, as they also had children at a young age.

In my case, I had my daughter nearing the age of 20, my partner at the time and I had been together going on four years. I had obtained Cert. IV qualifications and had been working in the community services field when I had fallen pregnant. Reflecting over my decisions to be a “young” mother, I was eager to create my own family, one that would be built on love and care, not a toxic environment full of abuse, neglect and fear.

Both the literature review and the service providers’ comments in this study supported the idea that young people with greater stability in out-of-home care are more likely to complete secondary school and progress to stable employment and/or higher education (Brannstrom, Vinnerljung, and Hjern 2016; Ohene and Garcia 2020). For Lacey, this stability supported the young person’s motivation to achieve:

[Lacey]: Yes, with the right support a young person will feel like they can achieve things and will often then move onto higher education.

Comments from Jo, however, present a less straightforward explanation:

[Jo]: When I entered care, I was engaged in mainstream education, it was the care team who encouraged me to drop out, as I didn’t fit into mainstream education and would be better off in alternative programs’. Instead of asking me why I was having issues at school, I was quickly labelled the problem (an issue I had experienced my whole life). I entered ‘alternative education’ programs which consisted of doing sweet fuck all for the majority of the day. It was also where I met other peers from similar backgrounds, and we would often wander off to go smoke a ‘J’ [marijuana] before returning to class. ‘Teachers’ would actively turn a blind eye to this behaviour. I was often bored and resentful that I was not seen as having the same potential as my mainstream peers, nor was I seen to hold the basic intelligence of someone my age. This was evident from the lack of expectations around my capabilities and future in general. I was now seen as ‘just a ressi [residential care] kid’ who held no future. The system made me believe that university was completely off the table for me as a young person in state care.

The term ‘disengagement from education’ is frequently used when a young person stops attending school or gets into trouble a lot (Ohene and Garcia 2020). The term suggests a young person actively turning away from, refusing or rejecting education. Jo’s comments above suggest that she was actively discouraged from maintaining her mainstream education and in her alternative education programme was passively discouraged from accessing pathways to higher education. It is common for services to speak of young people’s ‘disengagement’; however, this statement suggests professionals may be blinded to practices that build social exclusion—adopting different expectations for young people simply because they have been placed in out-of-home care.

Where the literature examined young care leavers' return to families of origin upon transitioning out of care, both practical necessity and emotional connection were identified as explanations (Mendes, Johnson, and Moslehuddin 2012). The two care leaver consultants in this study concurred with these explanations:

[Lacey]: Yes, often this is due to having a strong connection, wanting that connection, loyalty, out of need (homelessness).

[Jo]: In my own experience, after living with my partner in a share house and falling pregnant, we had decided to leave the share house to go live in [regional city] to be closer to my mother, which would assist with child minding so I could return to work earlier. We were unable to secure a rental and were forced to live with my mother and my stepfather. However, this all fell to pieces rather quickly and since I had no safety net, I relied on my father for help as he was able to borrow a truck from work and move us back down to Melbourne [state capital], we then lived there for a short period before obtaining our own rental.

I feel it is normal within this cohort to want and hope for the best when re-connecting with family. It is also normal for it all to go completely wrong, like in my own case but that's a story for another time.

Neither the research identified in the literature review for this study (see Purtell, Mendes, and Saunders 2020), nor the data collected from service providers in this study, have examined how the nature, strength and existence or not of family relationships (with birth family, extended family, foster family members and other family-like relationships) may be associated with young people's social, familial and community networks post transitions from care. One study did find that care leavers with positive ties to family had broader social networks (Biehal 1995). Both participants helped to explain how this may become the case:

[Lacey]: ... often how we learn to interact with others are taught to us at home first so if you have that positive connection you will have more confidence in yourself which in turn opens you up to all possibilities.

[Jo]: Throughout my life I idealised my dysfunctional, chaotic and completely inappropriate family, particularly as a young teenager. My cousins (on my mothers' side) were drug users (marijuana mainly), toxically masculine, derogatory and held pro-criminal attitudes. The adults also actively encouraged alcohol use and drug use, as they were also alcohol and drug users. I saw this as having a "cool" family.... which was further from the truth.

Hypersexualised behaviours ran rampant as did the objectification of girls, young women and women. It wasn't until I was an adult when I found out about all the sexual abuse that had occurred outside of my own experience with extended family members. Family violence was a common occurrence, often fuelled by alcoholism and drug use.

My father's side was the opposite, they were more conservative, they came from farming origins and worked hard to move from poverty and into the middle class. However, often family members would portray to have wealth beyond their means and that belonged to another class bracket. Every interaction within the family always felt fake and forced. I never felt that I belonged or was wanted.

My father was a perpetrator of domestic violence, as was his father, however, my father chose to drink and smoke his pay check, so we remained in poverty unlike his siblings.

The description of the distinct family cultures above shows us another aspect of family relationships and the difficulties we can have in measuring or assessing 'positive' or strong relationships. In the comment above, the wealthier side of the family felt unwelcoming. The closer side of the family was very inclusive of this young person if they opted to participate in the culture of drinking and drug use shared across extended family relationships. Lacey suggests that positive connections to home inspire social confidence. Jo's example suggests that closeness to family was often a necessity for accessing resources such as help moving and a place to stay. Otherwise, family relationships were experienced as less positive overall. Working with young people around family issues should carefully consider a young person's positive and/or negative feelings towards family and, ideally, assist young people to understand what the meanings of those feelings are for them.

3.3 | Pathways to Early Parenting

Several studies have argued that placement instability causes educational disruptions that lead many to miss out on sexual education (Connolly, Heifetz, and Bohr 2012; Mendes 2009). Lacey's comments support this:

[Lacey]: Yes, without the right education you are not informed and without the right information you cannot make informed choices... e.g. myth that you can't get pregnant your first time, we know it's not true but for someone without any sexual health education might not know and then they have sex and bam pregnant.

Findings from quantitative studies in the US and Sweden have observed a high proportion of wanted or deliberate pregnancies (Dworsky and Courtney 2010; Vinnerljung, Franzon, and Danielsson 2007). The Lived Experience Consultant's comments below raised family culture as another pathway to early pregnancy:

[Jo]: Can't relate, I engaged in sexual education in Grade 6. I feel it's ingrained attitudes and intergenerational young child rearing that normalises these experiences and lack of positive relationships and safety nets.

In the care experienced consultation document, participants were asked if care leavers may want children to avoid loneliness. Lacey agreed:

[Lacey]: Definitely... who wants to be lonely?...if I can't have a family I'll make a family.

Jo disputed the avoidance of loneliness but supported the notion of deliberate intentions to become pregnant and to start a family that included love and positive relationships:

[Jo]: Can't relate. As stated earlier in reflecting over my own decisions to be a "young" mother, I was eager to create my own family, one that would be built on love and care, not a toxic environment full of abuse, neglect and fear.

The following question in the consultation document asked about unconditional love.

Some young people approaching leaving care age want to have a baby so they can have unconditional love. Does this make sense to you? Do you have any ideas why this might be the case?

[Lacey]: We all know that the love of a child is unconditional, they won't leave you like everyone else.

[Jo]: As above.

On the question of access to contraception, the two participants disagreed:

Young people may not have easy access to contraception – for example it may be expensive. Do you agree that contraception can be difficult for young people to find or buy?

[Lacey]: Yes, you have no one to trust and no money to buy any.

[Jo]: No, not at all. It is easily available and highly encouraged.

3.4 | Parenting Challenges for Young People

Both the literature and the results from interviews and focus groups with service providers highlighted that surveillance bias appears to have an impact on the care leaver parents' experience. The specific statement and question in relation to this was:

Care experienced young parents can find Child Protection and other services stigmatising and unsupportive. Do you think young parents with a care experience could feel stigmatised by support services?

[Lacey]: LOL [Laugh out loud], you are already judged as a bad parent before you have even had a chance to try.

[Jo]: They were always (and continue to be) stigmatising and unsupportive?

The participants' comments were brief but in agreement. The following questions asked about the impact of perceived surveillance bias on accessing other services:

Service systems are difficult to access, and finding consistent support that young people can trust can be difficult. Do you agree with this statement? Do you think it would be hard for young care leaver parents to access the support they need?

[Lacey]: People already think the worst of you so you avoid going anywhere or being honest in fear that they will take your child.

[Jo]: Don't agree, services are easy to access, however, they serve to further stigmatise the young person.

For example, when I was experiencing housing issues in [regional city] I reached out to [leaving care service] and instead of assisting me with housing they sent me to a young mothers' group... which was not an issue for me at all. It was assumed that because I was a young mother, I automatically needed education on how to be a parent and how to look after a baby. Despite having to have cared for children my entire life and then as an adult to care for young people in out of home care [as a paid worker], because I had a care experience it was assumed that I would be a 'bad parent' and have [child protection services] involvement (which I have never had, as an FYI).

Service providers may see referral to a young mother's group as a responsible and routine practice. This Lived Experience Consultant's perspective shows how system responses can indicate stigma, assumptions and ignorance to a service user themselves. The system response to this care leaver parent didn't suggest confidence in her abilities. At the same time, it is common for parents to be part of parents' groups in Australia so the referral may have had nothing to do with this young person's parenting being a concern and instead be related to promoting community connections. Nevertheless, the meaning that the young parent made from the referral had an impact on their perceptions about the service itself and the service provider's opinion of her. The meanings young people make of interactions with others are important influences on their perceptions and behaviours.

Participants were asked about surveillance bias in a number of ways to better determine the intention of their responses:

There are many services to assess care leavers' parenting abilities but there are few services to help them with housing, income, practical issues like child-care and out-of-hours support. Does this sound true to you? Are there more services to check someone's parenting than there are to help them with parenting?

[Lacey]: Yes. You are already expected to fail so why help you move forward.

[Jo]: Yes 100%, as stated above. Housing in particular and assisting navigating/advocacy with Centrelink.

3.5 | Support for Parents

Both participants also identified early parenthood as an opportunity for support services to have a significant impact. Young

people's motivations were concentrated on being a good parent, and this could provide a 'turning point' where young people may be more likely to engage with services (Mendes 2009). This represents both an irony and a lost opportunity as 'good' support could have a positive, enduring effect. Instead, stigmatising support and surveillance bias appear to depress young parents' potential:

[Lacey]: Yes prior to having children I was homeless and mentally unwell... once I had children my life became about them. I got stable accommodation and stopped harming myself.

[Jo]: I have seen this happen from a professional lens. Some young people can change their behaviours and partnerships to improve their overall life for the benefit of the child.

In my case, however, I was in a good space within my life, however it became more evident to me that my partner was controlling and manipulative. As soon as I stopped putting all my effort and attention into our relationship and into raising our child, his behaviours towards me changed.

Eventually we separated when my daughter was two years of age, however, he still has weekend access.

Instead of giving my all to a toxic partner, I realised I needed to be the best version of myself so that I could be the best role model for my child.

Both Lived Experience Consultants reference the potential of parenting to lead a young person to 'turn their lives around', which is another common theme from the literature (Mendes 2009). There is a suggestion in the term that a young person's behaviour may have been problematic and then 'changed' when the responsibility of a child comes along. While this may certainly indicate positive advancements, it is important to note that many care leavers lack resources rather than simply having problematic behaviours. For example, being homeless and/or unwell is not something that a young parent can simply decide to change by themselves necessarily.

3.6 | Disrupted Relationships and Loss and Grief

This section on disrupted relationships and loss and grief, like the above section, posed a number of questions to interrogate the consistency of responses to controversial issues where the neutrality of language could not realistically be achieved in phrasing:

The impact of disrupted relationships is significant for young people when they are removed from family or their placement. This can be unresolved and upsetting for a long time without therapeutic support or interventions.

[Lacey]: Agreed... young people cling to relationships and when they are torn away it can have a negative mental impact.

[Jo]: Being removed and placed into care, albeit the removal was traumatic, for the long term it was the best thing to ever happen to me (well apart from the transition out, but that's another story).

Unresolved loss and trauma may lead some young people to decide they want to start a family when they're teenagers or under 21.

[Lacey]: Yes, because they want unconditional love, they don't want to be lonely, and they want to close the hole in their heart.

[Jo]: I can't speak for all young parents/care leavers. But I can't relate.

When asked about young people's access to therapeutic support or interventions while in care, both participants felt that responses were inadequate:

There are not usually enough resources in out-of-home care and leaving care services to find therapeutic activities or counselling for young people to explore loss and trauma issues.

[Lacey]: There is but it's often not seen as a priority.

[Jo]: BIG OLD YES FROM ME [Lived Experience Consultant's emphasis].

Mental health access needs to improve dramatically, housing stability and access to allied health professionals such as psychologists and psychiatrists.

Knight and Gitterman (2019) argued that young people in care may exhibit their distress at missing family, friends, school and community in what is termed 'challenging behaviour', which can be interpreted as mental illness and/or aggressive violence. Only the first participant responded to this argument from the research:

Young people who miss family, friends, relatives, school and community may be very distressed and this may be interpreted sometimes as 'bad' or 'challenging' behaviour or mental illness.

[Lacey]: Yes... we are not seen the same as "normal" children... everything we do gets labelled.

It is important to consider the extent to which young people transitioning from care can access a normative narrative of childhood, adolescence and family, and how this impacts their sense of self and their aspirations for the future. The 'labelling' that the Lived Experience Consultant describes creates stigma and 'othering' (Van Breda 2012), which likely contributes to social isolation and a lack of social and community resources.

3.7 | Sexual Health and Pregnancy Options

Service providers' statements suggested that young people were very unlikely to consider abortion if they were pregnant (Purtell

et al. 2022). For the Lived Experience Consultants, the question about this issue was phrased as: ‘Terminating a pregnancy is not a common decision from young women transitioning from care’, to which Lacey answered, ‘I wouldn’t know’. Jo said she couldn’t relate to the statement.

When asked about whether they thought workers felt uncomfortable discussing abortion, because it is controversial, by the statement ‘Workers feel uncomfortable discussing abortion with young people as it is a controversial subject area’, Jo again stated she couldn’t relate to the statement while Lacey stated:

[Lacey]: Massively. Particularly if it goes against the worker’s beliefs.

Considering the social isolation that young people may experience, and the disengagement from services common for young people transitioning from residential care, it is unclear where many care leavers would get information about pregnancy options from. A lack of access to this information would certainly contribute to high rates of early parenting amongst care leavers.

4 | Reflections on the Findings From Lived Experience

The findings highlight the unintended consequences of prevalent practices within out-of-home care services, particularly the tendency to divert young individuals from pursuing higher education and the neglect of essential discussions surrounding sexual health. These oversights contribute to the perpetuation of cycles of involvement with child protection services (Dworsky and Courtney 2010; Gypen et al. 2017). For instance, young girls were often taken in groups to sexual health clinics for the insertion of contraceptive implants (Implanon) without adequate informed consent or comprehensive sexual health education, including fundamental knowledge about feminine health and hygiene. Despite the efforts made by the [child protective services] department and its affiliates, the co-author became a parent at the age of 19.5 years. Nevertheless, she returned to education and successfully obtained a Bachelor of Human Services and a Master of Social Work, with her experience of parenthood serving as a motivating factor. She reflected on her journey at the age of 26 years: ‘Knowing myself, like I never had a role model, I never had a parent figure that I looked up to, I wanted to be the best person I could be to be that role model for my daughter and I want the best for her. I want her to know she can, if she puts her mind to it, she can achieve great things’ (Butterworth, Mendes, and Flynn 2020: 16). The findings underscore the need for a paradigm shift within the care system, moving away from deficit-based stereotyping and adopting evidence-based, trauma-informed practices that empower and support the holistic well-being of young people (Mendes and Moslehuddin 2006; Stein 2006).

5 | Discussion

The care experienced parents’ insights have provided invaluable additional perspectives on the complex set of issues identified

by existing research and service providers participating in the broader PhD study (Purtell, Mendes, and Saunders 2021; Purtell et al. 2022). The significant impact of an ‘emotional void’ in decisions to begin a new family was acknowledged (Connolly, Heifetz, and Bohr 2012). Jo’s experiences of the normalisation of early parenting also provide another pathway to wanted pregnancies. Jo’s comments further highlight that some care leaver parents may be quite experienced in childrearing and a strengths-based approach to supporting existing skills and boosting resources of parents may be a more effective way to support care leaver parents than deficit-focussed child protection assessments and interventions.

There does appear to be a need to consider from where a young person would get sexual education information and how best this could be delivered. The statement Lacey made about service providers as individuals who allow their beliefs about terminating a pregnancy to influence what information they provide to young people provides some additional context for the high rates of early parenting amongst care leavers. Recommending a move to alternative education may remove pathways to higher education and reinforce pathways to early parenting. Workers’ silence around sexual health and pregnancy choices could contribute to ongoing intergenerational cycles of child protection involvement. Actions by service providers may be interpreted by young people as unsupportive and doubtful of their parenting abilities, even if service providers do not hold such views.

Australian out-of-home care and transitions from care policies nationally and state-to-state have no overt strategy around preventing wanted pregnancies. Current policies also appear to be blind to surveillance bias and how the under-resourcing of young people transitioning from care can lead to early pregnancy and parenting and subsequently to child protection involvement with care leavers’ children (Dominelli et al. 2005). This lack of support is partly a function of being raised in out-of-home care and having opportunities for building and maintaining solid relationships with others disrupted or destroyed (Gill, Page, and Hairston 2023). That these consequences of our systems then become a major part of the risk factors for care leaver, early parents having child protection oversee their own parenting seems cruel and ineffective. At a systemic level, when we fail to provide supports that enable care leaver parents to attain their basic needs, or to access careers and education that will allow them to earn adequate incomes, assessing their parenting capacity without providing support is akin to surveillance. The paradox of surveillant care is that it perpetuates exactly the cycle it purports to break.

5.1 | Strengths and Limitations

This article reports on composite findings from several phases of the lead author’s PhD study where challenges of conducting research with hard to reach populations were encountered continuously. Pragmatic compromises have resulted in a novel approach to incorporating lived experience representation through engagement of ‘Lived Experience Consultants’ to review findings from the evidence base and from research with service providers experienced in working with care leaver young parents. This study does not offer conclusive evidence to determine care leavers’ pathways

to early pregnancy and parenting; however, it does demonstrate that current research has largely overlooked emotional voids and the wanted pregnancies identified in the US and Sweden (Dworsky and Courtney 2010; Vinnerljung, Franzon, and Danielsson 2007). Methodological innovations such as the 'Weight of evidence' procedure from Dion et al. (2021: 787) and Dion et al. (2022), or the use of written consultation documents with extrospective inquiry framing research participants as subject matter experts rather than subjects of research (Purtell 2023), are useful to contrast differences between research evidence and practice wisdom, and lived experience perspectives (Briskman 2014). The level of detail provided by the Lived Experience Consultants for some of their perspectives paints a profound picture of the impact of some common practices in the care system, which have not previously been problematised. These additional findings from the involvement of Lived Experience Consultants provide invaluable context to the overall study, despite there effectively being a final sample size of two care experienced parents in this research. Epistemic injustices in research can undermine such evidence and consequently limit knowledge generation and policy innovation (Farragher et al. 2023).

6 | Conclusion

Overall, these findings serve as a call to action for policymakers, care providers and stakeholders to critically evaluate and reform existing practices, prioritising the best interests, rights and empowerment of young people in out-of-home care services. Providing accurate and age-appropriate sexual health information, fostering open discussions and ensuring informed consent are crucial steps towards ensuring the dignity and autonomy of those in out-of-home care. Furthermore, the experiences shared emphasise the importance of actively encouraging and supporting educational pursuits for young people in care. By providing the necessary resources and guidance, they can be empowered to break free from cycles of disadvantage and pursue higher education, as exemplified by the co-author's journey in obtaining a Bachelor's and Master's degree despite early parenthood and an experience of out-of-home care.

Author Contributions

Jade Purtell: conceptualization, methodology, investigation, funding acquisition, writing – original draft, writing – review and editing, formal analysis, project administration. **Sarah Morris:** writing – original draft, formal analysis, conceptualization.

Acknowledgements

This research was supported by an Australian Government Research Training Program (RTP) Scholarship. This research has been supported by several care experienced parents whose contributions have served to expand knowledge in this field, within and outside of the constraints of formal publishing. Open access publishing facilitated by Monash University, as part of the Wiley - Monash University agreement via the Council of Australian University Librarians.

Conflicts of Interest

The authors declare no conflicts of interest.

References

- Australian Human Rights Commission. 2017. "The Rights and Needs of Young Parents and Their Children." A Summary of Key Findings From the Children's Rights Report 2017, Sydney, NSW. https://humanrights.gov.au/sites/default/files/AHRC_CRR_2017_Summary.pdf.
- Beresford, P. 2021. *Participatory Research in Social Work: Key Issues and Debates*. London, UK: Routledge.
- Biehal, N. 1995. *Moving on: Young People and Leaving Care Schemes*. London, UK: HMSO.
- Boss, P. 2010. "The Trauma and Complicated Grief of Ambiguous Loss." *Pastoral Psychology* 59, no. 2: 137–145. <https://doi.org/10.1007/s11089-009-0264-0>.
- Brannstrom, L., B. Vinnerljung, and A. Hjern. 2016. "Child Welfare Clients Have Higher Risks for Teenage Childbirths: Which Are the Major Confounders?" *European Journal of Public Health* 26, no. 4: 592–597. <https://doi.org/10.1093/eurpub/ckw057>.
- Briskman, L. 2014. *Social Work With Indigenous Communities: A Human Rights Approach*. Annandale, NSW: Federation Press.
- Butterworth, S., P. Mendes, and C. Flynn. 2020. "Young People Leaving Out-of-Home Care in Victoria, Australia." *Social Work & Policy Studies: Social Justice, Practice and Theory* 3, no. 2: 1–23.
- Connolly, J., M. Heifetz, and Y. Bohr. 2012. "Pregnancy and Motherhood Among Adolescent Girls in Child Protective Services: A Meta-Synthesis of Qualitative Research." *Journal of Public Child Welfare* 6, no. 5: 614–635. <https://doi.org/10.1080/15548732.2012.723970>.
- Courtney, M., A. Dworsky, A. Brown, C. Cary, K. Love, and V. Vorhies. 2011. "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26." <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf>.
- Coy, M. 2009. "Moved Around Like Bags of Rubbish Nobody Wants: How Multiple Placement Moves Can Make Young Women Vulnerable to Sexual Exploitation." *Child Abuse Review* 18, no. 4: 254–266. <https://doi.org/10.1002/car.1064>.
- Dion, A., A. Carini-Gutierrez, V. Jimenez, et al. 2021. "Weight of Evidence: Participatory Methods and Bayesian Updating to Contextualize Evidence Synthesis in Stakeholders' Knowledge." *Journal of Mixed Methods Research* 16, no. 3: 281–306. <https://doi.org/10.1177/15586898211037412>.
- Dion, A., A. Nakajima, A. McGee, and N. Andersson. 2022. "How Adolescent Mothers Interpret and Prioritize Evidence About Perinatal Child Protection Involvement: Participatory Contextualization of Published Evidence." *Child & Adolescent Social Work Journal* 39, no. 6: 785–803. <https://doi.org/10.1007/s10560-022-00865-1>.
- Dominelli, L., S. Strega, M. Callahan, and D. Rutman. 2005. "Endangered Children: Experiencing and Surviving the State as Failed Parent and Grandparent." *British Journal of Social Work* 35, no. 7: 1123–1144. <https://doi.org/10.1093/bjsw/bch224>.
- Dworsky, A. 2015. "Child Welfare Services Involvement Among the Children of Young Parents in Foster Care." *Child Abuse and Neglect* 45: 68–79. <https://doi.org/10.1016/j.chiabu.2015.04.005>.
- Dworsky, A., and M. Courtney. 2010. "The Risk of Teenage Pregnancy Among Transitioning Foster Youth: Implications for Extending State Care Beyond Age 18." *Children and Youth Services Review* 32, no. 10: 1351–1356. <https://doi.org/10.1016/j.childyouth.2010.06.002>.
- Farragher, R., P. Göbbels-Koch, J. P. Horn, and A. Smith. 2023. "Care Foundations: Making Care Central in Research With Care-Experienced People." In *Living on the Edge: Innovative Research on Leaving Care and Transitions to Adulthood*, edited by Keller, S., I. Oterholm, V. Paulsen, and A. D. van Breda 1st ed., 148–165. Bristol, UK: Bristol University Press. <https://doi.org/10.51952/9781447366317.ch008>.

- Gill, A. 2022. "Reflexivity and Lived Experience of Out-of-Home Care: Positionality as an Early Parenthood Researcher." *Affilia* 37, no. 4: 664–683. <https://doi.org/10.1177/08861099211061210>.
- Gill, A., S. M. Page, and M. Hairston. 2023. "Communities of Support for Care-Experienced Mothers." *British Journal of Social Work* 53, no. 3: 1775–1783. <https://doi.org/10.1093/bjsw/bcad032>.
- Gypen, L., J. Vanderfaeillie, S. De Maeyer, L. Belenger, and F. Van Holen. 2017. "Outcomes of Children Who Grew Up in Foster Care: Systematic-Review." *Children and Youth Services Review* 76: 74–83. <https://doi.org/10.1016/j.childyouth.2017.02.035>.
- Keddell, E. 2017. *The Emotional Politics of Child Protection*. Bristol, UK: Policy Press.
- Knight, C., and A. Gitterman. 2019. "Ambiguous Loss and Its Disenfranchisement: The Need for Social Work Intervention." *Families in Society* 100, no. 2: 164–173. <https://doi.org/10.1177/1044389418799937>.
- Lima, F., M. Maclean, and M. O'Donnell. 2018. *Exploring Outcomes for Children Who Have Experienced Out-of-Home Care*. Perth: Telethon Kids Institute.
- Mendes, P. 2009. "Improving Outcomes for Teenage Pregnancy and Early Parenthood for Young People in Out-of-Home Care: A Review of the Literature." *Youth Studies Australia* 28, no. 4: 11–18.
- Mendes, P., G. Johnson, and B. Moslehuddin. 2012. "Young People Transitioning From Out-of-Home Care and Relationships With Family of Origin: An Examination of Three Recent Australian Studies." *Child Care in Practice* 18, no. 4: 357–370. <https://doi.org/10.1080/13575279.2012.713849>.
- Mendes, P., and B. Moslehuddin. 2006. "From Dependence to Interdependence: Towards Better Outcomes for Young People Leaving State Care." *Child Abuse Review* 15, no. 2: 110–126. <https://doi.org/10.1002/car.932>.
- Mendes, P., and J. Rogers. 2020. "Young People Transitioning From Out-of-Home Care: What Are the Lessons From Extended Care Programmes in the USA and England for Australia?" *British Journal of Social Work* 50: 1513–1530.
- Muir, S., J. Purtell, K. Hand, and M. Carroll. 2019. *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.
- Munro, E. 2019. "Decision-Making Under Uncertainty in Child Protection: Creating a Just and Learning Culture." *Child & Family Social Work* 24, no. 1: 123–130.
- NSW Government. 2018. "Their Futures Matter: A New Approach." NSW. https://www.theirfuturesmatter.nsw.gov.au/__data/assets/pdf_file/0006/723606/Their-Futures-Matter-A-new-approach-Reform-directions-from-the-IndependentReview.pdf.
- Ohene, S. K., and A. Garcia. 2020. "Narratives of Women's Retrospective Experiences of Teen Pregnancy, Motherhood, and School Engagement While Placed in Foster Care." *Children and Youth Services Review* 108: 4563. <https://doi.org/10.1016/j.childyouth.2019.104563>.
- Productivity Commission. 2024. "Review of the National Agreement on Closing the Gap: Study Report Volume 1, Canberra." <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report/closing-the-gap-review-report.pdf>.
- Purtell, J. 2023. "Trauma-Informed Research With Young People Transitioning From Care: Balancing Methodological Rigour With Participatory and Empowering Practice." In *Living on the Edge: Innovative Research on Leaving Care and Transitions to Adulthood*, edited by S. Keller, I. Oterholm, V. Paulsen, and A. D. van Breda, 1st ed., 129–147. Bristol, UK: Bristol University Press.
- Purtell, J., P. Mendes, and B. J. Saunders. 2020. "Care Leavers, Ambiguous Loss and Early Parenting: Explaining High Rates of Pregnancy and Parenting Amongst Young People Transitioning From Out-of-Home Care." *Children Australia* 45, no. 4: 241–248. <https://doi.org/10.1017/cha.2020.58>.
- Purtell, J., P. Mendes, and B. J. Saunders. 2021. "Where Is the Village? Care Leaver Early Parenting, Social Isolation and Surveillance Bias." *International Journal on Child Maltreatment: Research, Policy and Practice* 4, no. 3: 349–371.
- Purtell, J., P. Mendes, B. J. Saunders, and S. Baidawi. 2022. "Healing Trauma and Loss and Increasing Social Connections: Transitions From Care and Early Parenting." *Child & Adolescent Social Work Journal* 39, no. 6: 735–747. <https://doi.org/10.1007/s10560-022-00860-6>.
- SA Government Department of Human Services. 2019. "Summary Report of Research Findings." https://dhs.sa.gov.au/__data/assets/pdf_file/0004/78871/Research-ReportSummary-of-Research-Findings-March-2019.pdf.
- Sacker, A., E. Murray, R. Lacey, and B. Maughan. 2021. "The Lifelong Health and Wellbeing Trajectories of People Who Have Been in Care." <https://www.nuffieldfoundation.org/wp-content/uploads/2021/07/The-lifelong-health-and-wellbeing-trajectories-of-people-who-have-been-in-care.pdf>.
- Schwarz, S. B., L. Nydegger, and M. J. Hill. 2023. "Hard-to-Reach or Hardly Reached? The "Difficulty" of Engaging Cisgender Black Females in Sexual Health Research." *Journal of Racial and Ethnic Health Disparities* 10, no. 6: 2615–2619. <https://doi.org/10.1007/s40615-023-01825-w>.
- Stein, M. 2006. "Research Review: Young People Leaving Care." *Child & Family Social Work* 11, no. 3: 273–279. <https://doi.org/10.1111/j.1365-2206.2006.00439.x>.
- Stein, M. 2012. *Young People Leaving Care: Supporting Pathways to Adulthood*. London, UK: Jessica Kingsley Publishers.
- Sweetman, D. 2020. *Embodied Knowledge and Creative Research Methods*. London, UK: Routledge.
- Van Breda, A. D. 2012. "Stigma as 'Othering' Among Christian Theology Students in South Africa." *Journal of Social Aspect of HIV/AIDS* 9, no. 4: 181–191. <https://doi.org/10.1080/17290376.2012.745272>.
- Vinnerljung, B., E. Franzon, and M. Danielsson. 2007. "Teenage Parenthood Among Child Welfare Clients: A Swedish National Cohort Study of Prevalence and Odds." *Journal of Adolescence* 30, no. 1: 97–116. <https://doi.org/10.1016/j.adolescence.2005.12.002>.