

# Improving outcomes for teenage pregnancy and early parenthood for young people in out-of-home care

## A review of the literature

Young people leaving out-of-home care are overrepresented among teenage parents. This paper examines the research literature and identifies key factors that contribute to early pregnancy and parenthood for care leavers, the challenges of early parenting and the positive effects of early parenting. The implications for out-of-home care policy and practice are outlined, and supports and programs that may contribute to better outcomes are identified.

by Philip Mendes

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

### **National studies on prevalence**

Care leavers are overrepresented in Australian statistics of teenage pregnancy and parenthood. It should be noted, however, that most Australian studies are small-scale qualitative studies which are not statistically representative of the overall number of care leavers, who total about 1,800 each year. At present, there is no monitoring of young people after they leave the care system. Hence we

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cannot accurately state the proportion of care leavers who become teenage parents, or compare this proportion with the percentage of teenage parents in the general population. Nevertheless, the existing studies still provide some rich evidence on the experiences of care leavers.

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

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

### **International studies on prevalence**

These findings are also reflected in overseas research. An early study by Ferguson (1966) found that more than 10% of a sample of 95 female care leavers in Scotland had given birth

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

A study by Dixon and Stein (2002) of 79 Scottish care leavers reported that almost one in 10 care leavers became parents within six months of leaving care. A study of 36 care leavers in Yorkshire (Allen 2003) found that four of the young women were either parents or pregnant, and a study of 55 care leavers in London (Hai & Williams 2004) found that 13% were parents or were pregnant shortly after leaving care. Research by Rainer (2009) estimated that female care leavers aged 15 to 17 years in England were three times more likely than other young women of their age to become teenage mothers. During 2007, 360 young women aged 12 to 17 years had given birth while still in care.

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

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

## Approach to the review of the literature

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

## Contributing factors to early parenthood

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

### Experiences prior to care

Many care leavers have experienced physical, sexual or emotional abuse or neglect prior to entering care. These experiences of abuse and neglect may contribute to ongoing social, emotional and psychological problems, develop-

mental delay and/or significant behavioral difficulties compared to children and young people from a non-abusive family background (Mudaly & Goddard 2006; Osborn et al. 2008). Research suggests that many teenage parents who have been in care experience a range of mental health problems including depression and self-harm, and poor self-esteem (Barn & Mantovani 2007).

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

### Experiences in care

Contributing factors to early parenthood can also be the quality and stability of the in-care experience. Many young people in care have experienced poor-quality caregivers, multiple placements and a number of carers: been enrolled at several schools; and had poor continuity of caseworkers. These young people are less likely to receive consistent and positive adult support. Many experience school exclusion or low educational achievement. They may become involved in crime and/or substance misuse. These outcomes appear to be associated with early sexual activity and pregnancy (Haydon 2003, p.10; Rolfe 2003, p.12; Chase & Knight 2006, pp.83-84; Barn & Mantovani 2007, pp.231-33; Cashmore & Paxman 2007, p.76). Many young people in care appear to feel unloved and unwanted, and view sex as a means of attaining love and affection. Some young women in care also lack sufficient self-confidence to communicate with partners and insist on safe sex (Biehal et al. 1995; Rolfe 2003; Chase et al. 2006; Knight, Chase & Aggleton 2006).

More specifically, the experience of residential care can provide both the opportunity, and the pressure from peers, for involvement in risky behaviour including early sexual experiences (Bruce & Mendes 2008). In

addition, there appears to be limited provision of sex and relationship education, and access to contraception, within residential care (Stein 2008; Broad 2005; Green 2005; Chase et al. 2009). Additional sex education is particularly important for young people in out-of-home care given that many miss out on the sex education that is offered in school due to poor school attendance. Often early pregnancy appears to be the result of ignorance caused by a lack of information or advice from carers (Barn & Mantovani 2007).

## **Challenges of early parenthood**

### **Access to further education, training and employment**

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

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

### **Affordable housing**

Secure and appropriate housing can also be difficult to afford and many young parents live in unsafe and unhygienic environments and, in some cases, are vulnerable to drug use and sexual assault (Broad 2005; Chase &

Knight 2006; Chase et al. 2006; Chase et al. 2009). However, Biehal and colleagues (1995) and Cashmore & Paxman (2007) reported more positively that most of their sample were able, with the assistance of social workers, to attain satisfactory accommodation.

### **Contact with friends and family**

A number of ex-care young mothers specifically experience social isolation and family violence. Cashmore & Paxman (2007) reported that eight of the 15 young mothers in their study lacked social and emotional support, and 11 of the mothers had been in violent relationships, including a number who were still residing with controlling or violent partners. Similarly, Broad (2005) indicated that half of the 33 young women in his study reported significant violence from current or ex-partners.

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

### **Child protection intervention**

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

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

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

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

The Victorian figures were particularly high. Three of the five parents in the study by Bonnice (2002) had their children removed and placed in care. Fifty-four per cent of the parents in the Raman and colleagues (2005) study had experienced child protection involvement with

almost all cases involving a care and protection order. Reasons cited for involvement included domestic violence, substance abuse, mental health concerns and child abuse. Three of the six parents in the study by Moslehuddin (2009) reported child protection interventions leading to permanent care orders. Two of these parents had substance abuse problems. Morgan Disney and Associates (2006) estimate that nationally about 24% of care leaver parents have contact with child protection authorities.

## Positive effects of early parenthood

Despite the challenges outlined above, many care leavers overcome difficult circumstances and become happy and successful parents. This is particularly the case when they are provided with consistent, adequate and ongoing personal and financial support (Hai & Williams 2004; Stein 2008; Chase & Knight 2006). Many young women appear to view motherhood as an opportunity and achievement. While parenthood involves hard work, added expenses and limits on personal freedom, it can bring huge personal satisfaction and reward (Rolfe 2008).

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

Tyrer and colleagues (2005) present similar findings for young fathers, who expressed positive feelings towards their children and stated that parenthood had contributed to a

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greater sense of maturity and responsibility and, in some cases, involved giving up drugs and ending disruptive friendships.

## Implications for policy and practice

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

### Stability and continuity in care

Providing high-quality care is essential to overcome the damaging pre-care experiences of abuse or neglect. This involves providing stability and continuity in placements, felt security in care in terms of being loved and belonging, a positive sense of identity, assistance to overcome educational deficits, and holistic preparation (Stein 2008).

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

### Flexible transitioning out of care

The transition from care needs to be both slower and a gradual and flexible process based on levels of maturity and skill development rather than simply age. Care leavers ageing out of care should not have to change placements and lose access to support services, irrespective of their

personal circumstances. This is particularly important where young mothers are receiving crucial support from foster carers that is enabling them to successfully care for their child (Rutman et al. 2002; Dominelli et al. 2005).

### After-care programs and support

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

These programs may include mutual support groups, extended support from foster carers, advice lines, and mentoring and advocacy schemes operated by mothers who were formerly in care. For service provision to be effective it needs to be nonjudgmental because many care leavers are particularly sensitive about any criticism of their parenting skills. Support should focus on providing young parents with the skills and resources that will prevent their own children being placed in care (Cashmore & Paxman 1996, 2007; Rolfe 2003; Hai & Williams 2004; Surcouf 2006).

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

Most Australian states and territories have now recognised the humanitarian and economic arguments for greater investment in post-care programs. As early as 1996, New

South Wales introduced both legislative and policy supports for young people leaving care. Western Australia, Queensland, South Australia and Victoria have also made significant recent progress in this direction. Tasmania, the Northern Territory and the Australian Capital Territory are all currently developing service responses (Create Foundation 2008).

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

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