

Care leavers, ambiguous loss and early parenting: explaining high rates of pregnancy and parenting amongst young people transitioning from out-of-home care

Article

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Abstract

This paper is a narrative review examining the high prevalence of care leaver early parenting in the context of (i) key transitions from care studies taken from the last few decades, (ii) a structured review using Scopus of studies from 2015–2020 focussed specifically on young people transitioning from care and early parenting and (iii) Boss's (2010) Ambiguous Loss theory. Young care leavers' challenges, in general, put them at higher risk of protective interventions with their children and may contribute to the growing numbers of children being placed in increasingly over-stretched out-of-home care systems. Questions of surveillance bias for service-connected young people are examined in light of recent large-scale studies using administrative data sets. Serious oversights in responding to young people's experiences of trauma and exploitation are identified. The relevance of sexual health programs for young people actively seeking pregnancies is discussed with emerging evidence that disengagement from schooling may have more of a role in explaining early pregnancy and parenting than previously thought. The authors test the relevance of Ambiguous Loss theory in understanding how removal from families of origin and placement experiences may affect young people and lead to 'wanted' pregnancies.

Introduction: complexities of the care experience and transitions from care

Poor outcomes and reconnecting with family

There is a wealth of literature detailing the many poor outcomes faced by young people who have exited from out-of-home or government care on or before their 18th birthday (Cashmore & Paxman, 2007; Courtney et al., 2007; Stein, 2012). Mendes et al., (2011) reviewed the leaving care research from Australia, the UK and the USA which indicated care leavers experienced poor outcomes across housing and homelessness, physical and mental health, education and employment, social supports, criminal offending, early parenting and substance abuse. The Commission for Children and Young People (2015) in Victoria, Australia, highlighted links between residential care and sexual exploitation, and countless government inquiries have acknowledged serious deficits in the child protection systems around Australia (Child Protection Systems Royal Commission, 2016; Commission for Children and Young People, 2015; New South Wales Legislative Council, 2017; Senate Standing Committees on Community Affairs, 2015; Victorian Auditor-General's Office, 2014). There is little research exploring the impact of removal from family and investigating what it means to young people, though these issues are touched on by the leaving care literature. Stein (2012, p. 52) argues that 'Having a "sense of family" is important to care leavers, as it is to other young people – even though they recognise that it was often their families who failed them . . .'. Care leavers' relationships with members of their families of origin are undoubtedly complicated, and at times unquestionably unsafe. Research suggests that contact with family members is very common, however, frequently only after statutory involvement has ended (Biehal & Wade, 1996; Purtell et al., 2016; Wade, 2008).

Prevalence of care leaver early parenting

High rates of early parenting amongst young people who have lived in out-of-home care are evident in many countries around the world (Brannstrom et al., 2015). Population scale pregnancy and birth rates for young people who have been in care are reportedly unavailable for the USA, the UK and Australia, as such data is not collected (Australian Human Rights Commission, 2017 (AHRC); Dworsky, 2015; Fallon & Broadhurst, 2015). However, the following studies provide some insight into birth rates for young people in care and post care. A recent longitudinal study of leaving care in Victoria, Australia, *Beyond 18*, found that 20% of the study's

Table 1. Midwest study USA care leaver birth rates ages 19–26

Source	No. of care leavers in study	Age	Birth rate female %	Comparison non-care female birth rate %	Birth rate male %	Comparison non-care male birth rate %
(Courtney et al., 2005, p. 56)	603	19	31.6	12.2	13.8	6.5
(Courtney et al., 2005, 2007, p. 55)	591	21	56.1	23.5	30.2	11.5
(Courtney et al., 2009, p. 58)	602	23–24	66.8	30.1	44.3	18.3
(Courtney et al., 2011, p. 80)	596	25–26	71.7	40.7	52.7	27.7

continuing participants had experienced a pregnancy and 15% had children at the second wave of data collection when participants were under 21 years of age (Purtell et al., 2019). At the third wave of data collection, 31% of participants had sexual relations resulting in pregnancy and 19% had children (Muir et al., 2019). A previous longitudinal study of care leavers in New South Wales, Australia, found that, at 23–24 years of age, 34% of females and 4% of males had parented children (Cashmore & Paxman, 2006). In Sweden, figures of birth rates for care leavers are collected, and a 2007 study of 50,000 young people with a care experience found that 16%–19% of females and 5%–6% of males became parents before turning 20 years old (Vinnerljung et al., 2007).

A major longitudinal study in the USA was able to compare care leaver birth rates with non-care peers from the same age population. *The Midwest Evaluation of the Adult Functioning of Former Foster Youth*, collected data for care leaver birth rates at ages 19, 21, 23–24 and 26 in separate reports which have been summarised in Table 1.

Until the final data collection, female care leavers were more than twice as likely as their non-care peers to have given birth to children. Male care leavers, at 21 years of age, were nearly three times more likely than their non-care peers to be fathers.

This narrative review identifies key gaps in the research literature concerning care leaver early parenting which is increasingly being recognised as contributing to growing numbers of children in care (Dworsky & Courtney, 2010; Gill et al., 2020). The authors investigate the utility of Ambiguous Loss theory in understanding the individual experiences of children and young people being removed from family, stability in care and transitions to independence and whether these experiences influence care leaver early parenting (Boss, 2010).

Care leavers, removal from family and Ambiguous Loss theory

According to Boss' Ambiguous Loss theory, young people with experiences of child protection involvement and placement in out-of-home care may experience enduring feelings of loss associated with removal from family and any subsequent placement changes (Boss, 2010). Ambiguous loss occurs when there is simultaneous 'presence and absence of a loved one', in other words, a significant person is gone but for many children and young people in care their loved ones haven't died (Knight & Gitterman, 2019, p. 165). Although a child or young person may experience removal from family as a loss, there is no ritual as and when a death occurs and is followed by a funeral (Boss, 2010). Furthermore, when a child is removed due to maltreatment, workers and carers may wish to avoid upsetting the child by dismissing further conversation about what has happened. A young person may not understand what has happened and may not understand that someone they loved has caused them to be harmed. This can cause any grief to be 'ignored,

minimised or not acknowledged' (Knight & Gitterman, 2019, p. 167). For some young people transitioning from care, this may lead them to feel that exiting statutory services will be liberating and their return to live with their families will be better than being in care and safe (Muir & Hand, 2018; Purtell et al., 2016, 2019; Purtell & Mendes, 2020). Given this, to reduce the risk of care leavers returning to unsafe family situations, it appears advisable that young people, when in care, ought to have more opportunities to better understand and manage their relationships with family members. Mendes et al. (2012, p. 370) states that 'practitioners need to temper the normative desire for family reconnection with a recognition that for some young people this may not be helpful, particularly when serious abuse or rejection has occurred'.

Reconnecting with family – choice or necessity?

In a small Australian study, 17 young people interviewed about their transitions from care said that, for several reasons, reconnecting with family was important to them but not necessarily easy or even a good idea (Purtell et al., 2016). Nine of the 17 young people were part of an intensive support service pilot, the *Berry Street Stand By Me* programme in which workers were available and resourced to help young people with *any* of their concerns. Many young people sought support to attempt this reconnection with family, and to determine what relationships were possible or wanted (Purtell et al., 2016). The remaining eight young people in this study did not have access to intensive, holistic support whilst transitioning from care and many returned to family and subsequently experienced relationship and housing breakdowns (Purtell et al., 2016). Wade (2008), who explored the transition period over the first 12 to 15 months post care for 106 care leavers in England, found that care leavers were in contact with a range of people from families of origin both in and post care. Wade (2008) recommended that care leavers have access to ongoing family relationships support to help mediate difficulties. Mendes et al. (2012) noted that their three studies of Australian care leavers' and their experiences with family bore similar results. They suggested that ongoing support is necessary, not only to help young people maintain relationships with family but also to process grief and loss when these relationships are not safe or possible. These studies suggest that much work needs to be done to help young people negotiate relationships with family. Yet this does not appear to be a function that child protection services perform either whilst young people are in care or after they leave care. Indeed, in many cases, sibling groups are separated when children and young people enter out-of-home care and contact, even with siblings, is often lost (McDowall, 2015).

Disenfranchised loss and grief

Knight and Gitterman (2019) argue that when a person's experience of loss is ignored, dismissed or criticised and no support is

offered, or further, that the feelings of grief are not believed, condemned or stigmatised, this grief is 'disenfranchised'. A failure to address or resolve such grief issues can render them chronic and unending. Knight and Gitterman (2019, p. 165) further argue that such loss can have a lasting impact on a child or young person's ability to form the kinds of attachments that are essential to their ability to achieve positive outcomes both in care and later in life.

Further, research suggests that adopted and foster children's ability to form attachments may be undermined by the ambiguous loss associated with removal from biological and/or foster homes. Therefore, what have heretofore been viewed as behavioural [sic] and emotional problems of children in the child welfare system may in fact be indicators of unrecognised and unresolved grief.

An exploration of the relationship between this loss and future decisions to start a family will provide essential insights for practitioners.

Relationships with family and social and community connections

There is growing evidence that placement in care and subsequent placement changes can significantly impact upon the social development and network building of young people. In an extensive UK longitudinal study, including 426 qualitative interviews with young people transitioning from care over three waves of data collection, around half of the participants maintained positive links with their family of origin and one-fifth relied on family as primary support (Biehal et al., 1995). These positive relationships were associated with continuing contact throughout their time in care. Significantly, these young people were also found to have more ability to build and maintain friendships. Conversely, over a quarter of study participants experienced poor or non-existent relationships with families of origin, and they had few friends. Biehal et al. (1995, p. 93) concluded that, '[t]he failure to maintain or renew family relationships whilst looked after appears to influence young people's ability to build other support networks'. The ability to have a positive relationship with family may indicate less serious abuse and neglect, however, and this may also indicate that those who have experienced the harshest maltreatment may need further support to develop healthy social networks.

A number of studies have highlighted care leavers' difficulties in establishing and/or maintaining social networks. In the second wave of the *Beyond 18* study, 40% of survey respondents reported high levels of difficulty with peer relationships and with expressing emotions (Purtell et al., 2019). In the third wave of *Beyond 18*, it was clear that many care leavers experienced both very limited social networks and sometimes volatile social and family relationships (Muir et al., 2019). This could affect their ability to live in shared housing or to engage in education or employment. Their general wellbeing was then also considerably adversely affected. Young people interviewed reported that this isolation was experienced as distressing, and many young people described this as affecting their physical and mental health, as well as leading to anti-social behaviour and involvement with the justice system (Muir et al., 2019). Knight and Gitterman (2019, p. 167) argue that 'grief in response to ambiguous loss is mistaken for mental health problems including posttraumatic stress, anxiety, and depression'.

Changes in care workers may also be experienced as serious losses. Young people interviewed as part of the *Beyond 18* study in Victoria consistently commented on their difficulties with changes in care workers: 'Such changes, and the need to

continually rebuild relationships, was variously described as distressing, unpleasant or simply tiresome' (Muir et al., 2019, p. 38). Any supportive relationships, whether with workers or family and social circles, were described as greatly beneficial and highly valued, and an absence of such relationships was conversely described as deeply saddening (Muir et al., 2019). One young person interviewed in the *Beyond 18* study described how being in care can lead to social isolation:

You're very isolated. Like for me, I wasn't going to uni and going to work. I don't have any, like, growing up you don't get signed to football teams because there's not a worker who can take you there every other day and funding is really hard to get at such short notice and things like that. So, I don't feel like anyone that I remember being like, knowing and like, and in my experience you're not really connected to like, the rest of the outside world. You just know your services (Muir et al., 2019, p. 33).

The social exclusion of bureaucratic care

A recent Victorian Commission for Children and Young People inquiry, *In our own words* reported that young people found processes within the care system prevented them from being involved in many everyday social and community activities. Over time, this cumulative exclusion led young people to feel they were 'different':

The amount of approval that you need to go places and things. It means I have to wait and the difference between 'normal' kids compared to me and the other foster kids, we have to go through a huge process and just to go for one night and for a weekend trip. It makes us and 'normal' kids different and we stand out from the rest. I missed out on a number of things because of things like that and holidays, and it has a huge impact on me. If DHS [Department of Human Services] understood the impact some things that are easy like that have on us, I hope they could change it (Liam, residential care, 17). (Commission for Children and Young People, 2019, p. 212).

Young women in a small USA study described aspects of residential care as feeling 'hospitalised' or clinical because they were devoid of 'loving connection' (Ohene & Garcia, 2020). Others spoke of feeling like a 'visitor' in foster homes because they didn't know for how long they might stay, and even feeling like an outcast because staff or carers seemed unresponsive, and placement instability meant that they were unable to develop long-term connections with anyone (Ohene & Garcia, 2020). The 'lens' of Ambiguous Loss theory allows us to consider the impact that a childhood of lost social, family and community experiences may have on a young person's outcomes. Until more recently Child Protection and Leaving Care services had little ability to address such issues with limited resources tightly bound to processes such as care planning and leaving care planning that many young people would not engage in (Purtell & Mendes, 2019).

Approach to the literature

In Australia, major quantitative and longitudinal studies have been completed. However, recruitment of participants has fallen behind expectation (Cashmore & Paxman, 1996; McDowall, 2016; Muir & Hand, 2018). A lack of large-scale quantitative studies in the field means that a systematic review of the literature is unlikely to advance our understanding of these complex issues and the highly contextual international policy settings in which care leaver early parenting takes place (Pawson et al., 2005). As researchers familiar with the challenges of recruiting large samples of care leavers to research, the authors have instead developed a narrative literature review which argues that viewing the issues of care leaver early

Table 2. Scopus search terms

SCOPUS Boolean terms	AND	Total results
Child protection	Parent*	
OR	Out-of-home care	Mother*
OR	Leaving care	Father*
OR	Transitions from care	Pregnan*
1,387 articles		

parenting through a new theoretical lens may shed some light on previously unexplored issues (Grant & Booth, 2009). Foundational research conducted in recent decades by academics that are prominent in the area of transition from care has been combined with articles identified through reference tracking, and the results of a structured search of the Scopus database using the Boolean search terms as outlined in Table 2. Scopus was selected for its inclusion of key child welfare journals across countries that produce much of the transitions from care literature. After an initial finding of 1,387 articles in the Scopus search, all duplicates and articles with a focus broader than care leaver early parenting (e.g. articles on teen pregnancy more broadly) were removed leaving 19 relevant articles to review.

Limitations

Terminology in this field of research differs from country to country complicating targeted searches. Even within Western, English-speaking countries, 'care leavers' are variously referred to as 'young people transitioning from care', 'foster youth', 'young people leaving out-of-home care' and 'care-experienced young people'. 'Early parenting' is often referred to as 'teenage pregnancy'. However, disadvantages for care leaver parents continue beyond the teenage years. The review may have failed to pick up studies which did not use the Boolean terms identified above.

The narrative review approach is open to criticism of article selection bias and uncritical analysis (Grant & Booth, 2009). The authors feel that for the purposes of closely examining the issues in a highly complex field, the narrative review approach allows consideration of a greater diversity of research designs to give a broader overall picture of what we have learned to date about the issue of many care-experienced people parenting earlier than the general population (Pawson et al., 2005).

Results

Pathways to care leavers' early parenting

Possible pathways to care leavers becoming pregnant and having children in their teens and early 20s are well documented in the literature. Mendes (2009) examined the broader leaving care literature for what it said about pregnancy and parenting issues. Connolly et al. (2012) examined qualitative studies of motherhood in child protection services and Fallon and Broadhurst (2015) conducted a broad-based review targeting peer-reviewed articles covering pregnancy prevention and parenting programmes for care-experienced young people. The reviews link placement instability and educational disruption with not receiving sex education at school and engaging in peer groups in which early sexual activity is the norm – particularly for young people placed in residential care or group care settings (Connolly et al., 2012; Fallon & Broadhurst,

2015; Mendes, 2009). Beyond missing out on sex education, there is an emerging research base indicating a strong association between disengagement from education generally and care leaver early parenting (Brannstrom et al., 2015, 2016; Ohene & Garcia, 2020). Mendes (2009) highlights that the impact of previous abuse and neglect and subsequent mental health issues may lead to difficulties in navigating and negotiating sexual relationships through which young people may conflate sex with love and affection. Wade (2008) identified placement instability, criminal offending, substance misuse, absconding from placement and labour market non-participation histories as statistically significant predictors of early parenthood in his study's follow up sample of 101 care leavers in England. Biehal and Wade (1996) suggest that the accelerated transition to adulthood that care leavers experience could motivate them to seek a partner and start a family to avoid the anticipated loneliness of leaving care.

The 'emotional void', wanted pregnancies and school as a preventative factor

More recent research indicates that many young people approaching leaving care age are deliberately getting pregnant in order to have children and remaining engaged in education appears to prevent this from occurring. Having children to fill an 'emotional void' is a key reason cited in the literature as to why young people transitioning from care may opt to have children at a young age, and reliable statistics support this assertion. Dworsky and Courtney (2010) found that 22% of young women in the Midwest study of transitions from care who had been pregnant by 17 or 18 years of age, and 35% of those who were pregnant by 19 years of age, had 'probably' or 'definitely' intended to become pregnant. Brannstrom et al. (2016) cite Ericsson's (2012) national cohort study which found that contraceptive use among child welfare clients was higher than that of young people in the general population until 18–19 years old when the trend moved in the opposite direction, suggesting that young women transitioning from care in Sweden were in fact planning early pregnancies. Early indications from studies concerning links to education suggest that remaining engaged with school or education may be a critical factor in preventing early pregnancy and parenting (Brannstrom et al., 2015, 2016; Ohene & Garcia, 2020).

Protective interventions: surveillance bias or support?

The literature indicates that significant numbers of care leavers experience child protection involvement with their own children. Putnam-Hornstein et al. (2013) linked child protection records in California and birth records in Los Angeles County for a cohort of young mothers with previous histories of maltreatment. They found that teen mothers with reports (substantiated or not) made about them to child protection authorities as children were around twice as likely to have their own children reported for maltreatment. The Putnam-Hornstein et al. (2013) study found a strong relationship between placement instability and birth rates though they were careful to clarify that pregnancy and/or childbirth may have caused placement instability, that the association may reflect characteristics of high risk youth causing placement breakdowns, or that placement instability may cause early pregnancy. The statistics analysed do not indicate which causal relationship, if any, exists. Cashmore and Paxman (2006) found that 11 of the 16 young women in their study who had had children in the 4 to 5 years after leaving care had been involved in violent relationships – none of the women without children were currently in violent relationships and only one reported a history of family violence.

Poverty and protective interventions

One study compares three cohorts to provide another perspective on care leaver parents' involvement with child protection for children of their own. Font et al. (2020) investigated the associations between child maltreatment and parents' childhood disadvantage. Their study tracked a cohort of 36,475 in Wisconsin, USA, born in 1990–1991 who experienced one of three adversities between 14 and 17 years old. The young people studied either lived in poverty (indicated by receipt of food assistance), were reported to child protection services but not placed in care, or were placed in care – between ages 14 and 17. The children of the cohort who had been placed in care were at a much greater risk of maltreatment themselves than children born to parents who had experienced poverty. It is possible to interpret these results as evidence that maltreated parents are at greater risk of harming their children; however, the surveillance bias argument suggests that the parents who had been in care may have been known to child protection and then subject to closer supervision as they became pregnant and were parenting. In fact, what the study found was that 73% of maltreatment reports were not about the parent who had been in care but rather the other biological parent or partner (Font et al., 2020). Overall, 25% of men and 33% of women in the sample who were in care were involved in child maltreatment reports as adults, which is much higher than the 10% of both males and females who received food assistance as children being implicated in child maltreatment reports as adults. The authors acknowledge that, as care-experienced young people had children younger than those who had experienced poverty without maltreatment, they were also parents for a longer period of time in the study which may explain the higher number of reports made against them (Font et al., 2020). The study also found that males who had been in care were frequently perpetrators of abuse against children who were not their own (Font et al., 2020). Another possible interpretation of these results is that unsupported young people transitioning from care may be vulnerable to abusive partners who are subsequently responsible for maltreatment to care leavers' children – whether theirs' biologically or not.

Dominelli et al. (2005) argue that the state fails its children placed in care as a parent and grandparent, with young mothers in, and leaving, care treated punitively. Reporting on a Canadian study in which they interviewed 11 mothers who had lived in care and conducted focus groups with 20 child welfare workers, the authors found that the stigmatisation of teenage pregnancy leads governments to cut back on welfare payments to lone mothers, and this approach compounds the disadvantages already associated with a young person's transition from government care (Dominelli et al., 2005). The AHRC notes that young parents encounter a number of barriers to parenting independently, such as health concerns, low incomes and a lack of family or partner support, low educational attainment, stigma and judgement by professionals in the services they access, and great difficulties accessing safe and affordable housing. The AHRC also noted links between abuse and family violence and early parenting.

Much data has become available to investigate the proportion of care leaver parents experiencing child protection involvement with their own children but less is known about the amount and nature of supports available to young people. Roberts et al. (2019) interviewed staff from leaving care services in 20 out of all 22 local authorities in Wales finding that 26% of children born to care leavers were removed, and child protection services supervised a further 34% of children. Workers in these services talked about a lack of resources to assist young parents with housing and practical

support, but they noted that they have a duty of care to report any concerns about a child's safety or wellbeing. This dual role involving support as well as acting as an 'agent of the state' was said to impact on their ability to build trust with their clients (Roberts et al., 2019). Rapsey and Rolston (2020, p. 4) interviewed service users and staff at a residential parenting programme in New Zealand and found that:

Initially, participants came into the program distrusting staff and highly fearful that their children would be removed from their care. Over time, they described that their perspectives changed from one of believing that staff were watching them for evidence that they were bad parents to one of believing that the staff wanted to help them be good parents.

This particular programme provided full-time care, including parenting and therapeutic support in a residential setting over a period of 6–18 months. Despite the holistic, intensive and long-term nature of this programme, both young people and staff emphasised the *time* that it took for young people to trust staff.

Child removal and repeat pregnancies

It is clear from the literature that any fears young people may have about children being removed are well founded. If a parent or family is deemed unsafe enough for a child to be removed, this does not preclude apparently unsafe parents from bearing more children. In Roberts (2017), eight care leavers had 31 pregnancies before the age of 25 with 16 children resulting in only four of whom child protection did not remove. The study describes this scenario for one of their interviewees, 'Sadie was pregnant and stated that she was "fighting them [social services] for [child] number six"' (Roberts, 2017, p. 1277). In Courtney et al.'s (2018) CalYouth study of extended care, 193 young people had 261 children by age 21.

Parenting support and 'turning lives around'

Providing another perspective on the surveillance bias issue, Eastman and Putnam-Hornstein (2019) linked data for births in California between 2009 and 2012 to mothers in care and discovered that child protection involvement was unevenly distributed amongst three groups of young women. Of a total sample of 2,094 mothers having their first child under 21 years of age, child protective services involvement appeared to correlate with increasing disadvantage and trauma. Overall, 30% of these mothers were designated 'Class 1', a group distinguished by: being the eldest, having fewer placements, knowing the identity of the fathers and having a lower rate (roughly 33%) of mental health conditions. Nearly half of the sample was designated as 'Class 2' characterised by being: mainly 'minors', not having paternity established at the birth of their child and nearly 40% having been in care for less than a year. The third class of young mothers, 23.3% of the sample, were mostly 'minors' but had been in care longer with multiple placements and nearly all had mental health conditions. A majority (58%) of 'Class 3' mothers did not have paternity established at the birth of their child and this group included the most women with histories of sexual abuse. The mothers and their children were tracked over a period of years showing that by the time their children were 3 years old, 55% and 68% of 'Class 2' and 'Class 3' women respectively, had been reported to child protection whilst only 36% of 'Class 1' mothers had been reported. The rates at which children were placed in care were 5.8% for 'Class 1' mothers, 19.6% for 'Class 2' and 35.1% for 'Class 3' (Eastman & Putnam-Hornstein, 2019). What these statistics illustrate is that the 'Class 1' mothers appear to still be at high risk of being reported to child

protection but have a lower risk of child removal. Thus many who are reported appear to demonstrate they are capable of caring for their children.

Eastman and Putnam-Hornstein (2019) found that young parents who could call on the support of previous carers or the child's other parent were less likely to be reported to child protection services. They argue that this extra support may provide the respite any parent needs, as well as childcare to enable a parents' employment and/or study. The *Beyond 18* study found that young people pursuing further study or working full time without any children tended to have remained living with kinship carers or foster carers (technically never 'leaving' care), or alternatively resided with their partners' families with these continuing family relationships associated with better outcomes (Muir *et al.*, 2019).

It is important to note that alongside numerous care leavers' motivations to parent are strong motivations to be very good parents (Cashmore & Paxman, 2007). Biehal and Wade (1996) noted that most participants in their study made use of the social and community resources available to them and appeared to be committed parents who were largely coping quite well. Cashmore and Paxman (2007, p. 86) note that '[e]ven for those who were clearly struggling, and perhaps especially for them, pregnancy and parenthood provided them with a new sense of purpose and an alternative pathway to adult status, a means of accessing a socially valued adult identity'. Reviews of early parenting amongst young people transitioning from care acknowledge that, for many, parenthood provides the opportunity for a positive 'turning point' that motivates them to adopt safer and more stable lives, and brings the opportunity to create an unfamiliar family experience with emotional attachments containing joy and pride (Connolly *et al.*, 2012; Fallon & Broadhurst, 2015; Mendes, 2009).

Extended care

A small amount of research is available on pregnancy and parenting rates of those with access to extended care programmes in the USA. In the Midwest study, young people remaining in care until 19 years of age were less likely to get pregnant during extended care with only 27.5% reporting pregnancies since their baseline interview between 17 and 18 years old compared with 38.7% of young people who were no longer in care (Dworsky & Courtney, 2010). In the more recent CalYouth study of extended care in California, at age 21 there were still 32.2% of care leavers with children despite extended care and 11% had had a child or children taken into care already (Courtney *et al.*, 2018). In fact, 193 young people, at age 21, had had 261 children (Courtney *et al.*, 2018). Eastman and Putnam-Hornstein (2019) note that young people already parenting were likely ineligible for extended care, as the option is available to those who are engaged in education or training only. This, then, complicates the above figures as they do not represent the entire cohort of care leavers, but rather those who were engaged in education, employment or training (or were exempt from participation for medical or disability reasons) prior to becoming parents (Mendes & Rogers, 2020).

Blaming the victim: exploitation and coercion

One consideration, almost entirely overlooked in the literature, is how to prevent sexual exploitation and sexual assault, which also results in pregnancies. A recent study of a continuing care programme pilot for young people exiting care in an Australian metropolitan area revealed some of the dire consequences for young people as a result of insufficient support transitioning from care:

[Programme] staff felt that young people were at very high risk of exploitation without support. They felt that there were people out in the community who were ready and willing to offer them the things they needed such as housing, transport, social acceptance and various other things. It was felt that young people had to pay these favours back in other ways. (Purtell & Mendes, 2019, p. 33).

A focus group respondent working with young people in residential care explained how even with formal support, young people miss having 'real' relationships and crave love and affection that professionals cannot provide.

Yes. And it's not just young people over the age of 18. I can think of young people that we have in care now that do have a support system around them, but those young people will be out in the community and all of a sudden there is a person that shows them love and affection and attention. 'This person is talking to me, this person's making me feel like I'm seen', the brain is not firing to going 'This is a threat to me', this is like, 'This person loves me, this person wants to – this person sees me' and they attach. And before you know it, you've got a young person that's been missing for three weeks and when you find them, they've been pumped full of methamphetamine, they've been used for prostitution, they've been taken advantage of because they don't have that capacity to make that choice. They just see 'This person loves me.' ([Community] programme workers) (Purtell & Mendes, 2019, pp. 33–34).

More recently available administrative data has indicated some blind spots in previous research in relation to added pressures on young care leavers having children, namely that many may be dealing with significant traumas during and after their pregnancies and may be caring for children born as a result of sexual violence. For example, Finigan-Carr *et al.* (2018) surveyed 270 young people in care and juvenile justice settings in Baltimore in the USA and found that 18% reported forced sex, and for 11% their first sexual encounter was forced. Overall, 80% had their first sexual experience under the age of 16 (Finigan-Carr *et al.*, 2018). Herrman *et al.* (2016), in a related study, found that of 151 young people surveyed in care and justice settings a total of 21% had experienced forced sex in their relationships and 36% had experienced intimate partner violence in the past 12 months. Of concern, early pregnancy may in fact be an indicator of intimate partner violence (Herrman *et al.*, 2016).

Another study, using Swedish administrative data, found that of the 487,948 women born between 1973 and 1980 and having children between 1990 and 2012, mothers with intergenerational child protection involvement were five times more likely than mothers with no involvement to die by suicide (Wall-Wieler *et al.*, 2018). These authors suggest that care leaver pregnancy may indicate significant mental health issues and that child protection involvement with their own children may put young women at high risk of ill health and suicide (Wall-Wieler *et al.*, 2018). Eastman and Putnam-Hornstein (2019) argue that histories of sexual abuse are high amongst care-experienced young mothers with 68% of those in their study of 2,094 mothers in foster care reporting previous sexual abuse. The authors suggest that mothers' histories of mental illness may signal needs for psychological intervention to prevent protective services involvement (Eastman & Putnam-Hornstein, 2019).

Discussion and implications

Sex education and pregnancy prevention

There is significant evidence that many young people feel an emotional need to have a family, and there is little discussion about how this feeling can be addressed to prevent pregnancy. Whilst contraception and other safe sex education may prevent unplanned pregnancies, it is unclear how such programmes will prevent young

people who are determined to have children from doing so. In this context, it is therefore unclear whether education programmes about contraception and legal termination of pregnancy can contribute to addressing this issue. It is also unclear how sex education and pregnancy prevention strategies can prevent sexual exploitation and pregnancies from such events. There was little to no discussion in the literature about responses to care leaver pregnancy and parenting that was prefaced with assessments for, and therapeutic responses to, trauma from sexual violence. Similarly, there was no discussion of the difficulties a young person may have with parenting whilst recovering from trauma and living with a child or children whose other parent perpetrated abuse against them.

Ambiguous loss

The literature frequently references the ‘emotional void’ many young people experience due to a lack of family and positive significant relationships as a pathway to early pregnancy and parenting, and the literature has little to say about how this can be addressed. Though family relationship therapy is recommended in some studies, there is little understanding of how this ‘emotional void’ is developed at the individual level; that is, what young people with a care experience say about what the loss/es they experience mean to them and how they think these affect them. The literature fails to investigate the short-, medium- and long-term impacts of removal from family on children and young people and, consequently, any ongoing effects of the ambiguous loss faced by young people removed from family members. There is a need for further research to focus on the role of ambiguous loss in explaining care leaver early parenting and the cycle of child protection involvement for care leavers unable to care for their children.

The paradox of surveillance bias

The paradox of surveillance bias, whether actual or imagined, is its effect as a disincentive for vulnerable care leaver parents to seek help from government and other welfare services thereby putting children at enhanced risk. Removals of children are thought to ‘break the cycle’ without attention being paid to the fact that placement in care may in fact perpetuate the cycle down the track, and that unresolved trauma and grief associated with losing a child may influence young people’s decisions to continue having children whom they will not be able to keep.

Conclusion

Poor outcomes for young people exited from out-of-home care at the age of 18 years or younger have been well established. The implications of this disadvantage and sometimes isolation for young people leaving care who become pregnant and have children are less closely investigated. A significant literature exists explaining pathways to early pregnancy, prevalence amongst care leavers, protective and other support interventions and issues care leavers may have with seeking or accepting help due to fear of their children being removed. The literature leaves some issues in need of further exploration, however. It is unclear to what extent Ambiguous Loss theory can explain high numbers of young people wanting to create their own families prior to and soon after their transitions from care. Furthermore, the nature of the exploitative and abusive relationships exposed in studies using administrative data and what role coercive sex and relationships play in high rates of early pregnancy and parenting must also be investigated.

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