SHOWING THE LIGHT

ARACY

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Supporting Young Parents with Experience of the Care System

2022

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Note about the report title

'Showing the Light' is adapted from a quote by one of the young parents interviewed during the research:

> *"Coming from such a horrible upbringing, my kids have been able to show me that light"* (Parenting care leaver, 23 years old).

Contents

List of Abbreviations

ACCO   Aboriginal Community Controlled Organisation

AIFS   Australian Institute of Family Studies

AIHW   Australian Institute of Health and Welfare

ARACY   Australian Research Alliance for Children and Youth

CALD   Culturally and Linguistically Diverse

DSS   Department of Social Services

OOHC   Out of Home Care

SUDI   Sudden and Unexpected Death of Infants

UNCRC   United Nations Convention on the Rights of the Child

Glossary of Terms

Care experience	For the purposes of this research, care experience is defined as having spent any amount of time in Out of Home Care (OOHC), which consists of living in foster, relative or kinship care, family group homes, residential care or independent living.
Child Centred	Where the approach of an organisation or person working with children is focused around making children aware of their rights, prioritising and amplifying their voice by engaging them in decisions and processes about their own lives and advocating for their best interests (Thomas, 2015).
Felt Security	The concept of felt security embodies the attachment relationship quality that individuals perceive in regard to their parents and/or other care givers. "Felt security" stems from experiences with the caregiver and reflects the conscious investment of affect held in regard to an attachment figure (Cawnthorpe, West, & Wailkes, 2004).
Intergenerational contact	Intergenerational contact with the child protection system refers to children and young people involved with the child protection system who have at least one parent who had either been reported or were in OOHC when they were a child (Campo & Commerford, 2016a).
Recurrent Removal/s	Repeat removal refers to the serial removal of children from their birth parents (Hinton, 2018), in other words, when multiple children are removed on different occasions and in different procedures from the same parent/s.
Surveillance bias	Surveillance bias is when there is heightened scrutiny from social and other services (Gill et al, 2020). Surveillance bias can include the perception of this heightened scrutiny.
Throughcare and aftercare	Throughcare and aftercare refer to the transition from Out of Home Care and the period after a person has left Out of Home Care and is receiving support to develop independent living skills.
Young parents	For the purposes of this research, young parents are defined as young people who became parents before the age of 20 years.

Acknowledgements

Executive summary

Young people with experience of Out of Home Care (OOHC) are one of the most vulnerable, disadvantaged, and traumatised groups in Australia (Campo & Cummerford, 2016; Fairhurst et al., 2015: Mendes, 2009). Despite significant efforts by a range of agencies, the number of children and young people being removed into the OOHC system continues to rise (AIHW, 2020).

While rates of teenage pregnancy have been declining in the general population, rates for young parents with experience of OOHC and other vulnerable young people are disproportionally high and have remained stable over time (Muir et al., 2019). Moreover, young people with experience of the care system are more likely to parent young (Australian Human Rights Commission, 2017; DHS, 2019(SA Government Department of Human Services, 2019), their children are more likely to enter the child protection system in turn (Fairhurst et al., 2015), and they are likely to experience repeat removal of more than one child (Boustani et al., 2015).

Although this review often refers to young parents, most of the literature goes into very little detail about the outcomes and needs of young fathers. Nor were we able to find any young fathers in our research participants. What is known is that young fathers do often experience many of the same poor outcomes as young mothers, but that like young mothers, becoming a parent can result in a positive change in their life circumstances. The little attention given to fathers in the research highlights the need and opportunity for further research.

Young parents who have been involved with the care system experience a double stigma, and a perception and reality of surveillance bias. Stigma and bias form additional barriers for young parents to access health care and support services, remain in education, find appropriate housing, and simply to engage in community life with their children. For young Aboriginal parents with a care experience, we found not only a triple stigma, but also a deep and pervasive experience of the intergenerational trauma of the Stolen Generation and other colonial practices harmful to First Nations people.

> *"As a white family you won't have this feeling, as you parent, that a department could come and be involved in raising or even removing your children".[1]* (Justin Mohamed, Victoria's Commissioner for Aboriginal Children and Young People).

> *"In the back of my mind, I always hear the voice that says, 'don't ever let anyone know you're doing it tough, because they will take your kids from you'. The fear I carry and the aversion I feel towards governmental departments is due entirely to inter-generational trauma. My mother carries this fear, my grandmother carried this fear, my great-grandmother carried this fear".[2]* (Gamilaroi journalist Kelly Briggs, writing for *The Guardian*).

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[1] https://www.abc.net.au/news/2020-04-22/aboriginal-mothers-fear-children-will-be-taken-away/12166450
[2] https://www.theguardian.com/commentisfree/2014/jan/21/aboriginal-mothers-like-me-still-fear-that-our-children-could-be-taken-away

Many services and practitioners work with an explicitly "child-centred" approach. However, when a vulnerable young person has a baby, that baby frequently becomes the only child of interest to child protection authorities. The needs of the young parent who is also a child in need of protection can become overlooked as they are regarded primarily through a lens of potential risk to their child. This issue was frequently mentioned in our interviews with researchers, experts and service providers.

When considering policy, programs and practice for working with this cohort, proactively supporting the young person to parent successfully is in the best interests of both the young person *and* their child.

While research into this cohort is limited, there are opportunities to intervene, to either prevent early pregnancy, or to support young care leavers to parent successfully. Effective interventions and support for this cohort represents both an investment into the social capital of these young lives, and those of their children, and the targeted use of resources to prevent intergenerational contact with the system and its associated high cost.

This report presents recommendations that we hope can begin to address the needs and desires of young parents with a care experience; to make informed choices about when and how they become parents, to bring up their babies, create their own strong families, and live well with their children.

It incorporates the findings and recommendations from Australian and international research and literature on young parents with experience of OOHC[3], and interviews with researchers, practitioners, advocates and care experienced young parents themselves. It aims to increase our understanding of the experience and needs of these young people and provide an overview of the policy and practice recommendations that may lead to a reduction in the incidence of intergenerational interaction with the child protection system.

Both the Commonwealth and Australia's States and Territories recognise the importance of breaking the cycle of intergenerational contact with the child protection system. The *National Framework for Protecting Australia's Children 2009-2020*, its four Action Plans, and the successor plan currently under development seek to coordinate a national long-term approach to reducing child abuse and neglect. Part of this work has been to improve support for young people as they leave care, through the Towards Independent Adulthood trial, the National Standards for Out of Home Care, work to map legislation and policy across jurisdictions, and other initiatives.

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[3] For the purposes of this research, experience will be defined as having spent any amount of time in Out of Home Care (OOHC), which consists of living in foster, relative or kinship care, family group homes, residential care or independent living. This may include being on a care and protection order (Family Matters, 2020).

Young parents with care experience

This project incorporates research on two closely related cohorts: young parents and young people with experience of the care protection system. It also includes, where research exists, information on the experience and needs of young parents in OOHC who also who identify as Aboriginal or Torres Strait Islander; are culturally and linguistically diverse; are living with a disability; and/or are also young fathers.

*inclusive of young people who are Aboriginal and Torres Strait Islander, culturally and linguistically diverse and/or living with disability
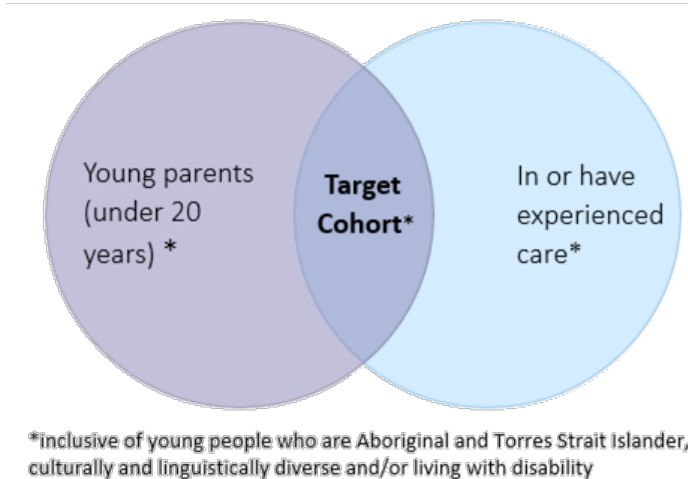
Fig 1. Research groups – young parents with experience in OOHC (cohort), young parents and young people with experience in OOHC.

The needs of young parents with care experience

The needs of young parents with care experience are considered and discussed using ARACY's child and youth wellbeing framework The Nest. The Nest uses six domains of wellbeing, which are connected and interdependent. Effective support and wellbeing in one domain will have a positive impact on the other domains. Conversely, neglecting a domain will have direct and indirect impacts are in place to support that young person's wellbeing and ability to parent successfully.

Priority populations are those who may be over-represented in OOHC, early parenthood, or both, and those who may have additional needs or who's needs are less understood. Priority populations considered in this review are Aboriginal and Torres Strait Islander, children and young people; children and young people living with a disability; children and young people from Culturally and Linguistically Diverse (CALD) backgrounds; and young fathers.

Table 1. Summary of needs by domains of The Nest.

Valued, Loved and Safe	Material Basics
• High quality, stable placements during OOHC • Social support structures • Therapeutic interventions during the care experience • Support to maintain relationships with family • Extending the leaving age of OOHC • High quality throughcare and aftercare.	• High quality transition planning • Stable, affordable, secure housing • Holistic residential care for pregnant or parenting care leavers as they transition to independence • Income support and/or employment or education pathways • Life skills training and support, including acquisition of driving licence.
Learning	**Healthy**
• Targeted sexual health education • Support to remain engaged in schooling • Targeted parenting support programs • Employment or education pathways.	• Consistent, non-stigmatising healthcare before, during and after pregnancy • Therapeutic interventions during the care experience • Targeted mental health support.
Participating	**Positive Sense of Identity and Culture**
• Availability of mentors or advocates, extended support from carers and case workers or after care support workers • Participation in the design of programs • Support to remain engaged in schooling and other activities.	• Culturally appropriate services • Cultural plans co-designed with the young person • Support to maintain relationships with family • Support to remain engaged in schooling and other activities.

Opportunities to disrupt the intergenerational cycle

The rapid review and interviews both identified a number of intervention points where appropriate supports could change the trajectory for both parents and their children. Firstly, prevention of pregnancy through targeted sex education and provision of contraception; secondly, prevention of child protection interaction through ongoing holistic support commencing at pregnancy and continuing through care; and finally, prevention of repeat removals through intensive support for the parent/s.
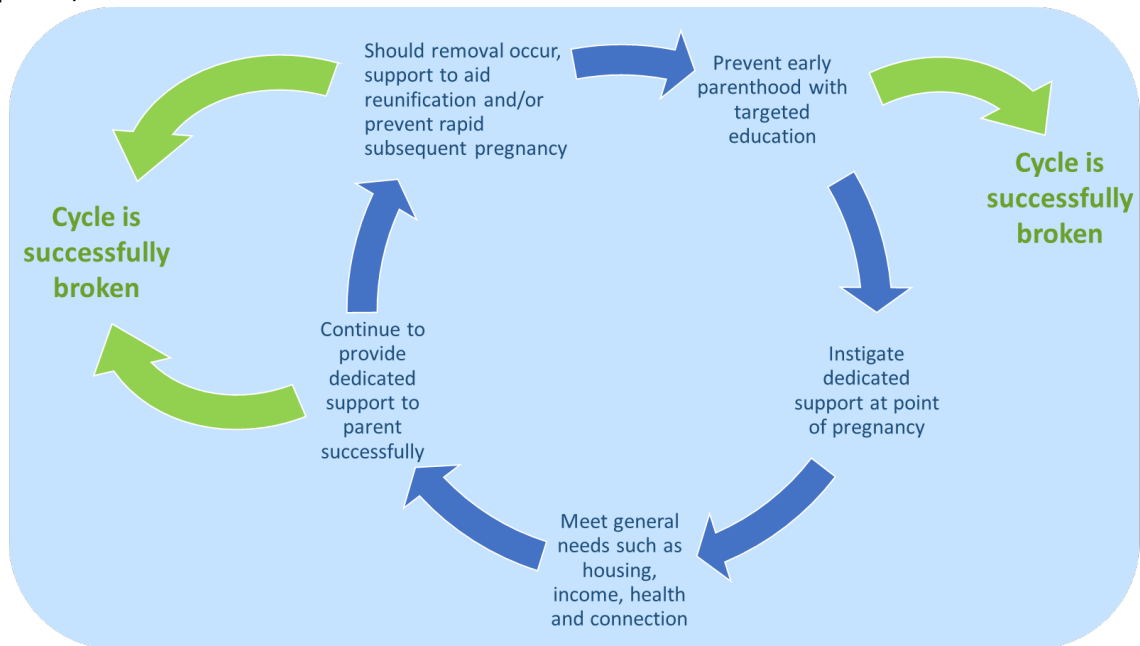
Fig 2. Key intervention points and interventions.

Targeted sex education

The first opportunity to intervene in the cycle of intergenerational contact with the child protection system is prior to pregnancy. Young people in care are more likely to engage in early sexual activity and become parents. Placement instability and lack of consistent engagement with education mean they are more likely to miss out on the usual avenues of sex education. Moreover, most sex education starts with the assumption that young people wish to avoid parenthood. This is not always the case for young people in care, who may see early parenthood as an avenue to unconditional love, a way to grow up, or a way to right the wrongs of their own past. In addition, their experiences and trauma may make them more vulnerable to sexual exploitation (particularly in a residential care setting), or less able to assert themselves in relationships and set boundaries. Young people in care need frequent, targeted and consistent sex education that addresses the potential desire to create a family but gives realistic information about the difficulties and stresses of being a young parent.

On becoming pregnant

Pregnancy is an opportunity to ensure that the right supports to help a young person parent successfully are put in place early and maintained throughout the pregnancy and the early years of parenting. Young people in care typically experience less consistent health care, including ante-natal

care. They may be unable to stay in their current placement. They may be about to age out of the system and have inadequate transition planning and support to ensure they can parent successfully. Having explicit policies and processes to address all the needs of the young parent across The Nest framework aims to set the young person up to parent well and reduce the risk of intergenerational contact with the child protection system.

On leaving care

Effective throughcare and aftercare is well established in the research as critical to the life chances of young people leaving care. This becomes even more important for young parents leaving care, or who become pregnant shortly after. Sustained practical support such as income, housing, healthcare and education, social and emotional support and networks, and ensuring life skills give a young person the best chances of parenting successfully. Extending the age of leaving care is one way of supporting young care leavers, parenting or otherwise. Other simple policy changes such as young parenthood automatically triggering the enhanced support on leaving care that is optionally available in all states and territories, would be a good start to giving young parents with care experience the support and skills they need to parent well.

When a child is removed

The effect of the "child-centred" approach moving from the young person to their child begins when the young person becomes pregnant but is seen most explicitly at the point of removal. A young person who has a child removed typically sees support drop away or be actively removed. For example, the loss of parenting payments, at a time when they are particularly vulnerable, which may lead to homelessness, further reducing their ability for reunification and increasing the risk of repeat pregnancy. This time is a prime opportunity to intervene with supports for the parents, ensuring supports and help for parenting increase and intensify rather than be withdrawn, which both aids in efforts at reunification and reduces the likelihood of subsequent pregnancy and removal (Broadhurst & Mason, 2019).

Principles and strategies for working with young parenting care leavers

Key principles and strategies for working with and designing programs for young parents with care experience emerged consistently across the literature. Many of these principles and strategies represent best practice for any work with young people, particularly vulnerable young people, and some are specifically targeted towards young parents and/or young people with experience of the care system. The key principles and practices that services should employ are to:

- be **non-judgmental** and **young person-centred** (Australian Human Rights Commission, 2017) with **sensitivity to potential stigma**
- be t**rauma-informed** and **trauma-responsive**, incorporating principles of **therapeutic care**
- be **culturally appropriate** and safe
- emphasise **young parents' assets** (Gill et al., 2019) and be **strengths-based**
- offer **respite** from parenting responsibilities (Gill et al., 2019)
- provide **intensive support during pregnancy**, starting early (Beauchamp, 2020)

- offer **additional financial and emotional support** to consider the costs of parenting (Gill et al., 2019)
- provide **multi-generational approaches** to working with parents and children together (Beauchamp, 2020)
- be **father-friendly** and **inclusive** (Strange, Bennet, Tait, & Hauck, 2019)
- **target** young parents and young parents with care experience
- have **soft entry and exit** so parents can self-refer or be referred and join at any time (Strange et al., 2019)
- be **inclusive of families** working towards reunification
- **mimic parental and family support** provided to young parents without a care experience (Gill et al., 2019)
- deliver **Case management**
- provide **continuity** of care
- be informed by the needs of the parents (**co-designed**)
- **be sensitive to both parenting** and **personal growth** of young adulthood (Strange et al., 2019)
- support mothers to **develop self-efficacy** as parents and secure mother-infant attachment (Beauchamp, 2020).

Policy levers

The limited available research dedicated to these young people emphasises the gaps in policy, services and programs available in Australia and indicates the need for strengthened longitudinal tracking and data collection.

Within the literature, however, there have been consistent policy recommendations to support care leavers and provide important support for parenting care leavers.

These **policy levers** include:

- Trauma-informed practice
- Foster care and practitioner training
- Sexual health education designed for young people in care
- Extended OOHC
- Transitioning supports (throughcare and aftercare)
- Secure and appropriate housing
- School engagement
- Pregnancy support in care
- Preventing repeat removal
- Data collection.

As a general principle, approaches, programs and interventions that support young care leavers more generally will also support young parents who are in or have left care. This

includes effective throughcare and aftercare, secure and appropriate housing, adequate income, and support to engage and continue with education.

In addition, young parents benefit from early and consistent parenting support designed for their needs, trauma-informed practices in all services, and from non-stigmatising and targeted support services.

Currently there is a significant lack of data and information collected on young parents with experience in OOHC (CREATE, 2017), including information collected on intergenerational contact with the child protection system and on young parents under the care of the state.

Actions for the successor plan to the Framework

When considering policy, programs and practice for working with young parents with a care experience, the research strongly supports a range of actions that could be addressed in the short, medium, and long term. ARACY is not specifying timeframes for short/immediate, medium, and long term given the range of stakeholders involved, however a tranche of actions should be considered and made available without delay, and we have prioritised these as such.

ARACY's recommended actions are categorised according to their corresponding Nest domain, and where government responsibility for this action rests – Federal or State/Territory.

Immediate/ short term actions

	Action	Government Responsibility	Nest Domain/s
1	Frequent, tailored and targeted sexual health education and training in respectful relationships for all young people in care, and foster and kinship carers.	Development – Federal Execution – State/ Territory	Learning
2	Trial of a safety net developed for young parents in the immediate aftermath of child removal such as the continuation of parenting payments for a period of <u>at least</u> six months post-removal, to help ensure financial and housing security to aid family reunification processes.	Federal	Valued, Loved, and Safe; Material basics
3	All States and Territories encouraged to make automatic for young parenting care leavers the existing legal provision to extend support up to 25 years.	Development – Federal Execution – State/ Territory	Material basics
4	Improved access to targeted and specialised mental health services tailored to young people in the care system as a protective factor to mitigate experiences of pre-care and ongoing trauma.	Federal	Healthy

5	Increased opportunities for parenting care leavers to have their voice heard by those in government at both the state/territory and Federal levels, as demonstrated by the Queensland Parenting Advisory Committee.	Both – Federal & State/ Territory	Participating
6	Participation of care leavers and parenting care leavers in the design of programs that support them.	Both – Federal & State/ Territory	Participating/ Positive Sense of Culture and Identity

Medium term actions

	Action	Government Responsibility	Nest Domain/s
7	Nationally consistent extended care system to provide a minimum standard of support until at least 21 years of age for those who: • Wish to stay on in their foster care or kinship care placement and have the agreement from their carer, or • Who are not ready to go and wish to remain in a supported care environment but either cannot remain in the care placement past 18 years; such as those exiting residential care, or do not wish to remain in foster care.	State/ Territory	Valued, Loved and Safe/ Material basics
8	Strengthened efforts made to the child protection system to view a young parent and their child as a **dyad**, recognising and meeting their needs with intensive and targeted support, which specifically focuses on strengthening parenting capacity (a two-generation approach).	Both – Federal & State/ Territory	All domains
9	Practitioners, child protection workers, carers and others involved in the child protection system have consistent training and supervision in trauma-informed, culturally safe and inclusive practice, including the impact of trauma on development and executive functioning.	State/ Territory	Valued, Loved and Safe; Healthy
10	Strengthened opportunities for young pregnant and parenting care leavers to be linked into early, consistent, and ongoing support by services that are safe, welcoming and accessible pre- and postnatally, offering parenting	State/ Territory	Healthy/ Valued, Loved and Safe

	skills and respectful relationships education. Services must be trauma & healing-informed, as well as culturally safe and inclusive.		
11	Automatic entry to evidence-based Sustained Nurse Home Visiting programs for young mothers with care experience.	State/ Territory	Healthy/ Valued, Loved and Safe
12	For young parents at risk of having a child removed, or who have had a child removed; increased provision of family preservation and restoration services, and intensive support (e.g., including for grief, loss, trauma of removal), to help prevent rapid subsequent pregnancy.	State/ Territory	Healthy/ Valued, Loved and Safe
13	For young parents at risk of having a child removed, or who have had a child removed; the provision of accessible legal support, such as mandatory legal representation, to address inequities in the system.	State/ Territory	Valued, Loved and Safe
14	Support for remunerated roles for parents with a care background, to provide 'lived experience' support to young parenting care leavers, e.g., peer support and advocacy to walk alongside.	State/ Territory	Participating
15	Availability of mentors or advocates for young parenting care leavers to help them engage effectively with services (including education & health), and/or to help those engaged in the child protection system navigate it (including legal advocacy).	State/ Territory	Participating

Longer term actions

	Action	Government Responsibility	Nest Domain/s
16	Strengthened longitudinal tracking and data collection on young parents with experience in OOHC, on intergenerational contact with the child protection system, and on young parents under the care of the state.	Both – Federal & State/ Territory	All domains
17	All States and Territories encouraged to support strengthened opportunities for young parenting care leavers to stay in or re-engage with school through the delivery of flexible learning programs with onsite learning early childhood education and care (ECEC); and	Development – Federal

Execution – State/ Territory | Learning/ Participating |

Nationally consistent support provided for care leavers to access tertiary education opportunities.		

Recommendations for priority populations

Priority populations considered in this project are Aboriginal and Torres Strait Islander, children and young people; children and young people living with a disability; children and young people from Culturally and Linguistically Diverse (CALD) backgrounds; and young fathers. The recommendations for these populations broadly align with the wider group, but specific additional requirements which emerged in the research are indicated below:

Additional requirements for Aboriginal and Torres Strait Islander young parenting care leavers

- Acknowledge the triple surveillance effect impacting this cohort

- Greater involvement of Aboriginal Community Controlled Organisations (ACCOs) in transition planning

- Culturally appropriate programs delivered by ACCOs

- Support to stay connected with family, culture and country by promoting regular contact

- Introduction of optional Family Group Conferencing and Pregnancy Family Conferencing that is culturally appropriate

- Sustain funding to support the Care Partner Program for legal advice to promote early intervention support

- Appropriately trained staff working with Aboriginal families

- Prioritise funding of family restoration services.

Additional requirements for young parenting care leavers parents with disability

- Programs that provide appropriate supported accommodation

- Greater awareness of rights in pregnancy and parenthood

- Advocacy and support; support that can be sustained over a longer time.

Additional requirements for young parenting care leavers: fathers

- Increased support and educational programs for young fathers to parent effectively and stay connected with their family.

Additional requirements for young parenting care leavers who are culturally and linguistically diverse

- There were no recommendations asserted in the literature for this group, thus highlighting a strong gap in the research and a need for further, targeted inquiry.

Conclusion

Young people who become parents during OOHC or shortly after leaving care are a vulnerable population who are both more likely to become parents early, and also less likely to parent successfully due to multiple factors, many of which are outside their control or reflect their own early experiences. Further, they are more likely to have multiple children in quick succession, and experience multiple removals. This represents a tremendous loss of social capital and a failure in the system to support these young people and their children, as well as a significant cost to the system.

As a known population, these young people can be identified and targeted for support early, both to prevent early parenthood occurring and when it does, to help them parent successfully. The needs of young parents with care experience are multiple, requiring targeted and intensive support, but they are not complicated or surprising. Nor are they expensive compared to the costs of intervening late or not at all.

The cycle of intergenerational involvement with the care system can be broken with sufficient and appropriate support that views the young parent and their child as a dyad within a broader extended family, community and culture and considers their holistic needs and strengths accordingly. Treating the young person as a risk to their child, applying surveillance bias and an overly high bar for success, failing to support the young parent's holistic needs for education, participation and identity as well as their needs for material basics, safety and security, sets the young parent up to fail and perpetuates the cycle.

Recognising and meeting the needs of young parents with care experience and supporting them to parent successfully is in the best interests of the young person, their child, and society.

1. Introduction

Young people with experience of out of home care (OOHC) are one of the most vulnerable, disadvantaged, and traumatised groups in Australia (Campo & Commerford, 2016a; K. Fairhurst, David, & Corrales, 2015; Mendes, 2009). They are more likely to parent (Australian Human Rights Commission, 2017), and their children are more likely to enter the child protection system in turn (K. Fairhurst et al., 2015).

In 2009, in response to the increasing numbers of children in Australia entering the child protection system, the Commonwealth, State and Territory Governments and non-government sector developed the *National Framework for Protecting Australia's Children 2009-2020*. This framework was designed to coordinate a national long-term approach to reducing child abuse and neglect. The implementation of this framework has been through four action plans. The Fourth Action Plan is currently being implemented (Department of Social Services, 2009).

In early 2020, the government affirmed its commitment to the National Framework and the national approach to improving child safety. They noted a number of priority actions, including supporting young parents who might have been in care as young children. In-principle support was given to develop a new 10-year framework with two 5-year National Plans. The Successor Plan is nearing completion and the first of the two 5-year plans is under consultation. Governments also agreed to a collaborative approach to supporting young people aged 18-21 as they transition out of care (State and Federal Community Services Ministers, 2020).

Although national rates of teenage pregnancy have been declining in the general population, rates for young parents with experience of OOHC and other vulnerable young people are disproportionally high and have remained stable over time (Muir, Purtell, Hand, & Carroll, 2019). At the same time, increased numbers of children and young people are being removed into the OOHC system (Australian Insititute of Health and Welfare, 2020).

In 2020 the Australian Government Department of Social Services (DSS) commissioned ARACY to undertake a 12-month research project to explore ways to mitigate early parenthood among young people with experience of the care system, as a driver of further contact with the child protection system. This research will be used to inform future policy and the successor plan to the *National Framework for Protecting Australia's Children 2009-2020*.

1.1   Project objectives

The key objective of the project was to determine what supports are most effective for meeting the needs of young parents (aged <20 years) with experience of the child protection system, specifically in order to prevent inter-generational contact. This includes the timing (e.g. prenatal, age 0-3 years etc.) and nature of support provision.

Specific research questions included:

- Do young parents with experience of the care system have specific needs as a sub-group of young parents?

- What services are available to young parents who have transitioned from out-of-home care arrangements or who have otherwise had substantial contact with child protection services as children and young people?

- Where do support gaps exist?

- How does this compare between young fathers and mothers?

The following diagram indicates the overlapping groups of young people in the population which comprised the research cohort relevant to this study; young parents, and those with experience of the care system.
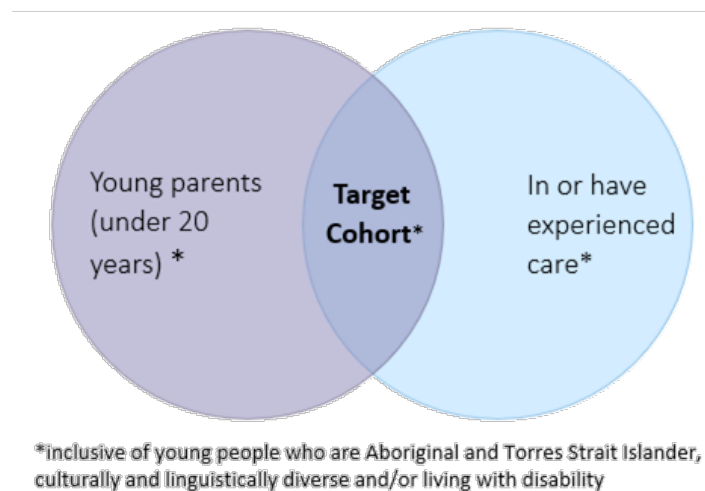
*inclusive of young people who are Aboriginal and Torres Strait Islander, culturally and linguistically diverse and/or living with disability

Fig 1. Research groups – young parents with experience in OOHC (cohort), young parents and young people with experience in OOHC.

1.2   Purpose and structure of this report

This report presents the findings of the research conducted by ARACY over the past 12 months. The multi-phased project involved a rapid review of the literature and several consultation phases with key stakeholders, including young parents with a care experience. The research methodology is presented in the following section. Following a presentation of the findings from the literature review and stakeholder consultations, the report considers the implications for the successor plan to the National Framework for Protecting Australia's Children, and insight and direction for DSS in implementing policy and program change to improve outcomes for one of the Framework's priority groups; young parents with an out-of-home care experience.

1.3   Definitions

For the purposes of this project, ARACY settled on several definitions, including **young parents**, defined as young people who became parents before the age of 20 years; and **out of home care**,

defined as overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. This includes placements approved by the jurisdictional department responsible for child protection for which there is ongoing case management and financial payment, including where a financial payment has been offered but has been declined by the carer (Australian Insititute of Health and Welfare, 2020). A Glossary of Terms is included in on page 4 of this document.

2. Methodology

The project comprised several stages, including the establishment of an Expert Reference Group to guide the project, and a rapid review of current literature to gather data, understand specific needs of young parents with experience of the care system, and identify interventions to support those needs. The review also informed a phased stakeholder engagement component, which sought to consult with a range of researchers and experts, peak bodies, services, and young parents with a care background.

An overview of the research phases is presented in the following diagram and detailed below.
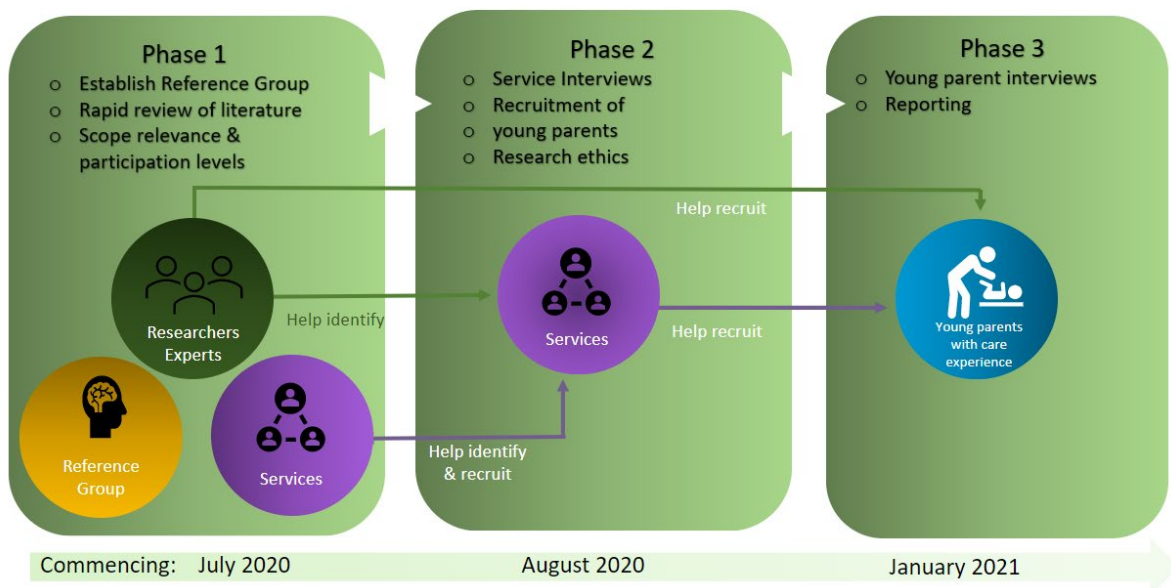
Fig 2. Research project phases.

2.1   Phase 1

2.1.1 Reference Group

The initial phase of the project sought to establish an Expert Reference Group to provide endorsement for the project in addition to guidance and feedback at key stages. Membership of the group was comprised of senior representatives of key organisations, including:

- Institute of Child Protection Studies, Australian Catholic University
- CREATE Foundation
- AbSec
- Life Without Barriers
- Child and Family Welfare Association of Australia
- Multicultural Youth Advocacy Network
- National Disability Services.

The Reference Group was asked to provide feedback on:

- The rapid review
- The interview protocols for services and young parents
- The development of the expert and practitioner survey – follow up to the interviews.

2.1.2 Rapid review

A key element of the initial phase of the project was a review of current literature to gather data, understand specific needs of young parents with experience of the care system, and identify interventions to support those needs. The review sought to answer key questions, including:

- To what extent do children with experiences of contact with the child protection system become young parents (domestic and international comparators)?
- What are the outcomes for this cohort of parents and their children?
- What support needs does this cohort of parents have?
- What programs and supports have been shown to be effective for this cohort of parents domestically and internationally?

Given the significant lack of data and information collected on young parents with experience in OOHC (CREATE Foundation, 2017), including information collected on intergenerational contact with the child protection system and on young parents under the care of the state, the review was broadened to include research and literature about young people in/or transitioning from OOHC, and young parents. It also included, where possible, information on the experience and needs of young parents in OOHC who identify as Aboriginal or Torres Strait Islander; are culturally and linguistically diverse; are living with a disability; and/or are also young fathers.

In determining which research and literature to include in the review, several parameters were set, including:

- has been completed after 2010; and
- includes reference to the study groups; and
- has been conducted in a country comparable to Australia, such as New Zealand, United Kingdom, Canada, European countries and the United States of America; and
- refers to a best practice program and/or service; and/or
- includes case studies and interviews with participants.

The decision to exclude material prior to 2010 was taken both to ensure relevance and because our initial investigation identified several comprehensive meta-analyses which incorporated previous literature. Relevant literature and research were collected via electronic databases including Google, Google Scholar, ResearchGate and ANU Research. Search terms included variations on "young parents" and "child protection", "teenage parents", "best practice" and "out of home care", and "transitioning from care". Experts and researchers also advised on key literature for inclusion in the review.

One of the challenges faced in the review was agreeing on the parameters of the research. In discussing intergenerational cycles of behaviour or outcomes, the question raised is: at which point in the cycle do we begin? Although it was tempting and pertinent to start by looking at the factors

that led to a child or young person initially entering the child protection system, starting here was deemed to be beyond the scope of the project.

To ensure the focus on the research remained on the target cohort (young parents with care experience) it was determined that the review would begin with the experience and needs of the young person at the point in the cycle where they are pregnant or a parent in, or recently out, of care. The review therefore focused on the impacts and outcomes of experiences pre-care, in care but mostly at the time of exiting care, and the start of the independent parenting journey. The key exception to this is the inclusion of sexual health education as a mitigation for early parenting (see Section 4.5.2).

Findings from the rapid review were used to inform stakeholder interviews and the development of an online survey. A copy of the review is available on request.

2.1.3 Stakeholder Engagement: Researchers and Experts

Interviews with stakeholders were grouped across several stages, commencing with Researchers and Experts. Interviewees were asked a series of questions on their observations of the prevalence of young parents with a care experience, perceptions of their experiences and needs, and recommendations for mitigating this cohort's intergenerational contact with child protection services. Interviewees were also invited to provide research or literature related to this issue and contacts of other relevant experts (researchers, practitioners, or service providers).

Two ARACY researchers conducted each interview, and a total of n=15 researchers and experts were consulted during this phase.

2.2   Phase 2

2.2.1 Stakeholder Engagement: Service Providers

Interviews with organisations providing services to the target cohort were consulted, with both managers and practitioners invited to participate. Interviewees were asked a series of questions on their observations of the experiences and needs of young parents with a care background, and recommendations for further supporting this cohort to mitigate intergenerational contact with the care system. Interviewees were also invited to provide expertise in relation to their awareness of previous or current programs seeing positive results or best practice for this cohort or related cohorts in Australia or overseas.

ARACY also sought practitioner recommendations for interviews with the target cohort including best methods for recruiting participants and ideal incentives for remuneration.

Two ARACY researchers conducted each interview, and a total of n=28 practitioners representing 15 organisations were consulted during this phase. The Reference Group were invited to provide feedback on the interview protocol used for these interviews.

2.2.2 Online survey

As a follow-up to the interviews with researchers, experts and service providers, interviewees were invited to participate in an online survey, developed by ARACY. The purpose of this survey was to establish the level of agreement with the findings and recommendations presented in the rapid

review, and to provide further comment on the project. The Reference Group were invited to provide feedback on the questionnaire before the survey link was distributed.

A total of n=18 experts and practitioners completed the survey, and results are referred to later in this report.

2.3   Phase 3

2.3.1 Stakeholder Engagement: Young parenting care leavers

The final phase of the project centred around the consultation of young parents with a care experience. Preparation for this activity involved an ethics application and recruitment process. ARACY was granted ethics approval for consultations with parenting care leavers through the Australian Institute of Health and Welfare (AIHW) Ethics Committee.

A flyer was developed by ARACY to assist with the recruitment of young parents. Practitioner members of the Reference Group provided feedback on the flyer before it was distributed to service organisations working with this target group. A copy of the flyer is attached in the Appendices.

The recruitment process for young parent interviews required a considered approach due to the level of vulnerability of the cohort and known difficulty in engaging with them. It was determined that the most effective and safest recruitment method would be to involve a person where trust has been established with young parents, i.e., practitioners.

ARACY engaged practitioners who were consulted during stakeholder interviews, to assist with the young parent recruitment and interview process. During interviews, practitioners were asked to consider young parents who would be able to participate in an interview and if they would be willing to support them to do this. In a number of cases, service organisations willing to assist with the recruitment of participants were unable to do so given the highly vulnerable nature of their clients' parenting journeys, as indicated in this explanation:

> *"I have checked with the other staff and while we have asked a few of our women, they haven't felt they were at the right stage yet to chat to anyone. Most of our clientele are pregnant and homeless, so have many other complexities going on"* (Service provider).

Further, despite indicating a willingness to be involved in the research, several young parents were ultimately unable to participate in an interview, due to ill health or scheduling difficulties.

In recruiting the young women, practitioners explained the study to them, and provided a copy of the flyer and consent form. Once the young people agreed to be involved, they signed the consent form which allowed them to indicate their preference for a support person to be present for the interview.

A total of n=7 parenting care leavers were consulted during this phase. All had become pregnant before 20 years of age and were now aged in their early- to mid-20s. Most had completed schooling to Year 10 level. Intergenerational contact with the care protection system through their own children was an issue for most of these families.

Two ARACY researchers conducted each interview by telephone, using a structured interview protocol, which had been reviewed by members of the Reference Group. Broadly, the interviews sought to explore the journey and experience of OOHC & young parenting; addressing the support needs of young parents with a care experience; understanding the barriers and enablers to meeting those needs; and considerations for increasing support to this cohort.

Interviews lasted approximately one-hour in duration, and incentives were provided to recompense participants for their valuable time and expertise.

3. Experiences & outcomes of young parenting care leavers

There is generally little research and data collection in Australia that provides an indication of the prevalence and experience of young parents with care experience. Much of the research is anecdotal and uses small sample sizes or a case study approach (Australian Human Rights Commission, 2017).

The mainstream teenage fertility rate has continued to decline over the past 20 years, halving from 19 babies per 1,000 women aged 15-19 years in 1998 to 9.5 babies in 2019 (Australian Bureau of Statistics, 2020), which equates to 6,885 babies. This downward trend has been attributed to two broad reasons; the first, a result of young people having greater control of their fertility; and the second a result of changed abortion legislation in some jurisdictions (Bakhtiar, Te Riele, & Sutton, 2020). Those living regionally and remotely, however, have tended to have limited access to these services, and are therefore more likely to continue with their pregnancy (Bakhtiar et al., 2020).

While there is little to no data on teenage birth rates with an OOHC experience, fertility rates among young people in, or transitioning out of, care have tended to be substantially higher. The reasons suggested for this are complex and varied. Researchers identify several pre-care factors that lead to early pregnancy. These include experiencing sexual abuse, being a child of a teenage parent (K. Fairhurst et al., 2015), growing up with poor role models, exposure to permissive sexual norms, and limited parental monitoring and supervision which lead to a limited understanding of sex, sexuality and interpersonal relationships. The quality and stability of OOHC can also compound these experiences. The lack of stable support, disengaging from school and involvement in crime and/or substance misuse and the feeling of being unloved and unwanted can therefore lead to early sexual activity (Mendes & Purtell, 2017).

Poor outcomes for young people exited from OOHC 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 (Purtell, 2020). Australian and international research indicates that a substantial proportion of young people leaving care become parents under the age of 20 years. In 2018 the Telethon Kids Institute undertook a longitudinal study on behalf of the Western Australian Government, which included 2,003 young people with OOHC experience. It found that 28% of this group had given birth between the age of 18-23 years and that 513 of these children were later identified in the child protection system (an average of 2 children per person), with one-quarter ultimately entering the OOHC system. It also found that 22% of these young people had been born to parents under the age of 20 years (Lima, Maclean, & O'Donnell, 2018).

Research from Victoria (Muir et al., 2019), Western Australia (Lima et al., 2018), the US and the UK (Whyte, 2011) has indicated that a consistent rate of close to 30% of young people in or exiting care have become parents. The 2019 Victorian Longitudinal Study on Leaving Care also found that rates of reported pregnancies and births were high with nearly a third of participants reporting that they had fallen pregnant and 19% had children (Muir et al., 2019).

Finally, a study on transitioning to adulthood from OOHC observed that seven (7) out of 62 females aged 18 and 19 years (11%) who responded to CREATE's National Out-of-Home Care Survey 2018, were parents, noting that while not directly comparable with the national figure because of the restricted age grouping, this indicates a "concerning birth rate" (McDowall, 2020).

3.1   Outcomes for young parents

Studies have highlighted that young mothers see motherhood as an achievement (Australian Human Rights Commission, 2017; Mendes, 2009). Young mothers have indicated that having their baby was a motivation to change risky behaviours such as substance abuse, casual and unsafe sex and involvement in crime. Many express a sense of pride in being able to do what their parents failed to do in providing competent parenting. For some it fills an emotional void missing from their own family experience (Australian Human Rights Commission, 2017; Mendes, 2009) and in the absence of education and employment opportunities, it can be seen to offer a meaningful way forward (Fairhurst et al., 2015).

However, teen parenting initiates a life trajectory characterised by decreased opportunities for educational and career success, which exacerbates the cycle of poverty. These young people face life stressors that include persistent and pervasive poverty; inconsistent, harsh, or unavailable parenting; and high risk for substance abuse, violence, internalising and externalising disorders, and sexual risk taking (Boustani, Frazier, Hartley, Meinzer, & Hedemann, 2015).

A telling statistic is that in 2014-15, 4,370 young parents received the Parenting Payment. An evaluation report by Pricewaterhouse Coopers Australia for DSS found that 79% of these young parents will still be receiving income support in 10 years, and more than half (57%) will be receiving it in 20 years (Pricewaterhouse Coopers Consulting, 2017).

For a young person who has experienced OOHC, transitioning from care is a major life event and as a parenting young person, this can add other stressors. It requires a young person at or before the age of 18 years to transition to complete independence, with fewer or none of the support structures provided to non-OOHC peers (Mendes & Purtell, 2017). Australian and international research shows that young people exiting care are more likely to experience homelessness, unemployment, low educational attainment, social and relational difficulties (Hinton, 2018), social isolation, stigma, criminal justice involvement and poor mental health (Boustani et al., 2017; CREATE Foundation, 2018; Eastmen, Palmer & Ahn, 2019). These vulnerabilities, including mental health issues, domestic and family violence, and parental drug and alcohol use, are known drivers of entry to out of home care across the general population (NSW Government, 2018). Many also have intellectual and physical disabilities and developmental delays (Campo & Commerford, 2016). The implications of this for young parents and their children are significant.

Being a young parent in care can lead to larger vulnerabilities and disadvantages once the move into independence occurs. The factors that contribute to these high levels of vulnerability are complex, interconnected, and numerous, and include the impacts of pre-care and in-care experiences (Mendes et al., 2020). And for young parents exiting care, they may also miss out on parenting role models and lasting social supports and social networks (Mendes & Purtell, 2017).

Poor outcomes can partly be attributed to the ongoing impact of child abuse and neglect and the lack of appropriate supports during care and as they exit care (Mendes et al., 2020). Emerging research suggests that the long-term impacts of early childhood trauma can lead to toxic stress which "embeds itself in our very biology, making it difficult to establish the foundations – skills and behaviours – for lifelong health and wellbeing" (Rubenstein, 2020).

There are some sub-groups who face additional challenges when leaving care, such as Indigenous care leavers, care leavers with a disability, developmental delay, or mental health issues, and those

living in rural and remote areas (Mendes, Johnson, & Moslehuddin, 2011a). These groups are discussed further on.

It is important to note that not all care leavers experience poor life outcomes, with many going on to have successful lives. Mendes and Purtell found a number of studies showing that many young mothers saw motherhood as an achievement that resulted in a more mature outlook which resulted in a more stable and positive lifestyle (Mendes & Purtell, 2017).

3.2 Intergenerational contact with the care system

Intergenerational patterns of child abuse and neglect are complex, inextricably interrelated and often underpinned by trauma, and despite large amounts of research on the topic, are still barely understood.

Being the child of a teenage parent increases the risk of child maltreatment and entering the care system, with one longitudinal study finding that the rate of child maltreatment was 2.4 times higher for young parents under the age of 18, when compared with parents 19-34 years (Hopkins et al., 2019). One explanation for this is that young parents have not reached their cognitive or emotional maturity and have less knowledge of child development. Another more widely agreed reason is the socioeconomic circumstances of young mothers and fathers. This is attributed to a number of factors including access to fewer resources, higher mobility and more social isolation resulting in lack of connectedness and sense of community (Hopkins et al., 2019).

In NSW, 20% of females and 12% of males will have a child placed in OOHC within 20 years of exiting care themselves and are 10 times more likely to need OOHC for their child compared with the general population (NSW Government, 2018). Further to this, a research study undertaken in South Australia in 2019 found that:

- More than 80% of families with high levels of involvement with the child protection system included a parent aged under 20 during the pregnancy for their first-born child.
- Six percent (6%) of mothers aged under 20 at their first birth go on to give birth to 57% of children who have an episode of OOHC.
  - These 6% of mothers contributed to over a third of the total population of children notified to child protection; and
  - 68% had their own experiences in child protection, with 23% having their own experiences of out of home care (SA Government Department of Human Services, 2019).

Research tells us that intergenerational links with the child protection system are strongest for children and young people who are in or have been in care, with almost one-third of children and young people in the Child Protection system in NSW in 2014-15 having at least one parent being reported or in OOHC (Butler & Cockburn, 2017). This is consistent with international studies, with one study in the UK, for example, finding that young mothers who had a care experience were six times more likely than their non-care experienced peers to have a child in care (Roberts, Maxwell, & Elliott, 2019).

A South Australian retrospective cohort study looking at intergenerational child protection links found that mothers with child protection system (CPS) involvement indicative of high risk of serious harm tended to be younger (<20 years) at the time the child was born, have a greater number of children, and lower area-based socioeconomic status, and were more likely to smoke, be

unpartnered, be unemployed, have a disability, and have hospital admissions for mental health conditions or substance use than those with lower levels of CPS involvement (Armfield et al., 2021).

A Tasmanian study found that 34% of those who experienced child removal, and 55% who had subsequent removals, were adolescent mothers. It also found that of those who experienced recurrent removals, 19% had their first removal when they were still a teenager and 48% were under 25 years (Hinton, 2018). A study of a small group of parents revealed some interesting insights into their circumstances leading up to the time their child or children were removed. These included high rates of mental health issues, physical health problems such as diabetes, contact with the criminal justice system, low levels of employment and education, drug and alcohol misuse, financial insecurity, experience of domestic violence, insecure housing and homelessness and isolation (Hinton, 2018). When these circumstances are compared with outcomes for care leavers and young parents, there are unmistakable similarities.

Many young parents, particularly those who have lived in care, often experience **surveillance bias** (Gill, Grace, Waniganayake, & Hadley, 2019), whereby their children are more likely to be reported for abuse or neglect because they are engaging with social services, so they perceive being under, and may also experience, greater scrutiny.

> *"I'm always very cautious about everything I do with my kids because I am afraid [the department] will try and remove my kids from me by using my past against me" (Young woman, 24 years old - Hudson, 2017).*

While the safety of the child must be at the core of the service system, "focussing on the child's wider family and its patterns over time allows for a fuller picture of risk, cumulative harm and intervention opportunity" (SA Government Department of Human Services, 2019).

The Breaking the Cycle report (Hinton, 2018) introduces a concept described by Broadhurst as 'system induced' trauma whereby the threat of and subsequent removal of a child can have traumatic effects on the parent and child due to the very nature of the interaction (Hinton, 2018). The harsh circumstances young parents in and exiting OOHC and their children encounter, the critical nature of mothering work, and the relationship between poverty, child maltreatment, and overall life chances are not always acknowledged (Hinton, 2018).

Clearly, young parents are at high risk of poorer outcomes across all areas of their wellbeing which can impact them immediately on exiting care and throughout life (Boustani, 2017). This impact can also lead to adverse outcomes for their children, resulting in the perpetuation of involvement in the child protection system (Fairhurst et al., 2015). Statistics highlight the pervasive intergenerational nature of contact with the child protection system. Analysis of NSW data shows that:

> *"Almost one-third of children and young people involved with the NSW statutory child protection system in 2014–15 had at least one parent who had either been reported or were in OOHC when they were a child. The intergenerational link was strongest for children and young people in OOHC with almost one-half having a parent who had either been reported or were in OOHC when they were a child" (Butler & Cockburn, 2017).*

When considering the experience of our research cohort, the findings have serious implications for how support is provided to these highly vulnerable young people to help keep their families together, without further compounding the impacts of earlier experiences.

3.2.1 Supporting young parents through child removal

A large and important focus of the study was concerned with understanding the impacts on parenting ability and child outcomes as a result of having a care experience or being a young parent. While what happens during this time has major and lasting impact, another point in the cycle that is important to explore, is when a parent has their first exposure to – and potential ongoing interaction with – child protection services.

Anglicare Tasmania's 'Breaking the Cycle' Report (Hinton, 2018) provides deep insight into the experience of Tasmanian families when this occurs. Although the report focuses on the experience of those in Tasmania, and of the broader parent population (rather than those only with a care experience), it is likely that the experience of child removal for all parents generally will be similar. The report highlights a serious gap in how Tasmanian parents are supported after a child is removed, as well as a raft of issues relating to repeat removals.

Here we witness a point in the continuum where the needs of the parent become less visible, as the focus moves to being "child-centred".

When a child is removed, the negative impact is exacerbated by a lack of trauma aware practice within child protection services. For a young parent who has already experienced trauma in their life, this process, coupled with a lack of support to address the safety issues, may trigger trauma responses that go on to impact the potential for reunification.

In ARACY's consultations with stakeholders, it was often mentioned by practitioners that the system has conceptualised itself as choosing between the needs of parents and children. Many argued that we need to challenge this dichotomy and the idea that a choice needs to be made. It is in children's interests that their young parents are helped. This is complicated by the fact that young parents who are also children need to be safeguarded.[4]

The consequences of not offering appropriate supports at this time are not only increased rates of entry into OOHC for the young children involved, but also additional life-long negative impacts on the already vulnerable parents (Hinton, 2018).

An additional impact of this failure to support young parents at the point of removal is the increased likelihood of further pregnancies, with the resulting children even more likely to encounter child protection services, often at birth. This is addressed in the section below.

Parents interviewed in the Breaking the Cycle Report (Hinton, 2018) provided insight and observations relating to their experience with child protection. They said they wanted to see better support offered prior to child removal that addressed the underlying issues they faced, as well as parenting skills and capacity building. Instead of the time being spent on monitoring, the time could

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[4] Comment provided by Jessica Cocks, Practice Lead, Children, Families and Young People, Life Without Barriers.

have been used to support the parent with practical and parenting education. They also wanted to be given more opportunities to show that they are capable parents (Hinton, 2018).

On removal of the child, parents said that they needed more support to cope. Parents wanted to see more support available in the immediate post-removal period to help them through the collateral consequences (including income loss, risk of homelessness, increased substance abuse, worsening of mental health problems, etc.), cope with the grief and loss, offer a listening ear, and provide information about their rights and about Child Safety processes. Importantly, this support would need to be confidential so that admitting to problems and asking for help did not mean worrying about further notifications (Hinton, 2018).

In a CREATE Foundation report (McDowall, 2020), parenting care leavers indicated how the child protection system might better support young parents facing child removal. Examples were focused on the provision of more support, for both the parent and their child:

> "[The Department] was not helping. They were doing the opposite. They shouldn't use someone else's childhood against them to affect my parenting. They assume that I am my mother because of my mother's past. They haven't given me any family support, and it's not fair, and it's not understanding or nice. A "mums and baby" service, with qualified social worker and nurses, around the clock, to tell them how to care for the baby, rather than take the kid. It's financially draining in the courts, and for the family and the services. Obviously, I am going to fight for my kid" (Female, 21 years).

> "Young mothers who are still under care orders themselves should be given the option of being placed in care with their child, rather than having no support and being on their own" (Female, 24 years).

> "There needs to be more support. Should be a place where parents can walk in and if struggling i.e., development, nappies, wipes etc., should be eligible to get it automatically" (Female, 19 years - Ibid, p.49).

Our research with practitioners and young parents also confirmed the shift that occurs once pregnancy or birth happens, with a focus dropping away from the young parent to baby, often setting up a fear that leaves young women and families fearful of engaging with supports for fear of child removal.

3.2.2 Recurrent child removals

Recurrent removal of children is a significant issue and an important part of the intergenerational discussion (Wise, 2020). Although there is limited research in Australia on recurrent removals, what is known is that generally mothers who have had adverse experiences in their own childhood have not had services made available to support them to keep their children (Hinton, 2018). The collateral consequence (Hinton, 2018) of a child being removed is often deteriorating circumstances for parents. This has been offered as a compelling explanation for repeat removals (Wise, 2020).

In the broader research on young parents, it was found that there is a strong correlation between repeat removal and women who became mothers in adolescence. Research conducted in the UK and Australia indicates that approximately 20% of women who experience child removal will experience repeat removal (Boustani et al., 2015). Overall, those experiencing repeat removal were twice as likely to be teenagers at the time of removal. An interesting effect from the grief and loss of a child is that many of these young women go on to have successive pregnancies in a relatively short period of time (rapid repeat pregnancy) (Hinton, 2018). There is a strong association between rapid repeat pregnancies and repeat removals (Wise, 2020). Intellectual disability has also been highlighted as an overriding issue in repeat removals (Wise, 2020).

The Breaking the Cycle Report (Hinton, 2018) thoroughly interrogates the experience of Tasmanian parents who have had children removed. Although not specifically focused on young parents with a care experience, it offers valuable insight into and recommendations on how to reduce engagement and repeat engagement with child protection. For this reason, this section of the review draws heavily from this research.

The report stated that teenage parents were twice as likely to experience repeat removals, with higher rates in Indigenous mothers and slightly higher rates in mothers with a disability. It noted that many of the mothers in the research group had a history of child protection interaction as a child. Another finding was that recurrent removals are likely to involve different fathers (45%) and fathers are also likely to be teenagers (Hinton, 2018).

The report also found that repeat removals occur on average within 12 months of each other, with the mother experiencing multiple losses in a very short timeframe. This short time frame can make it difficult for mothers to deal with the emotional challenges of removal, leading to increased mental health issues and substance misuse. It also makes it difficult for them to receive support to reduce the likelihood of pregnancy and further removals (Hinton, 2018).

Across Australia, repeat removal usually involves removal of a baby or infant. There is a move nationally to pre-natal reporting which allows for monitoring and accessing support for pregnant women whose unborn child is at risk due to issues such as domestic violence, unmanaged mental health issues and substance misuse (Hinton, 2018).

Hinton (2018) argues that:

> "…despite both a national and state-based focus on reducing the numbers entering the OOHC system and improving outcomes for those who do, little thought appears to have been given to how to better support parents post-removal in order to contribute to these goals" (p.16).

Recurrent removal raises the question about what happens in the time between the removal and court. The research suggests that this is a critical time for parental support interventions (Hinton, 2018). Our interviews with service organisations confirmed this time as a critical window for intensive support:

> "Ongoing care [is needed] for the parents whose children have been removed because it isn't safe. The parents can do whatever they want and it's up to them to step up, or fight for their children, or whatever, but you

can't facilitate that reconnection or integration, or maintaining the children's identity if there's no support for the parent. If they don't receive any ongoing support, then inevitably when you search for the children, there will still be a lot of challenges, difficulties, that will be more harmful to the children" (Practitioner, residential parenting program).

A study assessing the legislative and policy responses in England, the USA, and Australia regarding court-ordered child removal asserts that birth families typically "disappear from the gaze" of the family court once removal has occurred. The paper goes on to emphasise that a critical issue facing parents who have had a child removed from their care is a reduction in welfare and housing entitlement, highlighting immediate practical opportunities to moderate the impact of child removal by preventing further material disadvantage arising from reductions in welfare entitlements (Broadhurst & Mason, 2017).

3.3 Priority populations with additional needs

Several subgroups within the research cohort are underrepresented in the literature, despite having outcomes that are typically poorer than their peers in care. Aboriginal and Torres Strait Islanders are both over-represented in OOHC and in early parenting. Young people with a disability, particularly an intellectual disability, also face higher rates of early parenting and often experience more challenges. It is difficult to comment on the experience of culturally and linguistically diverse young people in care due to the insufficient research on this group.

3.3.1 Aboriginal and Torres Strait Islander young parenting care leavers

Indigenous children and young people are over-represented in the child welfare systems of several jurisdictions including New Zealand, Canada and the United States. Yet, the disproportionality among Australia's First Nations people seems to be significantly higher.

Aboriginal and Torres Strait Islander young people are over-represented in the care system and experience higher rates of young parenting than their non-Indigenous counterparts. There were 20,077 Aboriginal and Torres Strait Islander children in OOHC at 30 June 2019, representing one in every 16.6 Aboriginal and Torres Strait Islander children living in Australia. Aboriginal and Torres Strait Islander children were 9.7 times more likely than non-Indigenous children to be in OOHC, an over-representation that has increased consistently over the last 10 years (Family Matters, 2020).

This overrepresentation could be attributed in part to the intergenerational trauma as a result of past policy and practice of Indigenous child removal in Australia (Davis, 2019). Recognising this history of Indigenous child removal in Australia is important in understanding why there continues to be over-representation today (NSW Government, 2019).

Teenage pregnancy amongst Aboriginal and Torres Strait Islander women is eight (8) times that of non-Indigenous women (Australian Institute of Health and Welfare, 2020a). One in 4 (24%) of all teenage mothers are Aboriginal and/or Torres Strait Islander. This means that Indigenous women are over-represented amongst teenage mothers, given Indigenous women aged 15-19 account for only 5.3% of the overall population of Australian females of the same age (Australian Insititute of Health and Welfare, 2018). Indigenous teenage mothers are 4.5 times as likely to be under the age of 15 years, and live in remote and very remote areas (84.9%) (Australian Institute of Health and Welfare, 2017).

In CREATE Foundation's study of care leavers, the outcomes for Aboriginal and Torres Strait Islander young people (comprising 72 young people in the study), were compared with the non-Indigenous sample. Of nine outcome measures, Aboriginal and Torres Strait Islander young people performed significantly poorer on four. They were: (a) less likely to complete Year 12 (40% vs. 61%); (b) more likely to be missing from placement (68% vs. 48%); (c) more likely to be involved with youth justice post-care (31% vs. 18%); and (d) more likely to be parents (23% vs. 12%) (McDowall, 2020).

Of the nearly 45,000 Australian children living in OOHC, Indigenous children comprise over one third of the total population or 11 times the rate for non-Indigenous children, i.e., about 18,000 children. That is, 54.2 of every 1,000 Indigenous children are in OOHC compared to only 5.1 of every 1,000 non-Indigenous children (Australian Insititute of Health and Welfare, 2020). This figure does not include children placed in permanent care (Mendes et al., 2020).

Young parents who have been involved with the care system experience a double stigma, and a perception and reality of surveillance bias. Stigma and bias form additional barriers for young parents to access health care and support services, remain in education, find appropriate housing, and simply to engage in community life with their children. For young Aboriginal parents with a care experience, we found not only a triple stigma, but also a deep and pervasive experience of the intergenerational trauma of the Stolen Generation and other colonial practices harmful to First Nations people.

> *"As a white family you won't have this feeling, as you parent, that a department could come and be involved in raising or even removing your children"*[5] (Justin Mohamed, Victoria's Commissioner for Aboriginal Children and Young People).

> *"In the back of my mind, I always hear the voice that says, 'don't ever let anyone know you're doing it tough, because they will take your kids from you'. The fear I carry and the aversion I feel towards governmental departments is due entirely to inter-generational trauma. My mother carries this fear, my grandmother carried this fear, my great-grandmother carried this fear"*[6] (Gamilaroi journalist Kelly Briggs, writing for The Guardian).

Sue-Anne Hunter, Commissioner at Yoo-rrook Justice Commission and proud Wurundjeri and Ngurai illum wurrung woman, has also written about the 'inheritance' of intergenerational trauma stemming from the Stolen Generation policies and practices (Hunter, 2020):

> *"As I reflect upon my pregnancy and the early months with my daughter, I realise that my thoughts and feelings around her being removed were very real for me. As real as it was for my Dad and Nan and the generations before them. It was never intentional on their part as intergenerational trauma never is. To be honest, I don't think they even realised what it was. I always say I am so lucky to be able to trace my family tree back to pre-*

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[5] https://www.abc.net.au/news/2020-04-22/aboriginal-mothers-fear-children-will-be-taken-away/12166450
[6] https://www.theguardian.com/commentisfree/2014/jan/21/aboriginal-mothers-like-me-still-fear-that-our-children-could-be-taken-away

colonisation, and I am, I know this. We didn't escape the impact from the Stolen Generation era though, and I don't think there is a single Aboriginal family that was left untouched by these policies and practices. We all gained it as part of our inheritance as First Nations people".

With a background in social work and trauma therapy, Sue-Anne has firsthand experience working with children in out-of-home care during her time at Victorian Aboriginal Child Care Agency (VACCA), and continues to work at a national level to advocate for greater cultural understanding and healing for Indigenous children and families. With regards to Indigenous young parents leaving care, they experience the same lack of service support and high risk of child removal as their non-Indigenous peers, often with the only risk factor felt to be that they were in care themselves (Mendes et al., 2020). As practitioners said, "this was seen as perpetuating intergenerational Indigenous child removal" (Mendes et al., 2020).

3.3.2 Geographic location and impact on rates of young parenting

A young person's location (metro, regional or rural) has implications for wellbeing, including the ability to access support services. The AIHW Teenage Mothers in Australia 2015 report found that more than twice as many teenage mothers live in regional areas and eight (8) times as many in remote areas. There was also a correlation with remoteness and decreasing maternal age, with very remote teenage parents three (3) times as likely to be aged 15 years. There are also significantly higher birth rates for young people transitioning from OOHC and living in rural and remote areas (Hoffman & Vidal, 2017).

With regards to the impact of geographic location on child removals, children from remote locations had the highest rates of substantiations (which may include implementing a care and protection order, placing a child in out of home care, or engaging family support services). In 2018/19 children and young people living in very remote locations were three (3) times as likely as those from major cities to receive a substantiation. Of these children in remote and very remote locations, 88% were Indigenous (Australian Institute of Health and Welfare, 2020b).

4. Exploring the needs of young parenting care leavers

One of the challenges in articulating the needs of young parents with a care experience is identifying key points in their life, that, with the right support, may offer opportunities to reduce the intergenerational cycle of interactions with child protection. In this section we present those needs as identified in the research. Due to the focus on mothers in the majority of the literature, the discussion below is necessarily also focused on this group. Some discussion on the role of fathers is had at the end of this section.

4.1   The Nest: an evidence-based framework for child and youth wellbeing

The findings of ARACY's rapid review provided an overview of the experience and outcomes of young parents in or leaving care and explores the needs of these young people through the lens of The Nest: six domains, which are inter-related; where deficiency in one domain is likely to affect wellbeing in other domains. Wellbeing in each domain depends on a complex interrelationship between a young parent, their family and other key relationships, the broader community and societal factors.

The Nest is Australia's first evidence-based framework for national child and youth wellbeing (0-24 years), and is focussed on six wellbeing domains: Valued, Loved and Safe; Material Basics; Healthy; Learning; Participating; and a Positive Sense of Identity and Culture.

These domains are connected and interdependent – a child or young person needs to be doing well in all six domains to thrive. Deprivation in one domain is likely to affect wellbeing in other domains. Wellbeing in each domain depends on a complex interrelationship between the child or young person, family factors and the broader community and societal factors.

Fig 3. The Nest Wellbeing Areas.

4.2   The Common Approach

The Wellbeing Wheel (below) incorporates the six wellbeing domains of The Nest. Each domain contains examples that expand on the overarching wellbeing domain and are separated to show how they relate to the child, family and community. The Wellbeing Wheel is used as part of the Common Approach® which is a method of speaking with young people and their families to understand their strengths and the challenges they face across each of the wellbeing domains of The Nest. It provides a shared framework for wellbeing, allows us to get to the heart of issues sooner, and to more quickly see the full picture, so that we can work with the young person, their family and other practitioners to achieve better outcomes, sooner. It empowers young people and increases professional collaboration within and across sectors (Barker & Harris, 2020).

Fig 4. The Common Approach Detailed Child Wellbeing Wheel (ARACY).

4.3   Nest Domain: *Valued, Loved, and Safe*

Being valued, loved, and safe embraces positive family relationships and connections with others, along with personal and community safety. Children and young people who are valued, loved, and safe are confident and have high self-esteem. They form secure attachments, have pro-social peer connections, and positive adult role models or mentors are present in their life. Children and young people who are valued, loved and safe are resilient: they can withstand life's challenges and respond constructively to setbacks and unanticipated events (Australian Research Alliance for Children and Youth, 2014).

For young people with care experience, this is often far from the lived experience, with many missing out on positive family environments and relationships, and entering care traumatised from their experiences of abuse and neglect (Mendes, 2009). Removal from parents is not only traumatic at the time of separation, it may also form the foundation of a fractured long-term relationship between a young person and their family, community, culture and country for life (Hopkins et al., 2019). This fracturing of family and community connections is perpetuated by the out-of-home care system which tends to exclude families and damage children's relationships further. As a result, they may lack parenting role models (Beauchamp, 2020) and stability in their lives. The implications may be far-reaching and lifelong.

4.3.1 Relationships and social isolation

Young parents, particularly those with a care experience, face enormous social barriers and isolation, resulting in a lack of connectedness or sense of community (Gill et al., 2019). This social isolation can be the result of poorly developed social skills because of childhood trauma (Whyte, 2011) making it hard to develop effective relationships. There is often limited opportunity to develop relationships due to damaged early relationships with family, community and culture, disengagement with school; difficulty in obtaining employment; being a young parent; and the high levels of mobility due to low socio-economic circumstances.

Young parents with care experience face a double stigma and can perceive a strong surveillance bias, further reducing their social interaction and engagement with services (Roy, 2017); Beauchamp, 2020). However, when a young person has the support they need, they are less likely to experience parenting stress and there is decreased potential of child abuse (Gill et al., 2019).

The Beyond 18: Longitudinal Study of Leaving Care report (Muir et al., 2019) provides important insights from young people on this topic:

> *A lack of family supports is almost a defining feature of OOHC but...*
> *practical and emotional support from carers, friends, partners or partner's*
> *families had been crucial to their ability to further their education, enter the*
> *job market or build their social and emotional wellbeing (p.42).*

The report points out that family, friends and carers are not the only important relationships in care leavers' lives. Relationships with key support workers are also important, particularly when young people have few other social supports. Showing empathy is a valued trait in a successful relationship. Workers who can not only provide practical support but be a consistent presence, providing care and treating them as an individual rather than a 'client' were highly regarded (Muir et al., 2019). Research also indicates that when fathers are involved in their children's lives in some

capacity, their children have better social adjustment, cognitive development and academic achievement (Beauchamp, 2020).

Young women in care may experience insecure attachment styles and feelings of rejection and abandonment and this can result in the perception of parenthood as an avenue for having stable relationships and unconditional love. It can also make them feel that they have a sense of choice and control. Fairhurst et al. (2015) recorded in *Baby and Me* that young mothers saw pregnancy "as a positive experience, providing young women with a chance to mature and settle down, be loved and not abandoned, and to access support services that may not have otherwise been available to them" (K. Fairhurst et al., 2015).

Mendes asserts that the outcomes for care leavers reflect the connection between two key factors: the availability of ongoing positive relationships via *social capital* through professional and informal support networks; and their individual agency or resilience (within a social context) (Mendes, 2019). Forming lasting relationships in the field of child protection can be challenging due to the high turnover of staff. It is acknowledged that this role is incredibly stressful and emotionally challenging, even resulting in secondary trauma for staff. A strategy for supporting the wellbeing of staff needs to be developed to ensure they receive the support they need to stay well and can sustain the role longer term (Lewig & McLean, 2016).

Young parenting care leavers interviewed as part of this research often discussed the challenging relationships experienced with their partners, particularly once they became parents, and practitioners noted the long-term nature of relationships between many of the young parents they work with, noting that while not always healthy, a level of support and dependency that comes from being 'all each other has' can often be observed.

> "I do think as well, with the father of my children, it has probably strengthened me, as a single mum as well, considering he was quite abusive, he was very controlling. He left, I think, a year ago now. But he wished his kids were never born, basically. His parents are probably the same, were not very supportive at all… So I do it all alone, as a parent now, with all my kids" (Parenting care leaver, 23 years old).

> "Things between me and my son's dad were really toxic, not healthy, and just, not great. But I was young and you know, I didn't really understand it at all, much, and I would just stay, not go off and do my own thing, but just stay in that situation… When I finally got away from that I started thinking more, about what's best and how to go about that. Back then I didn't engage as much as I am now, my head wasn't screwed on, it was a little bit, but not the way it should have been" (Parenting care leaver, 21 years old).

> "We noticed how many of these young people were in long-term relationships, some for two years, some for five years. It's not necessarily a healthy relationship, but they're each other's support, it's all each other has" (Practitioner, parenting program, Qld).

4.3.2 Trauma and Toxic Stress

Young parents with a care experience are particularly vulnerable to the impacts of the trauma of previous experiences of abuse and neglect and further exposure to risky situations. Hopkins et al. (2019) reported that the experience of trauma can have lifelong consequences resulting in developmental and emotional disorders including depression, intellectual impairment, educational underachievement, risky sexual behaviour and serious criminal behaviour.

A child's early experiences determine how the neural circuits responsible for managing stress are activated and controlled. Prolonged and excessive toxic stress can impact the developing brain circuits and hormonal systems in a way that leads to poorly controlled stress response systems. Parents living in poverty with lower levels of education, lower income, mental health issues, isolation and lack of access to jobs and services can generate toxic stress which has a significant impact on parenting (Australian Research Alliance for Children and Youth, 2019a, 2019b). Young parents in care may have early experiences that contribute to the development of toxic stress, and as young parents exiting care, may find themselves experiencing many of the same conditions which can then go on to cause toxic stress in their own children.

The National Scientific Council on the Developing Child (2020) describes the impacts of this trauma:

> *A child who is living in an environment with supportive relationships and consistent routines is more likely to develop well-functioning biological systems, including brain circuits, that promote positive development and lifelong health. Children who feel threatened or unsafe may develop physiological responses and coping behaviours that are attuned to the harsh conditions they are experiencing at the time, at the long-term expense of physical and mental wellbeing, self-regulation, and effective learning. Policymakers, leaders of human services systems, intervention developers, and practitioners can all use this knowledge to create innovative solutions to reduce preventable diseases and premature deaths and lower the high costs of health care for chronic illnesses (p.1).*

Therefore, the environments created, and the experiences provided for young children and their families affect not just the developing brain, but also many other physiological systems, including cardiovascular function, immune responsiveness, and metabolic regulation. All of these systems are responsible for lifelong health and wellbeing (Senate Community Affairs References Committee, 2015).

Exposure to childhood abuse and maltreatment, particularly sexual abuse, is a risk factor for early parenting (Whyte, 2011). These factors, combined with a limited understanding of relationships and sexuality, can also lead to increased sexual risk taking (Fairhurst, 2015) resulting in higher rates of teenage pregnancy (Boustani et al., 2017).

High quality care is essential to overcome the damaging pre-care experiences of abuse and neglect. This involves providing stability and continuity of placements, felt security in care in terms of being loved and belonging and a positive sense of identity. This feeling of felt security can also mitigate the incidence of early pregnancy (Mendes, 2009).

These findings highlight the importance of practitioners, child protection workers, carers and others involved in the child protection system having the appropriate levels of training in practices that are trauma-informed, culturally safe and responsive, and inclusive.

> "I've worked with women who have been through the system as young people in various degrees. [What is needed when working with this cohort is…] having a trauma-informed approach in terms of understanding where people are coming from, not taking anything personally, transparency, and allowing time to build a relationship. If someone doesn't return our call, that's not the end of our contact. One of the things our service does really well, is that once you've had contact with us, you're always a client" (Service provider, ACT).

4.3.3 Transitioning from care and providing a loving and safe environment for children

On transitioning from care the expectation is that at 18 years (or younger), a young person can live independently and fulfil the obligations of an adult (Fairhurst et al., 2015) without the support structures of other 18-year-olds. Young care leavers face the real risk of homelessness, low income, isolation and drug and alcohol problems (Senate Community Affairs References Committee, 2015).

When pregnant or parenting mothers leave care, they are faced with the added challenge of not having the emotional support structures and parenting skills to provide a safe environment for their own children, and experience increased social isolation (Mendes & Purtell, 2017).

These changed living arrangements and young age of the mother can often lead to family violence (Mendes & Purtell, 2017) with studies finding that in the general population, teenage parents and their children are at greater risk of harm, with higher rates of domestic and family violence (Price-Robertson, 2010).

4.3.4 Valued, Loved, and Safe: Summary of Needs

- **Social support structures** and support to develop strong and stable relationships and connections to community. Supports that act as a substitute parent to help navigate the care and health systems. These are critical for ensuring positive outcomes among young parents and their children. Including fathers as part of this social support (where appropriate).

- **High quality, stable placement during OOHC** is essential to overcome the damaging pre-care experiences of abuse and neglect, and to help mitigate the incidence of early parenting. This includes providing 'felt security' in care, in terms of being loved and belonging, and having a positive sense of identity.

- **Therapeutic interventions** during the care experience to mitigate some of the experiences of pre-care and ongoing trauma.

- **Parenting Support Programs** that engage with the young person when they become pregnant and support them to engage with services, create networks with other young parents, learn about parenting and to successfully transition from care to independence.

- **Support to maintain relationships with family** whilst still in care, during the transition from care, and/or supporting the re-establishment after leaving care.

4.4   Nest Domain: *Material Basics*

Children and young people who have material basics have access to the things they need to live a 'normal' life. They live in adequate, suitable and stable housing, with sufficient access to income, adequate clothing, healthy food, toys, technology, transport (Department of Communities Tasmania, 2018) and the materials they need to participate in education and training pathways.

Children and young people in care often miss out on these material basics and this can become more acute once they leave care. During care they may experience unstable housing and care giving and once they leave care, they may have difficulty accessing appropriate and stable housing, sufficient income and transport. Many care leavers struggle to meet their basic needs of food and shelter and financial stress, undermining their wellbeing (Whyte, 2011). As a parenting care leaver, the added needs of the child may be difficult to meet.

A young person's experience in care can be directly correlated with their post care outcomes. Whyte (2011) summarised many of the issues relating to care stability and post care outcomes for young people in the *Just Beginnings* leaving care report. The report found that the instability within care can lead to school changes, carer changes, changes in carer expectations and changes in case workers. This impacts on attachment and overall emotional stability and wellbeing. In some of the studies reviewed in the report, it found that adolescent children placed in care often had far more placement changes, compared with younger children; and the longer a young person is in care, the more placements they will experience. The report also states:

> *"There are clear correlations between multiple placement moves – defined as three moves over the period in care – and poor outcomes across a range of indicators including poor educational attainment, relationships violence, incarceration, early pregnancy and parenting, identity formation, housing stability, homelessness, family contact, limited support networks and leaving care outcomes"* (p.22).

Unfortunately for young parents, becoming pregnant can be a trigger for placement instability and this instability is compounded by a lack of available placements during and post pregnancy (Fairhurst, 2015).

Transition from OOHC provides a key opportunity to improve outcomes for young people (ACT Government Community Services Directorate, 2018). Young people leaving care need ongoing support or interdependence, rather than the focus on independence (Mendes, 2019). Often, they are transitioning to independence much younger and with less support than their peers (Whyte, 2011). Care leavers and young parents experience significant challenges transitioning from OOHC to independent living, and often become entrenched in a cycle of unstable housing, unemployment, and chronic poverty (ibid). Many young people have high rates of housing mobility and find themselves experiencing homelessness within 12 months of leaving care (Muir et al., 2019).

The additional burdens of managing post-placement arrangements while fulfilling parenting responsibilities presents an incredibly challenging scenario. However, a young parent leaving care,

when supported with adequate financial support, can overcome obstacles to be an effective parent (Mendes, 2009).

4.4.1 Housing – Access, Stability and Affordability

Stable and secure housing is central to the needs of young parents and their children (Mendes & Purtell, 2017; Beauchamp, 2020) and assists in addressing other issues they may experience (Australian Human Rights Commission, 2017). However, finding suitable, stable and affordable accommodation can be a significant problem for young parents, both when they exit care (Gill et al., 2019) and before leaving care. The 2017 Australian Human Rights Commission Report states that often there is nowhere for young mothers in OOHC to go while they are still officially in care and it can be difficult to find foster carers who will take both the young parents and their child. Removal of a baby can also create homelessness for young parents and be a barrier for reunification (Hinton, 2018).

Whyte (2011) found a strong correlation between the number of placements in care with the level of mobility post care, stating that homelessness is endemic and that care leavers experience extremely high levels of mobility (Whyte, 2011).

> *The difficulty of accessing private rental with a young child and no rental record was consistently raised. Young parents stressed the importance of services which provide temporary accommodation, and which assist them to build up a rental history and/or act as lead tenants. Many young people said there needed to be more housing that is cheap for young families (Australian Human Rights Commission, 2017, p.15).*

The Australian Human Rights Commission (2017) stated that most young parents they heard from had moved several times since becoming pregnant and many were on waiting lists for public or community housing. Almost one-quarter (23.6%) had been homeless and over a third (35.3%) said that they fell pregnant when they were homeless (Australian Human Rights Commission, 2017). They also found that public housing and refuges were unsafe for them and their children and were often located at a distance from services and family members, and had limited public transport (Australian Human Rights Commission, 2017).

In our consultations with young parenting care leavers, stable housing was often cited as the most important, and yet, most challenging material basic to secure.

> *"At the moment I live in a two-bedroom unit with my son. It's a transitional house but it's pretty good. I went through a stage where I was homeless and had to stay in refuges, and stuff like that. So, this house is still classified as homelessness but my worker from the Salvation Army, she was the one who helped me get into where I am now, and she's going to help me get out of it into somewhere better, like a home or something bigger, I guess. … The big one is with housing. You need to have a safe place for you and your son, and for me it was hard. We'd go to the [service for young people experiencing homelessness] and we'd be waiting there all day, or however many hours it was, and house hopping, because I was in*

hotels a few times with my son when I went there. Like I don't want to be in a refuge with my son, cos that's just, you're there with other people, but you don't know whatever issues they have, and it's just not exactly the best. ... Having a house can change your life for the better. Finally, me and my son are back together, it's like our kingdom, it's big enough for the two of us. It's a safe spot as well" (Young parenting care leaver, 21 years old).

Homeless young parents face multiple social disadvantages including financial instability, poor training and employment opportunities and outcomes; poor physical and mental health; social isolation; and lack of independent living skills. According to the Australian Human Rights Commission (2017):

"There are few programs for homeless young couples and there is insufficient emergency and ongoing housing support for young parents. Some participants at the roundtables advised us that there is often nowhere for young mothers in out of home care and their babies to go while they are still officially in care, as it is difficult to find foster carers who will take both the young parent and their child. Consequently, access to safe, secure and affordable housing is a critical factor in providing effective services to young parents with vulnerable children" (p.9).

4.4.2 Income and employment

Poverty is a significant risk for care leavers, with financial stress for some beginning whilst still living in OOHC where access to pocket money and employment can be difficult due to an instability of placement, and high mobility (Fairhurst et al., 2015). The Longitudinal study on Leaving Care in Victoria (2019) reinforced this point with participants indicating they had low incomes and high levels of financial stress after leaving care (Muir et al., 2019). The literature highlights that living with income instability can lead to poor decision making such as exposing oneself to sexual exploitation (Mendes & Purtell, 2017).

Young parents with an OOHC experience are often on low incomes and being a parent can limit the ability to obtain full-time employment. This can then lead to ongoing reliance on income support (Muir et al., 2019) thereby perpetuating a cycle of disadvantage (Beauchamp, 2020). This disadvantage compounds the risks of poor parenting, resulting in child maltreatment (Gill et al., 2019).

Financial support and a place to live could give care leavers the security to pursue other life goals such as education or employment. This was especially evident in participant discussions of pursuing further study and how this had been enabled by staying with family or carers (Muir et al., 2019).

Practitioners and foster carers in Gill et al. (2019) identified employment training as one of the two most important needs for young parents with a care experience, with the second being education (Gill et al., 2019).

When a young parent goes on to have a child removed, it impacts the young parent's financial situation:

"The moment we have our kids taken away, we lose all of our parenting allowances from Centrelink, we are in a state of shock, despair and grief, we cannot function properly at work and our income goes down to very minimal" (Senate Community Affairs References Committee, 2015, p. 150).

4.4.3 Transport

Transport accessibility is a significant need for young parents, particularly once they have transitioned out of care and are living independently. Transport was raised in most of the literature referring to young parents or young people transitioning out of care. The Human Rights Commission (2017) summarised the key points:

Transport is fundamental to young parents' access to services and support. Without a reliable form of transport, young parents face practical difficulties in getting to work, attending school or other education settings, and accessing health and care services. Transport challenges for young parents include: difficulties gaining a driver's licence, completing the number of required supervised driving hours, access to a car or someone to supervise, expensive bus fares, poor treatment by bus drivers, narrow and poorly maintained footpaths preventing pram access, the cost of petrol. Programs should support young parents to gain their driver's licence or provide alternative transport to enable access to services, early childhood education and care services or employment (p.8).

4.4.4 Material Basics: Summary of Needs

- Increased support to access **stable, affordable, safe** and **secure housing** that is appropriate for young parents and their children.
- Provision of targeted **transition plans** that incorporate individual needs, supports and goals, and are completed with the young person engaged in the decision-making process.
- Support to access relevant **income support** and/or **employment or education pathways,** to help reduce the dependency on income support in the long-term.
- Support for young parents to gain their **drivers' licence.**
- Programs that offer holistic **residential care** or **stable housing** for pregnant or parenting care leavers as they transition to independence.
- Programs that support young parents with **basic life skills support** (e.g. managing money, time, healthcare, etc).

4.5   Nest Domain: *Learning*

Learning is a continuous process throughout life. Children and young people learn through a variety of formal and informal experiences within the classroom and more broadly in their home and in the community. Children and young people who are learning participate in and experience education that enables them to reach their full potential and maximise their life opportunities.

4.5.1 Educational attainment

Young people in care miss out on many positive learning opportunities due to their pre, during and post care experiences. Their needs are unique and complex and extend from requiring support to remain engaged in formal education to learning basic life skills that can assist with a successful transition to independent living. They also need education about forming healthy relationships, safe sexual practices and the realities of parenting. Additionally, for young parents, their learning needs extend to include parenting skills.

Practitioners and foster carers in Gill et al. (2019) identified education as one of two (the second being employment training) of the most important needs for young parents with a care experience (Gill et al., 2019).

> "Education is critical for breaking the cycle of poverty and welfare dependency and increasing the chances of new young parents becoming economically secure. In particular, education is a pathway to improved employment opportunities and outcomes" (Australian Human Rights Commission, 2017, p. 8).

For the majority of young people who have come through the care system, they are already behind the standard of educational attainment in primary school, with particular deficits in literacy and numeracy (Fairhurst et al. 2015). Engagement in high school may become even more difficult and combined with instability of placement and multiple school experiences, this can lead to complete disengagement from school (Whyte, 2011).

Research shows that the impact of pre-care trauma on neurological development can result in intellectual impairment and educational underachievement (Hopkins et al., 2019). *The Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health: Deeply Intertwined Working Paper* (National Scientific Council on the Developing Child, 2020) states that:

> …a child who is living in an environment with supportive relationships and consistent routines is more likely to develop well-functioning biological systems, including brain circuits, that promote positive development and lifelong health. Children who feel threatened or unsafe may develop physiological responses and coping behaviours that are attuned to the harsh conditions they are experiencing at the time, at the long-term expense of physical and mental well-being, self-regulation, and effective learning (National Scientific Council on the Developing Child, 2020).

Lack of engagement in education is a risk factor for early parenting and contributes to few mothers completing high school (Beauchamp, 2020). For young mothers who do attend when pregnant (or with their child), inflexible school policies, lack of affordable childcare and bullying create further barriers to continuing education (Beauchamp, 2020).

Young parents who remained engaged in school during pregnancy or post-birth stated that being pregnant at school was challenging because "others judged them, gossiped about them, pried into their affairs or stared at them" (Australian Human Rights Commission, 2017). Many said they were bullied. Other difficulties reported were being sick while trying to study, being tired all the time,

being unable to concentrate, finding it an effort to get dressed, and difficulties getting around the school and being on public transport" (Australian Human Rights Commission, 2017).

For those attending school, key themes which made staying at school easier included flexibility to feed their babies, go to appointments and with exams and homework. Having a creche on site, or support to find a creche, school home visits, and making physical access in the school more available for things like strollers, and the provision of larger uniforms when they were pregnant were also identified as key (Australian Human Rights Commission, 2017).

The Children's Rights Report (2017) identified 'competing drivers' to fitting into mainstream education, including housing, employment and parenting (Australian Human Rights Commission, 2017). Beauchamp's (2020) research found that if a young mother does not return to school within six months, it is likely she will go on to have another child within 2 years (Beauchamp, 2020).

Of course, the ability to return to school or complete further or higher education relies on the appropriate supports and structures being in place to enable young parents to do so. Nationally consistent support for care leavers to access learning opportunities is a key lever mentioned in a letter to the Federal Minister for Families and Social Services, outlining the key changes needed to improve the child protection system (Keevers, 2021):

> *"Young people may want to work part-time and also study but are finding the tuition costs to be the prominent factor that decides if they are able to proceed. For something as important as education, I feel there needs to be more after care support for the young people that are motivated to better their future and be able to support themselves financially. In the ACT I have yet to come across any education providers, let alone universities which offer rebates, scholarships or otherwise, specific for care leavers, despite other states, such as NSW having much welcomed assistance. The ability to further your education and stay out of poverty should be a no brainer in terms of having appropriate supports for young people who have already been disadvantaged enough in life" (Shelley Keevers, parenting care leaver, youth ambassador, The CREATE Foundation & Anglicare NSW South, NSW West & ACT).*

4.5.2 Sexual health education

Young people in care are more likely to have underdeveloped skills in navigating relationships and responding to peer pressure, be emotionally vulnerable, and lack access to sexual health education, contraception (Gill et al., 2019) and family planning resources (Whyte, 2011). Disengaging from high school can often mean they miss out on sexual education.

A report by the South Australian Commissioner for Children and Young People found that due to extended absences from school and class exclusions, some groups of children and young people miss out on relationship and sexual health education altogether. These groups include students who are being excluded, students with disability, those who are in OOHC, and those who identify as Aboriginal and Torres Strait Islander. The report therefore recommends ensuring that "young people who are vulnerable to missing out on school based relationship and sexual health education are

supported through community-based programs that are provided in either residential care, flexible learning options centres, disability school leaver support programs, regional community health centres and in youth justice" (Connolly, 2021).

Practitioners interviewed in Gill et al. (2019) believed that a major cause of early parenting was insufficient sexual health knowledge. This was reinforced by practitioners in Baby and Me (Fairhurst et al., 2015) who reported that often the onus for this education was placed on the carer to deliver but felt that it was not always occurring due to moral opposition or uncertainty (Gill et al., 2019). Training of carers was recommended to ensure they provide crucial information to young people (Mendes & Purtell, 2017).

A number of Australian and international papers suggest that additional sexual education should be offered to all young people in OOHC (Mendes & Purtell, 2017). Some research from the United States noted that young people in care have a greater need for sexual health information and that usual sexual health programs are not sufficient to meet this need (Boustani et al., 2015).

Most programs are based on the assumption that young people do not want to become parents, which for many young people in care is not the case. The research found that multiple placements, insecure attachment styles and the impacts from pre-care abuse and neglect often led young women to want to become a parent. They saw it as a way to improve their circumstances by providing stability in a relationship and unconditional love. It also gave a sense of control and healing from previous traumas (Fairhurst et al., 2015). Sexual education needed to acknowledge these desires, but include realistic information about the experience, costs, and benefits of having a baby (Boustani et al., 2015).

When a young person in care chooses to become a parent, they often have greater needs with regards to pregnancy and parenting support. Young parents said they would welcome support to parent their children (Rubenstein, 2020). Mendes et al (2017) recommended parent support programs that were non-judgemental and were for mothers and fathers. The learning should be broad and across most life domains including finances, purchasing provisions for the baby/child, pre-natal classes, birth information, parenting skills, housing, social inclusion, advice on breastfeeding and re-engaging with family (Mendes & Purtell, 2017). Practitioners in the Gill et al. (2019) paper reinforced the importance of this life skills focus to training, adding time management, communication, conflict resolution, budgeting, shopping, using public transport, child development, emotional sensitivity and discipline (Gill et al., 2019).

4.5.3 Learning: Summary of Needs

- **Sexual health education** and **access to contraceptives**, with programs delivered during the care placement and specifically designed for young people in OOHC.

- Support to **remain engaged in schooling** during pregnancy or to re-engage soon after the birth of the baby, by providing specialised programs and on-site **childcare.**

- Provision of **culturally appropriate, non-judgemental parenting education** and **support.**

- A more **gradual and adaptable transition from care**, based on developmental readiness.

- Assistance with developing resilience and independence during and after care, including access to specialised services and **vocational education** and **life skill development.**

4.6   Nest Domain: *Healthy*

Healthy children and young people have their physical, developmental, psychosocial and mental health needs met. They achieve their optimal developmental trajectories. They have access to services to support their growth and development and have access to preventative measures to redress any emerging health or developmental concerns (Australian Research Alliance for Children and Youth, 2020). This includes supports they need to recover from trauma (Department of Communities Tasmania, 2018).

4.6.1   Pre- and post-natal health

Young mothers can experience anaemia, hypertension and are more likely to smoke during pregnancy and may have poor nutrition (Fairhurst et al., 2015). Young parents, like their OOHC counterparts, face the challenge of meeting their own developmental needs at a time of significant growth, but also the needs of their children (Price-Robertson, 2010). Outcomes for a baby born to a young mother can also be poor. They are more likely to be born prematurely or with a low birth weight and have an increased risk of morbidity during their first year of life. They also have higher rates of Sudden and Unexpected Death of Infants (SUDI) (Australian Human Rights Commission, 2017; Boustani, 2017). Premature birth and low birth weight can lead to poor cognitive development and behavioural problems (Australian Institute of Health and Welfare, 2018).

In rural areas, young mothers have limited access to family planning, sexual and general health services and greater concerns about confidentiality, challenges in being able to discuss sensitive health issues, and costs, which present barriers to using and purchasing contraception (Australian Human Rights Commission, 2017).

A barrier to accessing health services for many young pregnant and parenting women is a real or perceived lack of respect from medical professionals, and a deep fear and mistrust of services. As such, practitioners working with this cohort require specific training on the needs of young parenting women and the issues of significance to them, such as trauma, trust, fear, adolescent brain development, and desires to stay with partners when family violence may be present.

To help ensure that young parenting care leavers can be linked into early, consistent, and ongoing support, services must be safe, welcoming and accessible pre- and postnatally, offering parenting skills and respectful relationships education. Services must be trauma & healing-informed, as well as culturally safe and inclusive.

> *"There are absolutely unique needs [to this cohort]; probably the biggest thing we notice is an incredible lack of trust; a history of trauma that prevents them from accessing safety and support. Because of possibly bad experiences there's a fear of the system, a fear of what might happen, and a fear of being vulnerable and saying, 'I might need support in this space' because their experience of that historically might be 'that didn't go down so well for my mum'"* (Practitioner, parenting program, ACT).

> *"They need to trust, and these young women have got a huge history of mistrusting government organisations, any kind of authority, their experiences are quite negative. We sometimes find it quite difficult to do that initial engagement with the young person. We're quite proactive with our initial interactions with these families. Once we can meet them and help build their trust, a lot of what we do in pregnancy is, although we see the women here, at their home, at Maccas, or wherever they want to be, throughout their pregnancy we take them to the hospital. We introduce them to my colleagues, we introduce them to help them build trust, so when they do come up to the hospital, they feel safe. And we hope that long term that will help them to build a trust in their health care system, that they know is not going to judge them, and will work with them into the future. So, trust is a huge part"* (Practitioner, parenting program, Qld).

Several young parents recalled not being willing to engage with services for fear of losing their independence or their baby; of not being ready to accept support. Our consultations also highlighted the need for services to be ready to 'hit the ground running' when a young parenting care leaver is ready to engage, and to meet that woman where she is at.

> *"We try to work together to meet these women where they're at, at the time, and be able to look at it from both points of view, because what I might think is a concern that a woman is 39 weeks and had no antenatal care; that woman actually may have nowhere to sleep that night. So, what I think is important may not necessarily be what is for that woman"* (Practitioner, parenting program, Qld).

> *"Back then I didn't want support, I didn't think I needed support, type thing. After a while, when my son was a bit older that's when I started realising I needed help with a lot of things, like housing, working out Centrelink, counselling even, my son's development and growth, questions. Stuff like that. When he was younger, I don't know"* (Young parenting care leaver, 21 years old).

> *"I think from the hospital-side of things, yes, I was referred to [post-natal program] and all that, but I think at the time I was quite stubborn. I said 'Look, I'd rather raise my child'. I'm not the type of person who likes to talk to other people about my problems. I felt like I was more content being at home being a mum, than going out, you know what I mean?"* (Young parenting care leaver, 23 years old).

4.6.2   Mental health

Young people exiting care have been found to experience significant health problems (Mendes, 2009) with indications that over 50% experience depression, substance abuse and post- traumatic

stress symptoms (Fairhurst et al., 2015). Young parents also experience lower levels of health, and outcomes for their baby's health can also be poor. Becoming a young parent exacerbates the high health needs of young people from care (Rogers, 2017).

Post-natal depression is much more prevalent in young parents and this can increase risk of suicide (Price-Robertson, 2010).

The research strongly highlights that families at risk often have multiple risk factors including parental mental health issues, and that improved access to targeted and specialised mental health services tailored to young people in the care system are required as a protective factor to mitigate experiences of pre-care and ongoing trauma.

> *"The sooner kids get into support systems, like Anglicare, Team Health, the better. Counselling, anything to do with counselling, the sooner the better, and I mean as soon as they turn 13 years old. I think a lot of kids suffer through mental health problems because of certain carers as well. I don't think a lot of kids in care get to have their voices heard at all. And I think that's how I felt for the last 10 years. But I wasn't able to open up and tell how I felt about the system. I guess when you guys called and asked me to do this interview, I thought gosh this is my opportunity to shine, and in person to tell them how I felt about the system and how I grew up. If I was the PM, or someone higher like the Queen, the first thing I would put in place, is to make the care system better. Safer situations, more options, someone to turn to when they can't turn to their carer or parent"*
> *(Parenting care leaver, 23 years old).*

4.6.3 Healthy: Summary of Needs

- **Support Programs** that engage mothers during early pregnancy, providing consistent support to **access pre-natal and post-natal care,** and access to maternal and child health practitioners.

- **Parenting Programs** for pregnant or parenting young people that cover infant and child health and developmental needs.

- **Therapeutic programs** during care to mitigate impacts of pre-care experiences on mental health of young people with care experience.

- Access to targeted, age appropriate, specialised **mental health support.**

- Access to **consistent health care.**

4.7   Nest Domain: *Participating*

Participating includes contributing and engaging in activities and involvement with peers and the community, being able to have a voice and say on matters and, increasingly, access to technology for social connections. In practice, participating means children and young people are supported in expressing their views, their views are taken into account, and they are involved in decision-making processes that affect them.

4.7.1 Social participation

The cumulative effects of instability of placements, disengagement from school and losing friends can lead to decreased social supports for young parenting care leavers. This, combined with surveillance bias from services can lead to decreased access to health and family services, participating in community activities that support their own wellbeing and that of their children (including social and parenting groups and childcare).

As noted earlier, young parents, particularly those with a care experience, face enormous social barriers and isolation, resulting in a lack of connectedness or sense of community (Gill et al., 2019), and a recurring theme in the literature is parents' experience of social isolation (Mendes & Purtell, 2017). In canvasing the views of young parenting care leavers, the women we consulted discussed their fears of leaving the house, of being judged, a reluctance to take their baby out to do various activities, as well as feeling out of step with their peers.

> "My social circle is nothing. I did have a few friends, quite a big circle, but along with my anxiety I got agoraphobia. I couldn't go outside my house. I couldn't go to the mailbox; I could not do nothing. [Partner's name] actually saved me from that. When I met him, he would come over and get me to go outside, and say its ok, and just hold my hand. I lost a lot of friends, cos I couldn't go out. I isolated myself. I don't think they understood a 13/14-year-old saying she had anxiety. So the social circle's quite small" (Parenting care leaver, 23 years old).

Young parents also reported feelings of isolation in the Human Rights Commission Report (2017):

> "Young mothers feel overwhelmed and isolated because of the stereotypes that are held by friends, family and the public. Young mothers described feeling guilty when choosing to balance their personal time with the time spent with their children. Young parents said they feel isolated and excluded from activities with their friends simply because they are a young parent" (p.12).

Young parenting care leavers may also be at risk of isolation once they lose the social structure of school. An interview with a flexible learning setting highlighted the valuable opportunity it provided young parents to develop their social networks, particularly for those missing strong connections due to disrupted care experiences.

> "Almost all the kids come to us because they've decided they want to give their children an opportunity they feel they may not have had… We don't see [repeat pregnancies/ recurrent removals] happening, and maybe that's because we have so many young women here – mostly women but also a few young dads here – who discuss life as a young parent. They're very open and honest about their struggles, and they turn each other off the idea of instantly having another one. Even the ones who are trying to have a child returned to their care, the focus is more on the restoration process

than trying to fall pregnant again. It's not that it doesn't happen, but it doesn't happen as often as it might elsewhere. They're satisfied with the one or possibly two children they have, and they have no intention of expanding their family until they already have brought themselves to where they want to be. And I think that's because of the level of discussion the kids have here. Yes, it's a school, but it's not about sitting in a classroom, it's much more about the social contact and the belonging, and the learning and the sharing of stories… Without that I think that maybe we would have a bigger problem" (Educator, flexible learning program, ACT).

4.7.2 Participation in decision making

Participation in decision making is a particularly important area of wellbeing for young parents with a care experience as they often have less agency over their lives and little participation in decision making about their own and their children's lives. Increased opportunity for participation in the decisions affecting them is the leading request in a letter to the Federal Minister for Families and Social Services, outlining the key changes needed to improve the child protection system (Keevers, 2021).

"Firstly, I had previously mentioned that public participation for government organisations and the importance of this to further engage and consult with members of our community, specifically whom have a care experience. Promoting case workers to have a continuous and stable level of case management processes and to ensure that they make decisions with our children and young people as much as possible and discontinue the professional practice of making decisions without consultation. I think that breaking down stigma and creating more participation would also assist with families who have non-voluntary interactions with child protective services to want to engage more, and the outcomes would be more positive for all involved" (Shelley Keevers, parenting care leaver, youth ambassador, The CREATE Foundation & Anglicare NSW South, NSW West & ACT).

The strengthening of opportunities for care leavers to have their voices, experiences and expertise included and incorporated in government decision-making processes was one of the requests also mentioned in the letter above, as follows:

"Secondly, after much thought, it would be fantastic to have government organisations make further opportunities for community members, which have had a care experience, to have more opportunity to advocate and advise on a ministerial level, on behalf of other children and young people. Something myself and many others from The Create Foundation would love to see, would be more local and Federal ministers directly consulting. More opportunities for this could come in the form of a positions on committees, panels, boards and via consultations" (Shelley Keevers, parenting care

leaver, youth ambassador, The CREATE Foundation & Anglicare NSW South, NSW West & ACT).

The Benevolent Society has acknowledged the importance of participation of young parenting care leavers in the co-design and implementation of a new program to provide parenting support to vulnerable young parents who have been in out of home care. Run in partnership with Philanthropy Australia, this program has been funded by the participants of the [Paul Ramsay Foundation's Creating Partnerships for Potential – Peer to Peer](#) program.[7]

4.7.3 Peer support and advocacy

Hinton (2018) highlights the challenges parents face in navigating the system of child protection and the sense of powerlessness parents feel. A significant challenge raised by parents in Tasmania is their "ability to participate in decision-making about their family and the disconnect between the intent of the legislation, practice realities and the resulting experience for families who intersect with the system" (Hinton, 2018). An implication of this may be the need for advocacy services to help young parents participate in their own lives, their children's lives and in child protection processes (Davis, 2019).

Peer support and advocacy has a growing evidence base in child protection and is aimed at participation. Peer support and advocacy in child protection emerged as a standout initiative in a Churchill Fellowship awarded in 2016, to explore family inclusive initiatives in the international context (Cocks, 2018). Several organisations in Australia – the Family Inclusion Network in SE Qld (FIN SEQ) and Family Inclusion Strategies in the Hunter (FISH) – are currently leading the way in terms of paid advocacy and peer support opportunities. These roles provide a voice for parents with experience of the child protection system, thus bringing valuable lived experience to decision-making processes.

The importance of engaging these voices and lived experience was highlighted in June 2021, at an [annual forum for parents](#) who have experienced the child protection system (Family Inclusion Network SEQ (FIN SEQ), 2021). At this forum, young parent, Maddison Henaway discussed her work as a "systems advocate" and member of the Queensland Parent Advisory Committee (QPAC)[8];

> *"I know that any single one of us can fall victim to these broken systems at any point, and that everybody deserves the right to be heard, and understood, and acknowledged; not to be told that your*

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[7] Information provided by Karen Verrier, Principal Practitioner, Practice and Impact Management Team, The Benevolent Society.

[8] The Queensland Parenting Advisory Committee (QPAC) was established in 2019 and is run by the Family Inclusion Network of SE Qld, in collaboration with the Qld Dept of Child Safety, Youth and Women. The QPAC is comprised of parents and family with lived experience of the of the child protection and family support system. QPAC meets regularly with the Minister for Child Safety and the Director General of the Department to help ensure the voices of parents and family in Qld are being heard at the policy level.

story is wrong. People's truths, there's value in that, and that we can learn from that on a systemic level.

Every time I have a conversation with a parent I'm thinking about how I can link issues back to the five solutions that the Queensland Parent Advisory Committee has put together; whether it's intensive, trauma-informed training or paid parent advocates, a range of things I'm always trying to link it back to so that when I go into a meeting with somebody who's quite influential, who can change these things tomorrow, or next week, or we can work towards changing it, I can elevate those stories and those truths, and really honour what parents have struggled through, so we can change the future for everybody.

One of the parents on the QPAC once said that 'we're planting a seed for a tree that we may never sit underneath.' I find it so humbling that I can be a part of a process on a systems-level where we shift a culture around parents and around interacting with the child protection system. And to say that its solely the child protection system would be an injustice to what parents have gone through. It's not just DoCS or whatever it's called in your state, its housing – its parents having to wait months to years to move, for a transfer for housing to be closer to their community and supporter, to be close to their children; it's health; it's education; it's police, the criminal justice system; it's everything, all together.

You can't take a siloed approach. And I think the real beauty and value in system advocacy is being able to identify that, but also speaking with parents, and being able to link parents up where systems need the voices of parents. Because they're stakeholders in this, and it should be a system that's built to support people in hard times, not to penalise them and judge them. We don't really see that in any other sector, but for some reason it happens with parents. It's the hardest job in the world when you have the most resources; it's even harder when you don't have any resources whatsoever.

I think we need to put a lot more value into parent advocates, and people need to be paid for their time and their expertise. That's how we can show the value on that. Parent advocates working alongside family support workers, to offer that wraparound of expertise, 'I

understand what you're going through, I've been through this, I get it'. The tacit knowledge and the book smarts. What we've been through you cannot learn out of any book. We have a great opportunity to work collaboratively – parents, social workers, government – to work towards a better future for all our kids." (Maddison Henaway, young parent, systems advocate, QPAC member)*(Family Inclusion Network SEQ (FIN SEQ), 2021).*

Research indicates that family inclusion innovations are needed to empower parents and families to participate in the processes that profoundly affect them and their children (Cocks et al., 2021). Parents often face enormous challenges in court, legal and other child protection processes and a trial of a parent peer support project had positive outcomes although also highlighted an enormous need for improved and increased support and advocacy that could not be met by the project alone (Cocks et al., 2021). The role of parent advocates was discussed at the parent forum (see above) (Family Inclusion Network SEQ (FIN SEQ), 2021), with paid peer support roles having a positive impact on parents involved in child protection court proceedings:

"At court, parents were left alone, with nobody, no support. Not understanding the language at court, not understanding what's happening. We've been able to get some parents in the court waiting rooms, just to support parents throughout the day, the child protection days. We're not lawyers, we're not DCJ workers. We're simply another parent there, supporting and listening to parents, helping to navigate the system where we can… When we help the parent, we help the children, because without the family being ok, the children are never going to be ok, fully" (Felicity Kime, parent peer support worker with Family Inclusion Strategies in the Hunter (FISH).

4.7.4 Participating: Summary of Needs

- Provision of targeted **transition plans** that incorporate individual needs, supports and goals, and are completed with the young person engaged in the decision-making process.

- **Participation in the design** of programs that support them.

- Availability of **mentors or advocates**, extended support from carers, recognition and strengthening of family support and case workers or after care support workers to help young parents engage effectively with services or to help those engaged in the child protection system navigate it (including legal advocacy).

- Provision of **childcare** to allow young parents to attend school, engage in employment, participate in community activities that keep them connected.

4.8   Nest Domain: *Positive Sense of Identity and Culture*

Children and young people feel a sense of belonging where they live, as well as with their family of origin. They understand their history and are able to develop a positive identity and know who they are. They can maintain family and cultural connections (Department of Communities Tasmania, 2018; Mendes & Purtell, 2017). They feel included in the community and society and have a connection to their cultural group.

ARACY's Practice Paper (2020) noted the importance of the development of a positive sense of identity and culture by ages and stages, stating "contextual factors and potential risk & protective factors may assist young children and young people to create and maintain positive self-worth and social connectedness outcomes". These include:

- early and effective treatment for trauma and loss

- exposure and access to positive role models and mentors

- facilitating a variety of social connections via meaningful participation with communities (based on family, school/education, friends/peers, religion, hobbies/interests, and/or civic engagement)

- facilitating aspirations and goals

- ensuring healthy attachments to primary care-givers (Australian Research Alliance for Children and Youth, 2020).

Young people in care are particularly vulnerable to a loss of identity and culture and this can go on to contribute to poor outcomes during and post care. The impact for Indigenous and culturally and linguistically diverse young people can be even greater (see next section). Children and young people need to understand their history, why they have been removed from their family and placed in OOHC, and to maintain connection with family and culture (Whyte, 2011).

The nature of a young person's care experience can also contribute to the erosion of a sense of self. Stability and continuity of care and felt security, in terms of being loved and belonging (Mendes, 2009), access to personal documents such as birth certificates, and contact with family can help to mitigate these feelings. Life story personal journals and records, whether as a therapeutic support or as a simple record of a child's life and history, can support children and young people in care to develop a positive sense of identity (Hammond, Young, & Duddy, 2020).

However, for young parents, this loss of identity can be a reason for their decision to become a parent. Mendes (2009) reported that "Parenthood gave them a new sense of stability, maturity and purpose and a feeling of adult status and identity that they previously lacked" (Mendes, 2009). Some young parents who were surveyed in the Australian Human Rights Commission report (2017) stated that becoming a parent had changed their life for the better. They had positive aspirations for their children to have a better life than them and to have the best opportunities to succeed in life (Australian Human Rights Commission, 2017).

> *"I was 17 when I found out, and I remember thinking 'hold on, I haven't
> had a visit for a long time'. And I needed to take a test and then I went
> and told mum straight away, and my aunty, and I was so happy; like I was
> scared, but so happy because I always wanted a child. I was a child having*

a child, but always wanted a child. I knew I was always meant to be a mum" (Parenting care leaver, 23 years old).

A significant impact on a young person's identity is that they can face a double burden of stigma, as a young parent and as a young person in care (Beauchamp, 2020). Many young parents reported that this was a common experience that occurred in mothers' groups, at school, shopping centres, Centrelink, on public transport, with medical services and sometimes with their own family (Australian Human Rights Commission, 2017). This stigma can impact a young person's ability to feel a sense of belonging and connection with their community, contribute to feelings of self-doubt and lack of confidence in parenting skills, and inhibit access to social networks and services (Australian Human Rights Commission, 2017; Eastmen et al., 2019). This last point is particularly significant because accessing support through services is important in mitigating poor outcomes for the parent and child.

A less considered but significant threat to identity occurs when a child is removed. All parents interviewed in Hinton's (2018) research described themselves as having an ongoing and central role as parents of their children in care. They described experiencing this fundamental parenting identity as contested and "under threat". Parents found their parenting role extremely challenging and faced great obstacles in both improving and maintaining their parental role when children were in care. This loss of parental identity may be a contributing factor to the increased likelihood of rapid subsequent pregnancy (Hinton, 2018).

4.8.1 Positive Sense of Identity and Culture: Summary of Needs

- Provision of **culturally appropriate services** for Aboriginal and Torres Strait Islander or culturally and linguistically diverse young people.

- Provision of **cultural plans** that are completed with the **young person engaged in the decision-making process.**

- **Support to have relationships with family** whilst in care, during the transition from care, or after leaving care, to ensure ongoing connection with family, culture and identity.

- Support to **remain engaged in schooling** during pregnancy or to re-engage shortly after the birth of the baby, to remain connected to peers and maintain a sense of belonging.

- **Trauma informed support** to **parents** after child removal to manage the impact of the trauma of removal, work towards reunification, stay involved in the child's life, reunify whenever possible and to prevent subsequent removals.

4.9 Young parenting care leavers: *Summary of needs by the Nest domains*

Table 2: Summary of identified needs by the Nest domains

Key: VLS – Valued, Loved and Safe; MB – Material Basics; L – Learning; H – Healthy; P – Participating; PSIC – Positive Sense of Identity and Culture

Nest Domain	Identified Needs
Valued, Loved, and Safe	**Social support structures** and support to develop strong and stable relationships and connections to community. These are critical for ensuring positive outcomes among young parents and their children.
	High quality, stable placement during OOHC is essential to overcome the damaging pre-care experiences of abuse and neglect, and to help mitigate the incidence of early parenting. This includes providing 'felt security' in care, in terms of being loved and belonging, and having a positive sense of identity.
	Therapeutic interventions during the care experience to mitigate some of the experiences of pre-care and ongoing trauma.
	Parenting Support Programs that engage with the young person when they become pregnant and support them to engage with services, create networks with other young parents, and to successfully transition from care to independence.
	Support to maintain contact with family whilst still in care, during the transition from care, and/or supporting the re-establishment after leaving care.
All Domains	**Extending OOHC until the age of 21** and providing supports until the age of 25.
Material Basics	Increased support to access **stable, affordable, safe and secure housing** that is appropriate for young parents and their children.
	Support to access relevant **income support** and/or **employment or education pathways,** to help reduce the dependency on income support in the long-term.
	Support for young parents to gain their **drivers' licence.**
	Programs that offer holistic **residential care** for pregnant or parenting care leavers as they transition to independence.
	Programs that support young parents to **access stable housing** and basic life skills support (e.g. managing money, time, healthcare, etc).
MB, P	Provision of targeted **transition plans** that incorporate individual needs, supports and goals, and are completed with the young person engaged in the decision-making process.
Learning	Support to **remain engaged in schooling** during pregnancy or to re-engage soon after the birth of the baby, by providing specialised programs and on-site **childcare.**

	Sexual health education and **access to contraceptives**, with programs delivered during the care placement and specifically designed for young people in OOHC.
	A more **gradual and adaptable transition from care**, based on developmental readiness.
	Assistance with developing resilience and independence during and after care, including access to specialised services and **vocational education** and **life skill development.**
	Provision of non-judgemental **parenting education** and **support.**
Healthy	**Parenting Programs** for pregnant or parenting young people regarding infant and child health and developmental needs.
	Support programs that engage mothers during early pregnancy, providing consistent support to **access pre-natal and post-natal care,** and access to maternal and child health practitioners.
	Therapeutic programs during care to mitigate impacts of pre-care experiences on mental health of young people with care experience.
	Access to targeted, specialised **mental health support.**
H, P	Provision of non-judgemental **service and health providers.**
Participating	**Participation in the design** of programs that support them.
	Availability of **mentors or advocates**, extended support from carers, and case workers or after care support workers to help young parents engage effectively with services or to help those engaged in the child protection system navigate it (including legal advocacy).
Positive Sense of Identity & Culture	Provision of **culturally appropriate services** for Aboriginal and Torres Strait Islander or culturally and linguistically diverse young people.
	Provision of **cultural plans** that are completed with the **young person engaged in the decision-making process.**
	Support to have contact with family whilst in care, during the transition from care, or after leaving care, to ensure ongoing connection with family, culture and identity.
	Support to **remain engaged in schooling** during pregnancy or to re-engage shortly after the birth of the baby, to remain connected to peers and maintain a sense of belonging.

5. Understanding the needs of priority populations

5.1　Aboriginal and Torres Strait Islander young parenting care leavers

Indigenous children and young people are over-represented in the care system, comprising over one third of children and young people in OOHC and 11 times the rate of non-Indigenous children (Mendes et al., 2020). In 2018, there were 59.4 per 1000 Indigenous children in OOHC (Australian Insititute of Health and Welfare, 2020). Tragically, the rates continue to trend upwards (Australian Insititute of Health and Welfare, 2015).

The Family is Culture report (Davis, 2019) made a number of recommendations to address this over-representation, as has the Family Matters campaign led by SNAICC – National Voice for our Children. While some of these recommendations have been taken up, not all of them have been implemented and much work remains to be done.

Young Indigenous female care leavers have a significantly higher likelihood of becoming young parents (in the general population, rates are 7 times greater than that of non-Indigenous women) (Australian Institute of Health and Welfare, 2015). They are also at higher risk than non-Indigenous parents of having their children removed by child protection (Hinton, 2018) and more likely to have repeat removals (Wise, 2020).

In 2020, Mendes et al. (2020) published the first national study scoping policy and practice concerning Indigenous care leavers. This report concluded there is little consideration of the needs of Indigenous care leavers and their transition experience and a lack of verifiable data. There is a need for greater involvement of Aboriginal Community Controlled Organisations (ACCOs) in transition planning (Mendes et al., 2020).

The report highlighted the importance of understanding the experience of young Indigenous people transitioning from care and noted that this transition is particularly significant in light of the poor outcomes for care leavers generally and "that Indigenous young people may face additional hardships, such as racism and disconnection from culture" (Mendes et al., 2020). As the report explains:

> "Connection to family, culture and community, reunification (wanting to reunify with family but not receiving support to do so), housing and homelessness, lack of independent living skills upon leaving care, family responsibilities, poor education and employment pathways, early pregnancy and risk of child removal for young women, crossover into justice system (particularly for males), wanting to avoid welfare involvement and therefore being seen as 'disengaging' from services, health and wellbeing (inclusive of mental health, trauma and other conditions), mobility and poor experiences whilst in OOHC" (Mendes et al., 2020).

A previous study in Victoria by Mendes et al. (2016) identified a unique and significant experience of young Indigenous care leavers in which some of them reported taking on the care of other family members as well as their own children (Mendes et al., 2016). As they reported, cultural expectations regarding sharing of finances and other material resources (e.g. housing) may add further stressors during the transition from care (Mendes et al., 2016).

The Royal Commission into Institutional Responses to Child Sexual Abuse report (2017) noted that "insufficient recognition of the role of Aboriginal and Torres Strait Islander culture was a risk factor for child sexual abuse that should be addressed to ensure child-safe institutions".

In our online survey with practitioners and service providers, the following needs were listed as priority areas for Aboriginal and Torres Strait Islander young parenting care leavers. These are not listed in order of priority:

- Lead their future by being heard when making decisions; emotional and practical support; connections to community/culturally matched services

- Increased access to ATSI social/human service workers providing direct service delivery

- Cultural sensitivity and competency; long-term supportive service; community connections

- Intensive family support where families can attend together to receive intensive and culturally appropriate parenting support

- Connection to culture and family; affordable and long-term housing; case management delivered by an Aboriginal Community Controlled Organisation (ACCO)

- Stable accommodation; cultural understanding and support

- Community and cultural connection; guidance and support; upskilling life skills

- Housing; supportive relationships; cultural connection with ATSI community.

5.2 Young parenting care leavers with disability

There is a lack of research on young parents with a disability and their experience in the care system, but what is known is that they face significant disadvantages when they leave care. There is very little appropriate accommodation and housing and as a result they can be forced into adult accommodation which is unable to provide them with the specific support they need. They are also less likely to have employment or post school training, are less likely to have input into post-care planning and lack awareness of the post-care services and funding that is available to them (Mendes, 2012 ; Campo & Commerford, 2016).

In the *Enabling and Protecting* report (Robinson, 2012), it was noted that children and young people with a disability experience abuse and neglect at higher rates than their peers who do not have a disability.

International research suggests that mothers with an intellectual disability are over-represented in the child protection system. Similarly, in Australia only 1-2% of families have a parent with a disability, but they have a 40-60% risk of having a child removed. These children enter the care system as a result of neglect and risk factors including social isolation, limited support networks, a reliance on benefits, social disadvantage and experience of maltreatment as children (Hinton, 2018).

A self-advocacy group, Positive Powerful Parents, was started in 2012 to help support parents with an intellectual disability that 'do not get the supports needed to keep their children at home and end up involved with the child protection system'.

Positive Powerful Parents believe that parents with intellectual disability have their own unique way of parenting and with the right supports in place, most parents should be able to keep their children at home.[9]

A report by the Parenting Research Centre in partnership with Positive Powerful Parents shared the stories of parents with intellectual disability about their experiences with the services and supports available to them to support their parenting (Parenting Research Centre, 2018). Some parents and workers talked about the support needs of parents in the time immediately after the birth of a baby. Some agreed that hospital support should be given earlier and for longer, perhaps with follow-up after the baby returns home. One parent noted that support could be provided in the form of a 'support person/advocate'. In summary the report states that parents with intellectual disability may not be aware of their rights in pregnancy and parenthood, and that there appears to be very little awareness among parents and professionals alike of the rights afforded to people with disability who choose to become parents, despite the UN Convention on the Rights of Persons with Disability (CPRD) being ratified in Australia since 2008 (Parenting Research Centre, 2018).

Whyte (2011) referenced a study undertaken in Queensland which focused on 43 care leavers with an intellectual disability. This report found that children and young people living with a disability in and leaving the care system are (Whyte, 2011):

"Equally as vulnerable to homelessness, poverty, unemployment, early pregnancy, mental health issues, and substance use as their peers. However, they had significantly heightened risk of being victims of crime with 71% reporting that they had been a victim of crime of which 67% were reported to be sexual assaults, and 96% of those who were parents had experienced child protection intervention into their own children" (p. 29).

In our online survey with practitioners and service providers, the following needs were listed as priority areas for young parenting care leavers with a disability. These are not listed in order of priority:

- Outreach case management model to support in all areas of need; parenting programs (one on one, and group) designed to support parents with disabilities including intellectual impairment

- Long-term mentorship/intensive parenting support depending on the needs of the disability

- Affordable and long-term housing; access to NDIS; long term case management that reduces with level of risk

- Advocacy; guidance and support; upskilling life skills.

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[9] Extract from https://positivepowerfulparents.com.au/about-ppp/ Accessed 10 June 2021.

5.3   Young parenting care leavers: fathers

There is very little research into the experience of young fathers, and where there is mention of the father, it is brief and reiterates the point that they are missing in the discussion and need greater attention (Australian Human Rights Commission, 2017).

Gill et al (2019) found that practitioners identified a significant support need for both parents, but that it could be challenging engaging fathers due to instability of relationships and sometimes a confusion about their roles as fathers. The review included recommendations from Gordon et al. (2011) that "comprehensive planning to help prioritise early and healthy involvement between young fathers and their children" was crucial. It also described research undertaken in the United States that found extending care beyond 18 years resulted in better and more frequent contact of fathers with their children.

Young parents in the Australian Government DSS (2017) report stated that they wanted greater services for fathers. Mendes and Purtell (2017) reported that holistic programs that were available to mothers and fathers were important. The Australian Human Rights Commission (2017) states that the inclusion of young fathers is critical for the ongoing engagement with services for both parents. Several young people stated that there needed to be targeted support for fathers and accommodation that allowed for fathers to stay with the family. Mendes (2009) reports that some young fathers had positive outcomes from early parenting, providing a greater sense of maturity and responsibility and for some, cessation of drug taking and poor friendships (Mendes, 2009).

Young fathers can have major barriers to initiating and maintaining relationships with their children. This can include a lack of income to support the mother and baby, safety issues due to substance abuse or family violence and a lack of connection to supports (Fairhurst et al., 2015).

The experiences of young fathers were raised frequently by young mothers and practitioners during our consultations. The overwhelming finding is that young dads are a target group requiring significant levels of support to parent successfully, but who typically receive minimal specific support particularly when services are positioned to predominately work with young mothers.

> *"We have men here that are so open; who are sharing a lot and are quite reflective of their childhood when they're becoming a father. And so they start to divulge and share information, which they've never done before, in the safety of these four walls. We can do a little bit with them, but there's not a lot more we can do. So, we daydream about working collaboratively with another organisation who can come and base themselves here, a male worker".*

> *"They want to get it right for the most part, they want to do it well, they want to be great dads, and partners, and they don't really have the tools to do that because of their own lived experiences. I think they can get a bit lost. And when they've both had trauma histories as well, or unhealthy role models in their lives, their relationships become very tricky. They also don't want to separate. It's hard, particularly when there's domestic violence, we need to partner on the side of safety, with the non-offending parent, and*

we need someone else to be doing that work with Dad" (Practitioner, parenting program, Qld).

"Fathers can visit the residential program, they can participate in the program, but they can't stay at night. In fact, a very small amount have a father involved – but this may be largely because most referrals are from regional areas. So Dads, families, are not local; it's hard for them to be involved" (Practitioner, parenting program, NSW).

The research points to a gap in services for young fathers, unless they are specifically involved in youth justice, or they are Aboriginal or Torres Strait Islander. Given the limited services, there is a strong need for outreach workers to help young men build their parenting skills and to learn about respectful relationships.

5.4   Young parenting care leavers who are culturally & linguistically diverse

There were no recommendations asserted in the literature for this group, thus highlighting a strong gap in the research. In our online survey with practitioners and service providers, the following needs were listed as priority areas for CALD young parenting care leavers. These are not listed in order of priority:

- Culturally appropriate community connections/services; financial assistance; housing

- Easy access to free telephone and interpreting services; increased education in schools or community venues/groups re: programs/services available in the community for young parents

- Education around differences between cultures of appropriate and safe parenting; trauma information and care

- Affordable and long-term housing; culturally safe and trauma informed practice; opportunities to connect with culture

- Stable accommodation; access to education; parenting support

- Disconnection from family; mistrust of specific cultural services to keep information confidential; disengagement with education

- Legal advice with immigration issues; affordable accommodation

- Community and cultural connection; guidance and support; upskilling life skills.

5.5   Priority Populations: Summary of Needs

The needs of these priority populations are broadly the same as the wider group, but there are some specific additional needs outlined below:

5.5.1 *Aboriginal and Torres Strait Islander young parenting care leavers*

- **Culturally appropriate** programs delivered by **Aboriginal Community Controlled Organisations**

- Support to stay **connected with family, culture and country** by promoting regular contact
- Introduction of optional **Family Group Conferencing** and **Pregnancy Family Conferencing** that is culturally appropriate (Davis, 2019)
- Sustain funding to support the **Care Partner Program** for legal advice to promote early intervention support (Davis, 2019)
- **Appropriately trained staff** working with Aboriginal families (Davis, 2019)
- Prioritise funding of **family restoration services** (Davis, 2019).

5.5.2 Young parenting care leavers with disability

- Programs that provide **appropriate supported accommodation.**

5.5.3 Young parenting care leavers: fathers

- **Increased support and education for young fathers** to parent effectively and stay connected with the family.

6. Discussion & Implications

6.1 Principles for engagement or support

Young parents with care experience are particularly vulnerable, have specific needs and often have enormous barriers to accessing services. These barriers can include mistrust, an inability to maintain contact after leaving care, transport issues, mental health issues, conflicting information from family, a dislike of program delivery style (Gill et al., 2019), and fear of child removal (Fairhurst et al., 2015).

Clear recommendations on key programs and practice that will help young parents with care experience are found across the literature, and collectively these may represent principles for effective engagement with, and the provision of support for, young parents with care experience.

These principles and practices suggest that any engagement or support must include or be:

- **Non-judgmental** and **young person centred** (Australian Human Rights Commission, 2017) with **sensitivity to potential stigma**
- **Trauma-informed** and **trauma-responsive**, incorporating principles of **therapeutic care**
- **Culturally appropriate** and safe
- An emphasis on **young parents' assets** (Gill et al., 2019) and be **strengths-based**
- **Respite** from parenting responsibilities (Gill et al., 2019)
- **Intensive support during pregnancy**, starting early (Beauchamp, 2020)
- **Additional financial and emotional support** to consider the costs of parenting (Gill et al., 2019)
- **Multi-generational approaches** to working with parents and children together (Beauchamp, 2020)
- **Father-friendly** and **inclusive** (Strange et al., 2019)
- **Targeted** for young parents and young parents with care experience
- **Soft entry and exit** so parents can self-refer or be referred and join at any time (Strange et al., 2019)
- **Mimicking parental and family support** provided to young parents without a care experience (Gill et al., 2019)
- **Case management**
- **Continuity** of care
- Informed by the needs of the parents (**co-designed**)
- **Sensitive to both parenting** and **personal growth** of young adulthood (Strange et al., 2019)
- Programs that allow mothers to **develop self-efficacy** as parents and secure mother-infant attachment (Beauchamp, 2020).

In our online survey with practitioners and service providers, there was strong agreement with these suggested principles for effective engagement with, and the provision of support for, young parents with care experience. Respondents also made the following comments:

"Young parents still face stigma. Therefore, being non-judgemental is one of the most important things. Being trauma informed is important as nearly all our women have experienced some trauma in their lives. It is so important. One of the most important things we see is women who feel valued and 'heard' and sometimes us believing in them is the most valuable job we can do" (Practitioner respondent, ARACY online survey).

"The above are foundation principles for working with young people. Young parents need reinforcement of their strengths and abilities, and workers need to understand the capacity of the young person to parent effectively" (Practitioner respondent, ARACY online survey).

"Agree. In my experience a considerable number of young parents with care experiences present with learning difficulties, diagnosis of for example ADHD, attachment disorders. Having a reasonable understanding of these is important when working with young people" (Practitioner respondent, ARACY online survey).

6.2   Policy Levers

In Australia there has been limited development of policy and programs to support young women who are pregnant and young parents who have grown up in OOHC, to prevent the intergenerational cycle of children coming into care (Beauchamp, 2020).

The Breaking the Cycle (2018) report makes a salient point about one of the challenges faced in providing effective supports for both the parent and the child, stating that the child protection system is so focused on the needs of the child, that the needs of the parents become diminished. For young parents, when a conflict arises, rather than remaining child-focused on both parents and children, young parents instead experience increased surveillance, rather than support. As the report says, this raises the question of <u>where</u> the duty of care for the vulnerable parent lies. Price-Robertson (2010) also reiterates this point in the Supporting Young Parents report, stating:

> *"When practitioners and policy makers can respond to the needs of both young parents and their children… then teenage parenthood need not be a negative experience; rather, it can become a catalyst for growth and positive life outcomes" (Price-Robertson, 2010).*

In the 2015 Senate Inquiry into Out of Home Care, (then) Children's Commissioner, Megan Mitchell, stated that one of the keys to reducing the number of children in OOHC is to provide support to families to address the underlying social issues that are linked to poverty and disadvantage. Highlighting that the current system focuses too much on the deficits of the parent and does not address the social determinants (Fox et al., 2015):

> *"Australia's current approach to child protection is narrow in scope and designed to respond to harm rather than prevent it in the first place" (p.19).*

This view was reinforced by a substantial number of submissions to the report from parents and service providers calling for early intervention and prevention to prevent child abuse and neglect. This feedback was extended to include support for parents across "a continuum of needs". Universal interventions were discussed as a way of addressing broader social issues, but as Daryl Higgins, (then) AIFS, highlighted:

> *"We have both jurisdictional and siloed responsibilities for many of these other service delivery systems" (p.135).*

This brings with it the challenge of breaking down these siloed ways of working and ensuring all services, such as education and housing are working to support families and understand their role in family support and child protection. The 2015 Senate Inquiry also touched on other important points about the need for parents to receive universal supports to build safe and resilient families for their children. For example, these services need to be involved *prior* to child protection intervention and should include integrated universal services, secondary interventions, respite services and shared care models (Senate Community Affairs References Committee, 2015).

There is a need for in care, leaving care and after care reform to either prevent pregnancy in the first instance, or alternatively to maximise the opportunity for successful parenting (Mendes, 2009).

Within the literature there have been clear and consistent policy recommendations to support care leavers and provide important support for parenting care leavers.

These **policy levers** include:

- Extended OOHC
- Transitioning supports (throughcare and aftercare)
- Sexual health education
- Foster care and practitioner training
- School engagement
- Pregnancy support in care
- Secure and appropriate housing
- Preventing repeat removal
- Trauma-informed practice
- Data collection.

We discuss each of these in turn.

6.2.1 Extending Out of Home Care

Extending OOHC has been discussed extensively in the literature, with broad agreement nationally and internationally that extending care to the age of 21 has numerous social and life outcome benefits for all young people in care, including young parents. It acknowledges the need to prioritise this continuity of support in a time of critical development for these young people, mimicking a more normative transition into adulthood with greater stability and continuity of relationships, and creating an environment that allows for engagement in education and training.

Put simply, extending care allows young people exiting care time to finish school, begin a career and establish important relationships prior to them being required to be fully independent (Children's Advocacy Institute, 2013), as is the case for peers who have not experienced care. It also allows young people and young parents to access supports for other complex issues going on in their lives such as emotional and physical health (Corrales, 2016).

Our research supports that parenting care leavers often face a range of challenges, which make it very difficult to parent successfully. This often includes being at risk of homelessness, and without being able to rely on ongoing support until 21 years of age, the risk of child removal is very high.

In the broader research, extending care has been identified as an 'especially' important option for pregnant or parenting women, with some of the benefits including extended social and economic support (Mendes & Purtell, 2017), access to transitional housing, opportunities for further education and targeted support to enhance parenting capacity. It has also been suggested that extending care can provide an opportunity for intentional efforts to delay pregnancy or prevent rapid repeat pregnancy, and to provide targeted support to enhance parenting capacity (Beauchamp, 2020; Department for Education, 2018). These findings support many of the needs of young parents in care identified under the wellbeing areas of The Nest.

It has been asserted that compared to most Anglophone democracies, Australia lacks mandatory assistance for care leavers beyond 18 years of age (Mendes, 2021). Given also that there are major legislative, policy, and program differences between care leaver entitlements in the individual states and territories, Mendes argues that the Commonwealth Government should introduce a nationally consistent extended care system that would require all jurisdictions to provide a minimum standard of support until at least 21 years of age.

In the *Extended Care in Washington State Final Report* (2020), it was found that the young people who stayed in extended care compared with those who didn't, were less likely to have a child before the age of 23 years and were also **less** likely to have a child reported to child protection or have a child removed. The economic return on extending care was also estimated at a cost-benefit ratio of $3.95, saving US$56,415 per person (Miller, Bales, & Hirsch, 2020).

Evaluation of extended care in California (Courtney, Okpych, & Park, 2018), found that young people who stayed in care until the age of 21 have a range of improved outcomes. These included:

- engagement in education to a higher level and improved employment prospects
- greater housing stability and less reliance on long-term public housing programs
- improved physical and mental health outcomes because of improved access to care and early intervention
- a reduction in intergenerational disadvantage experienced by care leavers and their children
- less contact with the adult justice system
- delayed and/or reduced parenthood by nearly 40% between ages of 17 – 21 years
- greater father engagement
- improved earnings
- lower levels of homelessness
- reduced levels of mental health issues.

The research clearly states that the reasons the extension of care 'works' (makes a positive difference), are that it:

- offers continuity and stability and a nurturing environment
- helps in engagement in education, employment and training
- gives young people greater choice over the timing and process of their transition (Mendes & Waugh, 2020).

In Australia, child protection is managed individually by the states and territories, with OOHC supports ceasing in most cases when a young person turns 18 years. The Home Stretch Campaign has been advocating for an extension to OOHC to the age of 21. It asks for "all state and territory governments to provide an option, whereby the provision of care be extended to any young person needing or seeking this, until 21 years, much like what is happening in any other family setting in Australia." Therefore making the point that when "giving young people in state care the extended care option, will provide them with the platform to make the right start in life and enjoy a better long-term life outcome" (Homestretch, 2020).

South Australia and Tasmania have successfully legislated this change. In 2018, Victoria introduced a pilot program to extend care for 250 young people over a 5-year period, and in 2019, Western Australia commenced a trial for 20 young people who were transitioning from OOHC (Mendes et al. 2020). It is too soon to know if these changes have had any positive impacts in Australia, but in the US, 25 states have had this change in place since 2011 with evidence that young people staying in care for longer have improved outcomes across many life domains (Courtney, 2018).

Australian research has also found significant financial incentive to extend care. Deloitte Access Economics undertook a cost benefit analysis of extending care which found that if OOHC was extended to 21 years, there would be a return to investment of between $1.40 to $2.69 per dollar spent (1.4 – 2.69 benefit cost ratio). This is assuming that only 30% of care leavers stayed on to 21 years (Deloitte Access Economics, 2016). The financial impact of current care leavers is estimated to be $1.8 billion for the Commonwealth Government and $0.6 billion for states and territories over the next ten years, due to future demand on services (Mendes & Waugh, 2020).

ARACY recommends a nationally consistent extended care system to provide a minimum standard of support until at least 21 years of age for those who:

- Wish to stay on in their foster care or kinship care placement and have the agreement from their carer, or
- Who are not ready to go and wish to remain in a supported care environment but either cannot remain in the care placement past 18 years; such as those exiting residential care, or do not wish to remain in foster care.

6.2.2 Transitioning Supports

Another crucial time in a young person's life, particularly a parenting young person, is the transition to independence from OOHC. Over one-quarter of young people in a study said they didn't receive enough support when they left care, and the supports young parents exiting care indicated they needed most were finding appropriate housing, employment and learning to manage the range of emotions associated with parenting (Muir et al., 2019).

Preparing for and transitioning from care can be done effectively, but it relies on a number of factors that need to occur during care, when planning for leaving care and accessing supports after exiting from care. This is a particularly crucial time for young parents exiting the system. Care leavers, particularly parenting care leavers, should not have to lose access to support services be it in care or through services, if they are enabling successful parenting (Mendes, 2019).

There is recognition by the Commonwealth that transition and aftercare are critical times for support in a young care leaver's life. The Third Action Plan (2018-2020) under the National Framework for Protecting Australia's Children, endorsed by Commonwealth, state and territory Ministers in December 2018, identified support for care leavers as a key priority, with one of its three strategies being "helping young people in out of home care to thrive in adulthood". This focus continues in the Fourth Action Plan (2018-2020), with the Towards Independent Adulthood trial continuing into 2020.

In Australia, different jurisdictions provide different supports throughout the exiting process and post care up to the age of 25 years and begin transitioning planning at the age of 15 years. A project to map legislation and policy across jurisdictions was conducted by the ACT Government under the National Framework, and the National Standards for Out of Home Care developed under the First Action Plan has supported a consistent approach and quality of OOHC.

An immediate and easily implementable policy change would be to ensure that being pregnant or a young parent automatically entitles a young person to the extended post-care support that is already available in each state and territory on a discretionary basis (Campo & Commerford, 2016b).

Our rapid review found only two specific programs that target parenting care leavers within a broader group, but there are a range of programs that support care leavers generally. The types of support offered to those transitioning from care include case workers to assist with access to personal records and information on services, financial management, accommodation, education and training, employment, legal advice, access to health and community services, and counselling and support services. Unfortunately, these programs are non-binding, non-specific and non-mandatory (Corrales, 2016) and as a result, can be ad-hoc and rarely targeted to meet the specific developmental and psychosocial needs of young people exiting care (Campo & Commerford, 2016). Additionally, most of the funding is allocated to preparing for transition, rather than post-care support (Campo & Commerford, 2016).

CREATE Foundation recommends that specific resources and supports need to be made available to young parents leaving care, particularly interventions to reduce the stigma of young parenting. They also recommend programs to support them with participation in education and access to health services (CREATE Foundation, 2017). Other recommendations for effective transition support include greater uptake and involvement of young people in developing their transition plans, transition that is based on developmental age, not chronological age, more targeted programs that are also offered regionally and remotely, and Aboriginal Community Controlled Organisations delivering transition services for Indigenous young people.

Mendes and Purtell (2017) make two recommendations for leaving care. The first, to introduce the "Corporate Parenting philosophy", and the second, creating a national leaving care framework, both of which underpin the UK leaving care system. The Corporate Parenting philosophy represents:

> *"The policies, structures and roles that actively compensate children and young people in care for their traumatic pre-care experiences, and offer them the same ongoing nurturing and support as typically experienced by*

their peers who are not in care in order to maximize their ambitions and achievements. It emphasizes a shared responsibility between different departments such as education, health, and child welfare. This means in practice providing them with the best possible placement experiences in terms of stability and supportive relationships until their care order ends, and then continuing to take responsibility for their welfare until they are at least 21 years old." (p. 10-11)

A national leaving care framework could be part of the successor plan to the National Framework for Protecting Australia's Children 2009 -2020 and may address some of the weaknesses of the current Australian system, such as the large variation in policy and legislation between states and territories. It could set national benchmarks for service standards and increase the resourcing and better service delivery as was found to happen in the UK when it was introduced (Mendes & Purtell, 2017).

Case Study: Personal Adviser System (UK)

The Personal Adviser System in the UK provides a Personal Adviser (PA) to each young person transitioning from care. They are provided until the young person reaches 25 years (amended in 2018 from 21 years) and the young person can determine if they want to continue with them up until the age of 25 years (Children's Commissioner UK, 2020). They can be an existing social worker or a worker from the 'leaving care' team. It is the responsibility of the local authority to provide this support (Department for Education (UK), 2018).

The benefit of this approach is that the PA acts as a focal point for the young person, ensuring that they are provided with the practical and emotional support they need to make a successful transition to adulthood, either directly or through helping the young person to build a positive social network around them. Throughout their transition to adulthood and independent life, care leavers are able to rely on consistent support from their PA, who is the designated professional responsible for providing and/or co-ordinating the support that the young person needs. This includes taking responsibility for monitoring, reviewing and implementing the young person's pathway plan (Department for Education, 2018).

Case Study: Leaving Care Support for Aboriginal Young People

The Victorian Leaving Care Support for Aboriginal Young People program delivered by VACCA provides a model of culturally appropriate support for Aboriginal and Torres Strait Islander people ages 15-18 years in care and 19-21 years transitioning from care. The leaving care program supports young people to develop a strong cultural identity, connect with family and community, develop independent living skills, learn financial literacy, meet their goals, find safe, affordable housing and actively participate in the community (Retrieved from https://www.vacca.org/ (2020).

Mendes (2019) recommends holistic and ongoing programs to support care leavers who become young parents. They may include mutual support programs, extended support from carers, advice lines and mentoring and advocacy delivered by mothers who had a care experience.

6.2.3 Sexual Health and Relationship Education

There is considerable support in the research and literature for sexual health education and interventions to prevent or delay pregnancy in young women in care (Eastmen et al., 2019).

Importantly, research states that it needs to be targeted, delivered through a trauma informed lens (Aparicioa, Shpiegelb, Grinnell-Davisc, & King, 2019) and relevant to the experience and perceptions of young people in care.

Mendes and Purtell (2017) recommend that sexual health education should be provided to all young people in OOHC and that they should have access to contraceptives (Gill et al., 2019; Australian Human Rights Commission, 2017). This recommendation was echoed in other research in Australia and the US, including the Australian Human Rights Report (2017) which identified in-school and outreach programs that combine sexual health education and contraception access as the most effective at reducing teenage pregnancy and risky sexual behaviour. This research agreed that the standard programs currently being delivered are not adequate for young people in care, as they need to be designed with an understanding of the experience of young people in care and how this shapes their attitudes to sex and parenting. The decision to have sex is emotionally informed which in the context of young people who have experienced trauma, is even more significant. For many young people in care, they perceive becoming a parent as a positive step, providing stability, security and love and choose to become a parent (Boustani et al., 2015).

The Australian Human Rights Report (2017) included specific recommendations that programs should include information on contraception, pap smears, pregnancy testing, antenatal and post-natal care, as well as learning about personal responsibility and developing self-esteem and self-confidence. Conflict resolution and understanding how to negotiate consensual relationships also needed to be included. Others recommend that education needs to include the realities of parenting, the perceived cost and benefits as well as life skills such as decision making, problem solving, and communication. Some practitioners recommend peer to peer education (Boustani et al., 2015). Fairhurst et al. (2015) included a requirement for increasing an understanding of their own developmental needs and their capacity to make healthy, informed and safe choices. Delivering the education early is another recommendation, as many young people in care initiate sex earlier (Boustani et al., 2015).

Given the findings of our research ARACY recommends that frequent, tailored and targeted sexual health education that also includes training in respectful relationships, is provided for all young people in care, as well as foster and kinship carers.

6.2.4 Foster Carers and Practitioner Training

Carers and case workers would benefit from training to understand relationships, sexual health, contraception and conception so that they can provide accurate and relevant information to the young people in their care (Fairhurst et al., 2015; Aparicioa et al., 2019).

Gill et al. (2019) identified in the research that many foster carers across the US, UK and Australia had not received any training on early parenthood. Foster carers who were interviewed expressed a desire to receive training on how to "provide practical guidance to young mothers, support their emotional needs, assess and record parenting behaviours, and care for drug-addicted babies". They suggested peer-based learning and phone support between foster carers. The review found that studies recommended mandated training for practitioners and foster carers in adolescent development and sexual health education. They also found that "well defined guidelines for foster care providers regarding young parent and child placements were necessary" (Gill et al., 2019).

Given the findings of our research ARACY recommends the strengthening of workforce capability of practitioners, child protection workers, carers and others involved in the child protection system, in practices that are trauma-informed, culturally safe and responsive, and inclusive.

6.2.5 School Engagement

Policies and programs that encourage school retention among young parents and young parents-to-be support both the young parent and their child/ren, improving their economic participation, social connections, wellbeing, and life chances.

Young parents are legally entitled to education, as are all young people. The Association of Women Educators found at their 2009 symposium on teenage parenting, however, that this is a protection poorly understood by many pregnant and parenting young people and their families. The result is that many either self-select out of school believing they have no right to stay or are unaware of their right to challenge overt or covert suggestions by schools that they should leave due to their pregnancy or parenting responsibilities.

The Human Rights Commission Report (2017) made two recommendations relating to education:

1. Recommendation 8: The Australian Government, through the Council of Australian Governments' Education Council, should work with state and territory governments to develop systemic policies to address the needs of young pregnant and parenting students, including through specific policies and programs.

> **Case Study: CCCares @ Canberra College**
>
> CCCares @ Canberra College is a program for pregnant and parenting students from the ACT and surrounding districts, which provides flexible delivery of learning and content, towards the receipt of a Senior Secondary Certificate and certified competency-based training. The program includes holistic health service provision in partnership with ACT Health, links with external advocacy and support, on-site adjunct childcare, and additional curriculum offerings (Allen, 2020).

2. Recommendation 9: State and territory education departments should systematically collect data on the numbers of young pregnant and parenting young people who are enrolled students.

Given the findings of our research ARACY recommends strengthened opportunities and support for young parenting care leavers to stay in or re-engage with school through the delivery of flexible learning programs with onsite learning and early childhood education and care (ECEC). ARACY also recommends nationally consistent support for care leavers to access tertiary education opportunities.

6.2.6 Preventing Repeat Removal

The Breaking the Cycle report (2018) provides a range of recommendations to improve policy and practice in relation to repeat removals, finding a "strong disconnect between the intent in legislation and practice which reduces the chances of reunification and increases the risk of recurrent removal". The report asserts the current system fails young parents, whereby despite their high levels of vulnerability and needs, the child is prioritised, and goes on to suggest that a policy framework is required that recognises the interdependence of parents and their children, and that supporting the parent will also be in the best interest of the child (Hinton, 2018).

The report (Hinton, 2018) also asserts that "removal and subsequent pregnancy present key opportunities to intervene and work with parents to promote insight into safety concerns, improve parenting capacity and circumstances, address underlying problems and break the cycle". This was reinforced by parents and practitioners who said they wanted more intensive case managed support during pregnancy and after removal (Hinton, 2018).

Research in the UK by Broadhurst & Hinton (2019) argues that policy and interventions need to recognise the cumulative impacts of disadvantage in the lives of these parents and respond accordingly.

> *"Although there is a clear consensus that children must be protected from harm, there is a strong moral and economic argument for continued work with parents beyond the conclusion of court proceedings to prevent repeat family court appearances" (Broadhurst & Hinton, 2019, p.1).*

When considering the policy levers for working with this cohort, proactively supporting the young person to parent successfully is in the best interests of both the young person *and* their child. ARACY recommends that efforts are made to strengthen the child protection system to view a young parent and their child as a **dyad**, recognising and meeting their needs with intensive and targeted support, which specifically focuses on strengthening their capacity in the parenting role.

Further, for young parents at risk of having a child removed, or who have had a child removed, ARACY recommends:

- increased provision of family preservation and restoration services, and intensive support (e.g., including for grief, loss, trauma of removal), to help prevent rapid subsequent pregnancy

- the provision of accessible legal support, such as mandatory legal representation, to address inequities in the system.

Given what the research tells us about the cessation of supports for parents once a child has been removed, that crisis can lead to further difficulties with profound longer-term consequences (Broadhurst & Mason, 2019), ARACY also recommends a safety net be developed for young parents in the immediate aftermath of child removal, such as a trial of the continuation of parenting payments for a period of at least six months after a child is removed, to help ensure financial and housing security to aid family reunification processes.

6.2.7 Secure and Appropriate Housing

It is acknowledged in the literature that pregnancy in care can lead to instability of placement due to a change in living arrangements (Fairhurst et al., 2015). Indeed, participants who contributed to the Australian Human Rights Commission report (2017) illustrated this point, stating:

> *"There is often nowhere for young mothers in out of home care and their babies to go while they are still officially in care, as it is difficult to find foster carers who will take both the young parent and their child" (p. 9).*

Young parents, in the absence of foster and kinship care and return to family options, need access to suitable, stable and affordable accommodation (Australian Human Rights Commission, 2017). The

lack of stability can undermine their ability to develop positive networks and social supports which impacts on their sense of place and belonging (Fairhurst et al., 2015). It also can inhibit their ability to engage with support services (Australian Human Rights Commission, 2017).

Recommendations from the Australian Human Rights Commission report (2017) included suggestions that services provide short term accommodation to allow young parents to build a rental history and /or act as a lead agent, allowing them to independently find and secure longer term, more stable housing.

The Baby and Me report (Fairhurst et al., 2015) found that a residential model could meet many of the needs identified for this group of young parents. It could provide a safe and secure environment, holistic, wrap around service support, address isolation issues, allow young women to provide peer to peer support and establish social networks with a focus on improving outcomes for both the parent and the baby (Fairhurst et al., 2015). Specific recommendations for the residential model included:

- provision of safe physical environments
- supports both communal and independent living
- offers options for long term residency eg. longer than 12 months
- flexible entry and exit points
- provision of parenting skills development including peer/community parenting
- provision of a range of services across health, education and life skills
- engagement opportunities for the father
- strengths based, trauma informed, therapeutic practice (Fairhurst et al., 2015).

Given the findings of our research, ARACY recommends that existing legal provision is used to extend support to all care leavers, up to 25 years; and this is made automatic for any young parenting care leavers. This is in addition to our recommendation that Australia adopts a nationally consistent extended care system to provide a minimum standard of support until at least 21 years of age for those who:

- Wish to stay on in their foster care or kinship care placement and have the agreement from their carer, or

- Who are not ready to go and wish to remain in a supported care environment but either cannot remain in the care placement past 18 years; such as those exiting residential care, or do not wish to remain in foster care.

6.2.8 Pregnancy Support in Care

There is little evidence in the literature that falling pregnant in care triggers a response that is consistent, clear and supports both the parent and the baby.

Recommendations to improve outcomes for young parents in care are stated in the Baby and Me report as follows (K. Fairhurst et al., 2015):

> *"Holistic and comprehensive care planning occurs as close to conception as possible. This may include supporting the mother (and father where appropriate) into an appropriate supported placement prior to the birth of the baby. Provision of antenatal and ongoing parenting education and support, particularly in the first year. This should include information about*

nutrition, lifestyle, alcohol and drugs, and safety during pregnancy, infant and child development, first aid, key parenting skills/life skills and how to access support. This may be delivered by peer group and should be provided for fathers where appropriate".

Given the findings of our research, ARACY recommends strengthened opportunities for young pregnant and parenting care leavers to be linked into early, consistent, and ongoing support by services that are safe, welcoming and accessible pre- and postnatally, offering parenting skills and respectful relationships education. Services must be trauma & healing-informed, as well as culturally safe and inclusive.

6.2.9   Data Collection

One of the greatest barriers to improved policy and program delivery in Australia is the lack of data on young parents in and/or exiting care. There is a strong need for information that compels the argument for improved policies and programs for pregnant and parenting young people in and leaving care and their children (Eastmen et al., 2019).

Mendes and Purtell (2017) recommend a national database that gathers data in key areas such as education, employment, health, housing, parenthood, substance use, social connections and involvement in crime. The authors also recommend these data be collected until the age of 21 years and made freely available (ibid, 2017). The Australian Human Rights Commission (2017) have suggested that as part of the National Framework, nationally consistent data should be collected by state and territory governments on children in care who have teenage parents and young people in care who have children (Australian Human Rights Commission, 2017).

Hinton (2018) recommends that data be collected on the incidence and characteristics of recurrent removal, including trends over time, stating that "any changes to policy and practice and assessing how far they are responsible for a diverse range of outcomes, requires evidence" (Hinton, 2018).

Given the findings of our research, ARACY recommends strengthened longitudinal tracking and data collection on young parents with experience in OOHC, in addition to intergenerational contact with the child protection system, and on young parents under the care of the state.

6.2.10 Aboriginal and Torres Strait Islander young parenting care leavers

Due to the over-representation of Aboriginal and Torres Strait Islander young people in care, it is important to discuss the added and unique needs of this group and the implications for policy, program and service delivery. Aboriginal and Torres Strait Islander young people have similar experiences and outcomes as non-Indigenous care leavers but have the added stress of experiences of racism, intergenerational trauma, and disconnection from family and culture (Mendes et al., 2020). In an earlier paper Mendes describes "cultural connectedness was…seen to support resilience, identity development, social connectedness and material sufficiency among Indigenous care leavers" (Mendes et al., 2016).

Becoming a parent can further exacerbate these challenges and poor outcomes. Mendes et al. (2020) highlights the need for a range of changes and lists nine policy recommendations.

The list below summarises Mendes et al. (2020) recommendations:

- Appointment of a national commissioner for Aboriginal and Torres Strait Islander children and young people

- More consistent use and application of cultural plans, transition plans and the Aboriginal and Torres Strait Islander Child Placement Principle

- Increased funding of child protection, support of workers to reduce high turnover and Indigenous work force who can form longer term relationships

- Programs that are culturally sensitive, recognise intergenerational trauma, are available in regional and remote locations and address language barriers

- Increased funding for and increased leaving care services delivered by ACCO's

- That the Australian Institute of Health and Welfare (AIHW)'s child protection report includes reliable statistics on Indigenous children leaving care and report outcomes up to the age of 21 across life domains

- All states and territories provide housing allowance until age of 25

- A national approach to Indigenous care with a focus on supporting positive family relations and reunification from early on

- All leaving OOHC services for Indigenous young people should be delivered by Aboriginal Community Controlled Organisations.

Given the findings of our research, ARACY recommends a range of additional requirements, as indicated in *Section 7.6.1 Aboriginal and Torres Strait Islander young parenting care leavers.*

6.2.11 Trauma Informed Practice

The research clearly identifies trauma as a significant issue experienced by care leavers, and it has also been recognised as a significant issue experienced by parents who have their child or children removed into protection. Understanding trauma and how it impacts on behaviour allows for more effective engagement of young parents with services. The risks in not understanding and responding effectively to the impacts of trauma on behaviour can lead to potentially re-traumatising and 'system induced' trauma (Hinton, 2018). As has previously been discussed, this can lead to rapid repeat pregnancies and repeat child removals and ineffective engagement with services. Therefore, the implications for not working in a trauma informed way can be significant.

The importance of trauma informed, and therapeutic care is also supported by The *Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), which identified the need for support and therapeutic treatment for victims and survivors of sexual abuse. The impacts from sexual abuse on children and young people in OOHC is documented as a contributing factor to early pregnancy and parenthood (Mendes et al., 2017), making it relevant for the purposes of this review.

Trauma informed practice is an emerging field, but recommendations made in the literature state that it needs to be written into policy and frameworks to ensure it is embedded across relevant services (Hinton, 2018).

Given the findings of our research, ARACY recommends that practitioners, child protection workers, carers and others involved in the child protection system have the appropriate levels of training in practices that are trauma-informed, culturally safe and responsive, and inclusive; and that care leavers have improved access to targeted and specialised mental health services tailored to young

people in the care system as a protective factor to mitigate experiences of pre-care and ongoing trauma.

6.3   Levers in Practice

The Australian Human Rights Commission (2017) report points out there has been very little research to evaluate strategies that might mitigate intergenerational interaction with the child protection system. There are also very few programs that specifically target young parents with experience in OOHC. Rather, existing programs aim to improve parenting skills, support young parents, support engagement in education, and provide more holistic support across a range of wellbeing domains such as housing, finances, health and day to day living.

The needs of young parents with a care experience are summarised in section 4. These have been themed below.

- **Stable housing, schooling and relationships, including family relationships** during care
- **Stable and appropriate, long term housing** post care
- **Positive role models, family and social support, ongoing emotional and practical support**
- **Mental health support** during and post care
- **Financial security** during and post care
- **Continued engagement in education** during care and post baby
- **Employment**
- **Childcare** support
- **Sexual health and parenting education** and access to **contraception** in care
- **Life skills** education
- **Parenting skills**

The programmatic response to these needs includes:

- **High quality stable placements** in care
- **Social support structures** and support to develop strong and stable relationships, role models and connections to community, including **relationships with family** (where appropriate) whilst in care, during transition out of care or supporting re-establishment after care
- **Improved access to mental health services** for young people
- Support to **stay in** or **re-engage with school /education.**
- Provision of **culturally appropriate transition services** for Aboriginal and Torres Strait Islander young people
- **Support to transition** effectively from care – based on developmental readiness, not chronological age

- **Transition from care support** to access services (including specialised services), appropriate accommodation or housing, financial support, employment training and life skills development (also available in regional and remote locations)

- Provision of and engagement in **targeted transition plans** incorporating individual needs, supports and goals

- **Prevention of pregnancy** – targeted sexual health education for young people in care, their carers and case workers that includes education about the realities of parenting, and access to contraception

- **Prevention of rapid repeat pregnancy –** including intensive support at time of removal, including for grief, loss and trauma of removal

- **Early and ongoing pregnancy support** – linking in with safe, welcoming and accessible pre- and post-natal services, parenting skills education and support

- **Support and education programs for young fathers** to parent effectively and stay connected with the family.

6.3.1 Parent and Parenting Programs

Parenting skills are a core component amongst other life circumstances that influence the outcomes of children. Parenting impacts on all aspects of child development including emotions, social and physical and cognitive development. Important qualities required of parents to ensure a child's wellbeing include nurturance, warmth, sensitivity, responsiveness, and flexibility. Parenting is a skill that is learnt or can be learnt (Parenting Research Centre, 2017). Experience in OOHC can greatly impact the ability for young people to form these parenting skills, therefore the need for formal, professional support is often greater in this group.

Parenting skill training is identified as a significant need for young mothers and fathers, though it is also acknowledged that engaging with fathers can be problematic as they often have unstable and unclear relationships with the mother (Gill et al., 2019). In Australia, a range of parent support and parenting support programs run by community organisations that target young parents, vulnerable parents and parents who are at risk of having a child removed to child protection are delivered. They provide a combination of parenting education, case management, emotional support and material and practical assistance (Fairhurst et al., 2015).

A number of case studies on programs offered in Australia and the US are provided below. Importantly they specifically include young parents with care experience in their target group and many of the program characteristics listed above are included in these programs.

6.3.2 Programs for Young Parents

Case Study: Karinya Young Mum's 'n' Bubs Program (Tasmania)

In Tasmania, **Karinya Young Mums 'n' Bubs program** aims to have "healthy, skilled, connected and confident young parent families, healthy nurtured babies of young mothers and healthy young parents pursuing the development of their personal potential as productive, socially and economically engaged adults". It aims to support parents to redirect them from the child protection system. The program recognises the importance of stable accommodation, offering supported accommodation with intensive wrap around support that targets the individual needs of the family. It also links the young parents to services such as prenatal and post-natal care and resources that help them shape a positive path. Another important focus of the program is to link young parents back into education or training. It offers a range of educational and support activities to improve the capacity of the parent and has a mentor system from previous clients (www.kyws.org.au/young-mums-program).

Case Study: Hannah Place (South Australia)

Hannah Place in Adelaide provides flexible support and accommodation for young women aged 14-18 years who are pregnant or have a child in their care or are working towards reunification with their child, demonstrate a willingness to participate in the services and have an understanding of the services purpose and requirements and demonstrate a willingness to work towards living independently with their child and have challenging behaviours. They are provided with their own unit, individual supports and a co-located worker. They usually receive 6-12 months supported accommodation. There is no current evaluation of this program (www.centacare.org.au/service/hannah-place).

Case Study: Best practice – Cradle to Kinder (Victoria)

In Victoria, the **Cradle to Kinder** program supports young mothers for up to four years and aims to start that support before the baby is born or shortly after. It also provides a program specifically designed for Aboriginal and Torres Strait Islander young parents. The program works with children, parents and extended family members to strengthen connections to family, community and culture (Department of Health and Human Services, 2017). It targets pregnant care leavers and parents with a learning difficulty (Scott, Rushton, Fong, & Higgins, 2017).

Available to pregnant mothers aged under 25 years, it includes: parenting education and support, case management, emotional support, assistance to attend appointments, linkages to maternal child and health services, material support, parenting interventions for other children in the family, and ongoing support with housing, study and work. It also includes a mothers'/family group which provides peer to peer support, education and infant socialisation (K. Fairhurst, David, L., Corrales, T., 2015). In 2015 the program was delivering ten standard programs and two Aboriginal programs across Victoria.

This program has been evaluated with positive outcomes:

> *"The long-term nature of the program, the connection with other community services, and the availability of brokerage funds were key factors that influenced the program's success... The evidence from this evaluation indicates strongly that the Cradle to Kinder was a highly valued and much-needed program by all those involved. Early intervention programs like this can assist and respond to the needs of young parents whose children may be at risk of entering the statutory child protection system" (Scott et al., 2017 p.9).*

Case Study: Young Parents Program (NSW)

The **Young Parents Program** delivered by Australian Red Cross in New South Wales is for parents aged 13-25 years with complex needs. It offers residential support for young parents up to 19 years for up to twelve months. In this time, they participate in education or employment training, learn independent living skills and learn to be nurturing with their child. Following this, they transition to an outreach program where they live independently but have access to the intensive support and case management. They can remain here for up to two years. They continue to have Aftercare support from Aftercare Workers which provides a safety net as they transition to complete independence (Spencer & Vogl, 2010).

The program was positively evaluated in 2010 and includes many of the key elements that have been highlighted in the literature that contribute to making a successful program.

Case Study: Supporting Expecting Parenting Teens (national)

The **Brave Foundation** began a trial program called **Supporting Expecting Parenting Teens** (SEPT) across 12 hub sites in major cities and regional centres in New South Wales, Queensland, Victoria, Tasmania and the Northern Territory in 2018. The purpose of the program is for young parents to set goals relating to education, training, employment, health and wellbeing, parenting and covering their basic needs and progress at their own pace to achieve them. Using a Brave Mentor, the young parents are supported flexibly to connect to parenting support, life support and educational opportunities in their local communities. It also acts as an intervention for parents who may have been required to undertake the ParentsNext Program (an Australian Government support for parents with children under 6 who are on a Parenting Payment to support study and employment) (Brave, 2020). The evaluation of this pilot program undertaken by the University of Tasmania was positive. It stated that there is a "strong need" for such a program due to the high numbers of young parents. Its "collaborative approach" combines national coordination with a local perspective, it is "strongly responsive" to the changing needs of participant and policy shifts and has a "strong commitment" to data collection. Overall, it has had significant achievements in relation to the program aims (Bakhtiar et al., 2020).

Programs for Young Parents – United States

Case Study: Maternity and Mother/Child blended Residential Care Programs (US)

In the US several programs target young parents with OOHC experience. The Maternity and Mother/Child Blended Residential Care Program targets pregnant or parenting 16-18-year olds who are unable to receive the supports they need in the OOHC system. The in-program supports include parenting education and support; family therapy; educational interventions; mental health consultation; and a structured behaviour management system which is tailored to the young person's treatment goals (Beauchamp, 2020).

Case Study: Shared Family Care (US)

Shared Family Care is a slightly different take on supporting young parents. This is an intensive program that places pregnant and parenting young people in a home together with a mentor family for generally 6 - 9 months. Services include teaching and mentoring parenting and living skills, clinical treatment and counselling, and helping parents establish connections with community resources. Though there hasn't been extensive evaluation, one carried out in California found that children were less likely to re-enter foster care, their parents were more likely to be employed and to have increased their income and the family was more likely to move together into stable independent living situations. There was acknowledgement that it was very time intensive to set up but may be more cost effective than other OOHC options (Beauchamp, 2020).

7. Conclusion & Recommendations

7.1 The needs of young parenting care leavers

Throughout this study the needs of young parents with care experience have been considered and discussed using ARACY's child and youth wellbeing framework The Nest. The Nest uses six domains of wellbeing, which are connected and interdependent. Effective support and wellbeing in one domain will have a positive impact on the other domains. Conversely, neglecting a domain will have direct and indirect impacts on the other domains. Taking a holistic view of the young parent's needs ensures that all elements are in place to support that young person's wellbeing and ability to parent successfully.

Priority populations are those who may be over-represented in OOHC, early parenthood, or both, and those who may have additional needs or whose needs are less understood. Priority populations considered in this project were Aboriginal and Torres Strait Islander children and young people; children and young people living with a disability; children and young people from Culturally and Linguistically Diverse (CALD) backgrounds; and young fathers.

Table 1. Summary of needs by domains of The Nest.

Valued, Loved and Safe	Material Basics
• High quality, stable placements during OOHC • Social support structures • Therapeutic interventions during the care experience • Support to maintain relationships with family • Extending the leaving age of OOHC • High quality throughcare and aftercare	• High quality transition planning • Stable, affordable, secure housing • Holistic residential care for pregnant or parenting care leavers as they transition to independence • Income support and/or employment or education pathways • Life skills training and support, including acquisition of driving licence
Learning	**Healthy**
• Targeted sexual health education • Support to remain engaged in schooling • Targeted parenting support programs • Employment or education pathways	• Consistent, non-stigmatising healthcare before, during and after pregnancy • Therapeutic interventions during the care experience • Targeted mental health support
Participating	**Positive Sense of Identity and Culture**
• Availability of mentors or advocates, extended support from carers, and case workers or after care support workers • Participation in the design of programs • Support to remain engaged in schooling and other activities	• Culturally appropriate services • Cultural plans co-designed with the young person • Support to maintain relationships with family • Support to remain engaged in schooling and other activities

7.2   Disrupting the intergenerational cycle

The rapid review identified a number of points which provide an opportunity, through appropriate supports, to change the trajectory for both parents and their children. Firstly, prevention of pregnancy through targeted sex education and provision of contraception; secondly, prevention of child protection interaction through ongoing holistic support commencing at pregnancy and continuing through care; and finally, prevention of repeat removals through intensive support for the parent.
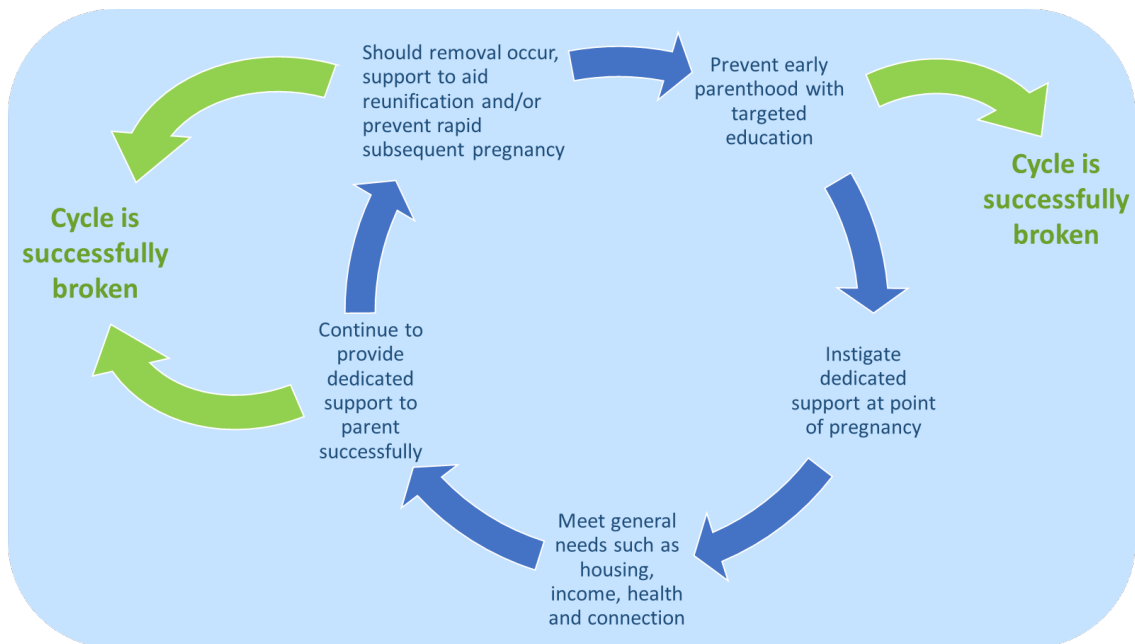

Fig 2. Key points and interventions.

7.2.1   Targeted sex education

The first opportunity to intervene in the cycle of intergenerational contact with the child protection system is prior to pregnancy. Young people in care are more likely to engage in early sexual activity and become parents. Placement instability and lack of consistent engagement with education mean they are more likely to miss out on the usual avenues of sex education. Moreover, most sex education starts with the assumption that young people wish to avoid parenthood. This is not always the case for young people in care, who may see early parenthood as an avenue to unconditional love, a way to grow up, or a way to right the wrongs of their own past. In addition, their experiences and trauma may make them more vulnerable to sexual exploitation (particularly in a residential care setting), or less able to assert themselves in relationships and set boundaries.

Young people in care need **frequent, targeted** and **consistent** sex education that addresses the potential desire to create a family but gives realistic information about the difficulties and stresses of being a young parent.

7.2.2   On becoming pregnant

Pregnancy is an opportunity to ensure that the **right supports** to help a young person parent successfully are **put in place early** and **maintained throughout the pregnancy** and the **early**

years of parenting. Young people in care typically experience less consistent health care, including ante-natal care. They may be unable to stay in their current placement. They may be about to age out of the system and have inadequate transition planning and support to ensure they can parent successfully.

Having **explicit policies and processes** to address all the needs of the young parent across The Nest framework aims to set the young person up to parent well and reduce the risk of intergenerational contact with the child protection system.

7.2.3 On leaving care

Effective throughcare and aftercare is well established in the research as critical to the life chances of young people leaving care. This becomes even more important for young parents leaving care, or who become pregnant shortly after. **Sustained practical support** such as income, housing, healthcare and education, social and emotional support and networks, and ensuring life skills give a young person the best chances of parenting successfully. **Extending the age** of leaving care is one way of supporting young care leavers, parenting or otherwise.

Other simple policy changes such as **young parenthood automatically triggering the enhanced support** on leaving care that is optionally available in all states and territories, would be a good start to giving young parents with care experience the support and skills they need to parent well.

7.2.4 When a child is removed

The effect of the "child-centred" approach moving from the young person to their child begins when the young person becomes pregnant but is seen most explicitly at the point of removal. A young person who has a child removed typically sees support drop away or be actively removed. For example, the loss of parenting payments, at a time when they are particularly vulnerable, which may lead to homelessness, further reducing their ability for reunification and increasing the risk of repeat pregnancy. This time is a prime opportunity to intervene with **supports for the parents**, ensuring supports and help for parenting increase and intensify rather than be withdrawn, which both aids in efforts at reunification and reduces the likelihood of subsequent pregnancy and removal (Broadhurst & Mason, 2019).

7.3 Implications for the successor plan to the Framework

When considering policy, programs and practice for working with young parents with a care experience, the research strongly supports a range of actions that could be addressed in the short, medium, and long term. ARACY is not specifying timeframes for short/immediate, medium, and long term given the range of stakeholders involved, however a tranche of actions should be considered and made available without delay, and we have prioritised these as such.

ARACY's recommended actions are categorised according to their corresponding Nest domain, and where government responsibility for this action rests – Federal or State/Territory.

Immediate/ short term actions

	Action	Government Responsibility	Nest Domain/s
1	Frequent, tailored and targeted sexual health education and training in respectful relationships for all young people in care, and foster and kinship carers.	Development – Federal Execution – State/ Territory	Learning
2	Trial of a safety net developed for young parents in the immediate aftermath of child removal such as the continuation of parenting payments for a period of <u>at least</u> six months post-removal, to help ensure financial and housing security to aid family reunification processes.	Federal	Valued, Loved, and Safe; Material basics
3	All States and Territories encouraged to make automatic for young parenting care leavers the existing legal provision to extend support up to 25 years.	Development – Federal Execution – State/ Territory	Material basics
4	Improved access to targeted and specialised mental health services tailored to young people in the care system as a protective factor to mitigate experiences of pre-care and ongoing trauma.	Federal	Healthy
5	Increased opportunities for parenting care leavers to have their voice heard by those in government at both the state/territory and Federal levels, as demonstrated by the Queensland Parenting Advisory Committee.	Both – Federal & State/ Territory	Participating
6	Participation of care leavers and parenting care leavers in the design of programs that support them.	Both – Federal & State/ Territory	Participating/ Positive Sense of Culture and Identity

Medium term actions

	Action	Government Responsibility	Nest Domain/s
7	Nationally consistent extended care system to provide a minimum standard of support until at least 21 years of age for those who: • Wish to stay on in their foster care or kinship care placement and have the agreement from their carer, or • Who are not ready to go and wish to remain in a supported care environment but either cannot remain in the care placement past 18 years; such as those exiting residential care, or do not wish to remain in foster care.	State/ Territory	Valued, Loved and Safe/ Material basics
8	Strengthened efforts made by the child protection system to view a young parent and their child as a **dyad**, recognising and meeting their needs with intensive and targeted support, which specifically focuses on strengthening parenting capacity (a two-generation approach).	Both – Federal & State/ Territory	All domains
9	Practitioners, child protection workers, carers and others involved in the child protection system have consistent training and supervision in trauma-informed, culturally safe and inclusive practice, including the impact of trauma on development and executive functioning.	State/ Territory	Valued, Loved and Safe; Healthy
10	Strengthened opportunities for young pregnant and parenting care leavers to be linked into early, consistent, and ongoing support by services that are safe, welcoming and accessible pre- and postnatally, offering parenting skills and respectful relationships education. Services must be trauma & healing-informed, as well as culturally safe and inclusive.	State/ Territory	Healthy/ Valued, Loved and Safe
11	Automatic entry to evidence-based Sustained Nurse Home Visiting programs for young mothers with care experience.	State/ Territory	Healthy/ Valued, Loved and Safe
12	For young parents at risk of having a child removed, or who have had a child removed; increased provision of family preservation and restoration services, and intensive support (e.g., including for grief, loss, trauma of removal), to help prevent rapid subsequent pregnancy.	State/ Territory	Healthy/ Valued, Loved and Safe

13	For young parents at risk of having a child removed, or who have had a child removed; the provision of accessible legal support, such as mandatory legal representation, to address inequities in the system.	State/ Territory	Valued, Loved and Safe
14	Support for remunerated roles for parents with a care background, to provide 'lived experience' support to young parenting care leavers, e.g., peer support and advocacy to walk alongside.	State/ Territory	Participating
15	Availability of mentors or advocates for young parenting care leavers to help them engage effectively with services (including education & health), and/or to help those engaged in the child protection system navigate it (including legal advocacy).	State/ Territory	Participating

Longer term actions

	Action	Government Responsibility	Nest Domain/s
16	Strengthened longitudinal tracking and data collection on young parents with experience in OOHC, on intergenerational contact with the child protection system, and on young parents under the care of the state.	Both – Federal & State/ Territory	All domains
17	- All States and Territories encouraged to support strengthened opportunities for young parenting care leavers to stay in or re-engage with school through the delivery of flexible learning programs with onsite learning early childhood education and care (ECEC); and - Nationally consistent support provided for care leavers to access tertiary education opportunities.	Development – Federal Execution – State/ Territory	Learning/ Participating

7.6   Recommendations for priority populations

Priority populations considered in this project are Aboriginal and Torres Strait Islander, children and young people; children and young people living with a disability; children and young people from Culturally and Linguistically Diverse (CALD) backgrounds; and young fathers. The recommendations for these populations broadly align with the wider group, but specific additional requirements which emerged in the research are indicated below:

7.6.1 Aboriginal and Torres Strait Islander young parenting care leavers

- Acknowledge the triple surveillance effect impacting this cohort

- Greater involvement of Aboriginal Community Controlled Organisations (ACCOs) in transition planning

- Culturally appropriate programs delivered by ACCOs

- Support to stay connected with family, culture and country by promoting regular contact

- Introduction of optional Family Group Conferencing and Pregnancy Family Conferencing that is culturally appropriate

- Sustain funding to support the Care Partner Program for legal advice to promote early intervention support

- Appropriately trained staff working with Aboriginal families

- Prioritise funding of family restoration services.

7.6.2 Young parenting care leavers parents with disability

- Programs that provide appropriate supported accommodation

- Greater awareness of rights in pregnancy and parenthood

- Advocacy and support; support that can be sustained over a longer time.

7.6.3 Young parenting care leavers: fathers

- Increased support and educational programs for young fathers to parent effectively and stay connected with their family.

7.6.4 Young parenting care leavers who are culturally and linguistically diverse

- There were no recommendations asserted in the literature for this group, thus highlighting a strong gap in the research and a need for further, targeted inquiry.

7.7   Conclusion

Young people who become parents during OOHC or shortly after leaving care are a vulnerable population who are more likely to become parents early, and less likely to parent successfully due to multiple factors, many of which are outside their control or reflect their own early experiences. Further, they are more likely to have multiple children in quick succession, and experience multiple removals. This represents a tremendous loss of social capital and a failure in the system to support these young people and their children, as well as a significant cost to the system.

As a known population, these young people can be identified and targeted for support early, both to prevent early parenthood occurring and when it does, to help them parent successfully. The needs of young parents with care experience are multiple, requiring targeted and intensive support, but they are not complicated or surprising. Nor are they expensive compared to the costs of intervening late or not at all.

The cycle of intergenerational involvement with the care system can be broken with sufficient and appropriate support that views the young parent and their child as a dyad within a broader extended family, community and culture and considers their holistic needs and strengths accordingly. Treating

the young person as a risk to their child, applying surveillance bias and an overly high bar for success, failing to support the young parent's holistic needs for education, participation and identity as well as their needs for material basics, safety and security, sets the young parent up to fail and perpetuates the cycle.

Recognising and meeting the needs of young parents with care experience and supporting them to parent successfully is in the best interests of the young person, their child, and society.

Appendix A: Recruitment flyer

Have your say! ARACY

Would you like to take part in a research project to help us understand what it's like to be a young parent who has lived in out-of-home care?

This research on behalf of the federal government may be used by them to make sure policy and programs support the needs of young parents and their children.

Who are we?
ARACY stands for Australian Research Alliance for Children and Youth. Our focus is on improving outcomes for children and young people. We bring research and experts together and support partnerships that are working towards improving the wellbeing of children and young people.

Who are we interviewing?
Young people who have lived in out-of-home care (foster/kinship or residential) and became a parent under the age of 20 years.

What is involved?
A 1-hour interview with researchers from ARACY. You will remain anonymous and the information you share will be confidential.

How can I participate?
The interview can take place in a number of ways, including via video (e.g. Zoom) or phone. You can decide which way would suit you.

You are also welcomed to have a support worker, friend or family member with you during the interview.

The interviews are relaxed and conversational and will focus on finding out about:

- Your experience as a parent
- What helps you to parent well
- What makes it hard to parent well

For more information and to set up an interview, please contact:

Or contact Barbara at ARACY:
barbara.barker@aracy.org.au

You will receive a $50 voucher for your valuable time and knowledge.

Appendix B: Seeking the Views of Parenting Care Leavers

Key lines of enquiry

- Journey and experience of OOHC & young parenting
- Addressing support needs
- Understanding the barriers/ enablers to meeting needs
- Future directions – what needs to be considered to increase support to this cohort

A. Introduction (5 mins)

- Informal greetings as interview commences
- Thank young person for agreeing to take part in the interview
- ARACY researchers introduce themselves
- Role of ARACY – our job is to try to improve things for children and young people in Australia
- Provide brief project background:
  - o There is not a huge amount of research about young people in care or leaving care who are parents, or who became parents as teenagers. We want to use this interview to find out what is needed by young parents who have had an out-of-home care experience, as they were growing up.
  - o We are interested in understanding what impact this experience can have on having your own family and on parenting, and we are doing this by talking to young people like yourself. [Capturing the lived experience/ expertise of young parents].
- Explain about the nature of the interview, informal chat/conversation, duration approx. 1 hr. Having said that we know there is a lot of ground we hope to cover and we may not get through everything. We'll keep an eye on the time to make sure we don't run over time.
- Reinforce that we are keen for the young parents to take us on their journey. If we run out of time, we would encourage them to send us any ideas, or further thoughts via email.
- We are grateful they have agreed to chat with us. They are the experts. No wrong or right answers; no judgement.
- If don't want to answer any question, that's completely fine. If feel at any time want to pause the interview, or even stop completely, that's fine too.
- Remind participant of debriefing with their practitioner/ Lifeline if the interview raises issues for them [Lifeline 131 114]
- Confirm consent form & demographic survey received, details for voucher to be mailed to them.
- Remind the YP that the sessions are being recorded (however individuals won't be identified in reporting). Explain data management processes.
- Ask if any questions before starting.

About you (5 mins)

Some general questions about the participant

2. What is your name? This will not be used in any documents and will be removed from any written notes, it is just for the purposes of this interview. If you prefer to use a different name, that's fine too.

3. How old are you?

4. Where do you live – metro, regional, etc

5. Do you speak any languages other than English? / How would you describe your cultural background?

6. Are you of Aboriginal or Torres Strait Islander background?

B. Journey and experience (15 mins)

AIM: to gain insights into the journey and experience of young parents with a care experience, e.g. challenges faced, strengths exhibited.

We are building our insights about the lived experiences of young parents with experience of the care protection system, to better understand their journey and experiences, in care, and as young parents. We'd like to ask you about both experiences, separately, if that's ok.

[Confirm if ok to proceed.]

7. If you're happy to, can you share with us something about **your experience in the care protection system** – perhaps starting with what type it was and for how long? *[Aiming to capture whether it was foster, residential or kinship, and duration in OOHC].*
    o Additional probes to learn about the young person's journey, e.g.:
        ▪ age they first entered care
        ▪ OOHC experience – placement stability, placement satisfaction
        ▪ transition experience
        ▪ whether they have an ongoing relationship with carer/carer family (after exiting OOHC)
        ▪ contact with biological family
        ▪ community perceptions of OOHC

8. Can you also tell us something about **your journey to becoming a parent** – e.g. what was going on for you around that time?
    o Additional probes to learn about the young person's journey, e.g.:
        ▪ Were they in the care system, or had they transitioned/ aged out/ exited?
        ▪ What happened once they became pregnant?
        ▪ Age of child/children now
        ▪ Living arrangements now
        ▪ Is the baby in their care? Their care alone or with others?
        ▪ Is the baby's/child's father/other parent involved?
        ▪ Support from family?

- Community perceptions of young parents

9. What has been going well and not-so-well, what is the best/hardest thing about being a parent?

C. *Addressing needs & barriers (20-30 mins)*
AIM: to gain insights into the needs of young parents with a care experience, e.g. areas where help, support is required.

[Check-in with young person. Check ok to continue]

We are especially interested in how young parents like yourself were supported during your pregnancy, and after baby's birth [and as your child grows up]. If you are comfortable we'd like to talk a bit about what areas you needed help with or didn't need help with, what support you had, and the extent you found it easy or hard to access or find help when you needed it.

10. When you were pregnant, what **support services** did you have contact with (housing, health, parenting support etc)?
    o What services did they provide to you? How helpful were they? Why?
    o How did you come across these services? Was it easy or hard? What made it so?

11. What about after your baby was born?
    o [if applicable] What about when they were a little older, but not at school yet?
    o [If applicable] What about when they were at school?

12. At any point in your pregnancy or after your baby was born [and growing up], did you feel there were any areas of **support or help you needed but didn't receive**?
    o Can you talk more about why you didn't have support for that area?

13. Were there any parts of being a **younger parent** that made it harder for you during your pregnancy and being a parent (e.g., compared with older parents)? Were there parts that made it easier?
    o *If clarification is sought, consider these barriers as probes:*
        ▪ stigma or judgement from others
        ▪ young parents can also hold attitudes towards certain services that make them less likely to engage, e.g. young dads to accessing family support services; intergenerational trauma.
        ▪ the system is complex and hard to navigate
        ▪ inflexible eligibility criteria
        ▪ service providers excluding people they think are 'less needy'

14. Were there parts about having had **contact with the care system** as you were growing up, that made it harder for you during your pregnancy? Were there parts that made it easier?
    o *If clarification is sought, consider barriers (list above) as probes.*

15. Are there parts about having **contact with the care system** as you were growing up that has made it harder for you as the parent of a baby/child?

16. In what ways do you think younger parents with a care experience might need additional or different supports/ resources?

E: Future directions (10 mins)
AIM: to gain insights into what support/help is needed/missing that would make a difference in the lives of young parenting care leavers.

17. What support (help, resources) would you suggest is **essential** for young parents who have had a care experience?

18. What support (or resources) is **missing** for young parents who have a care experience?

19. If you could provide **advice to a young person** who is starting a family and may also have an OOHC background, what would you say?

20. If you could provide **advice to the government and service providers** about how to support young parents better, what would it be?

F: Wrap-up (5 mins)
21. Is there anything we haven't talked about that you would like to tell us?

- Thank young person for taking part in the interview; remind about emailing any further thoughts
- Reminder of ARACY research team contact information (email).
- What will happen with the information shared by young parents – our report, recommendations to DSS.
- Remind about debriefing with their practitioner/ Lifeline if the interview has raised issues for them [Lifeline 131 114]
- Confirm details for voucher to be mailed to them.

References

ACT Government Community Services Directorate. (2018). *Transition From Out of Home Care to Adulthood: mapping legislation and policy across Australian jurisdictions*. Retrieved from Canberra: https://www.communityservices.act.gov.au/__data/assets/pdf_file/0010/1306594/Discussion-Paper-transition-from-out-of-home-care-to-adulthood-FINAL.pdf

Allen, C. (2020). Teen mums getting help to finish high school and raise their children through Canberra College program. *ABC News*. Retrieved from https://www.abc.net.au/news/2020-10-06/canberra-program-helping-teen-mums-to-finish-school/12733040

Aparicioa, E., Shpiegelb, S., Grinnell-Davisc, C., & King, L. (2019). "My body is strong and amazing": Embodied experiences of pregnancy and birth among young women in foster care. *Child Youth Serv Rev, 98*, 199-205.

Armfield, J., Gnanamanickam, E., Johnston, D., Preen, D., Brown, D., Nguyen, H., & Segal, L. (2021). Intergenerational transmission of child maltreatment in South Australia, 1986-2017: a retrospective cohort study. *The Lancet Public Health, 6*(7), E450-E461.

Australian Bureau of Statistics. (2020). Births, Australia *Statistics about births and fertility rates for Australia, states and territories, and sub-state regions 2019.* Retrieved from https://www.abs.gov.au/statistics/people/population/births-australia/2019

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*. Retrieved from Sydney: https://humanrights.gov.au/sites/default/files/AHRC_CRR_2017_Summary.pdf

Australian Insititute of Health and Welfare. (2015). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*. Retrieved from Canberra: https://www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare-2015/contents/table-of-contents

Australian Insititute of Health and Welfare. (2018) Teenage mothers in Australia 2015. *In Focus: Mothers and Babies* (Cat. no. PER 93 ed.). Canberra: AIHW.

Australian Insititute of Health and Welfare. (2020). Child Protection Snapshot. Retrieved from https://www.aihw.gov.au/reports/australias-welfare/child-protection

Australian Institute of Health and Welfare. (2015). *Australia's mothers and babies 2013—in brief*. Retrieved from Canberra https://www.aihw.gov.au/getmedia/033f461e-d730-40bb-834e-198f6726222f/19580.pdf.aspx?inline=true

Australian Institute of Health and Welfare. (2017). *Australia's mothers and babies 2015—in brief*. Retrieved from Canberra: https://www.aihw.gov.au/getmedia/728e7dc2-ced6-47b7-addd-befc9d95af2d/aihw-per-91-inbrief.pdf.aspx?inline=true

Australian Institute of Health and Welfare. (2018). *Teenage mothers in Australia 2015* (Cat. no. PER 93). Retrieved from Canberra: https://www.aihw.gov.au/getmedia/6976ff0b-4649-4e3f-918f-849fc29d538f/aihw-per-93.pdf.aspx?inline=true

Australian Institute of Health and Welfare. (2020a). *Australia's mothers and babies 2018—in brief* Retrieved from Canberra: https://www.aihw.gov.au/getmedia/aa54e74a-bda7-4497-93ce-e0010cb66231/aihw-per-108.pdf.aspx?inline=true

Australian Institute of Health and Welfare. (2020b). *Child protection Australia 2018-19*. Retrieved from Canberra: https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2018-19/summary

Australian Research Alliance for Children and Youth. (2014). *The Nest action agenda: Improving the wellbeing of Australia's children and youth while growing our GDP by over 7%*. Retrieved from Canberra: https://www.aracy.org.au/publications-resources/command/download_file/id/329/filename/Second_edition_The_Nest_action_agenda.pdf

Australian Research Alliance for Children and Youth. (2019a). *The development of a positive sense of identity and culture by ages and stages: contextual factors and potential risk and protective factors*. Retrieved from Canberra: https://www.aracy.org.au/publications-resources/command/download_file/id/394/filename/Practice_Paper_1_-_The_development_of_identity_and_culture_by_ages_and_stages_with_risk_factors.pdf

Australian Research Alliance for Children and Youth. (2019b). *Information Brief 5: Disadvantage, Toxic Stress and Inequalities (unpub.)*. ARACY. Canberra.

Australian Research Alliance for Children and Youth. (2020). Practice Paper Measuring children and young people's sense of identity and culture. Retrieved from https://www.aracy.org.au/publications-resources/command/download_file/id/398/filename/Practice_Paper_2_-_Measuring_children_and_young_people's_sense_of_identity.pdf

Bakhtiar, A., Te Riele, K., & Sutton, G. (2020). *Supporting Expecting and Parenting Teens (SEPT) Trial - Independent Evaluation. Final Report*. Retrieved from Hobart: https://bravefoundation.org.au/wp-content/uploads/2020/11/FinalReport-IndependentEvaluationSEPT-Nov-2020.pdf

Barker, B., & Harris, D. (2020). *Parent and Family Engagement: An Implementation Guide for School Communities*. Retrieved from Canberra: https://www.aracy.org.au/documents/item/647

Beauchamp, T. (2020). *Improving Outcomes for young parents and their children. Effective policy settings and program approaches*. Retrieved from Silverwater NSW:

Boustani, M., Frazier, S., Hartley, C., Meinzer, M., & Hedemann, E. (2015). Perceived Benefits and Proposed Solutions for Teen Pregnancy: Qualitative Interviews With Youth Care Workers. *American Journal of Orthopsychiatry, 85*(1), 80-92.

Broadhurst, K., & Mason, C. (2017). Birth Parents and the Collateral Consequences of Court-ordered Child Removal: Towards a Comprehensive Framework. *International Journal of Law, Policy and The Family, 31*, 41-59. doi:10.1093/lawfam/ebw013

Broadhurst, K., & Mason, C. (2019). Child removal as a gateway to further adversity: birth mother accounts of the immediate and enduring collateral consequences of child removal. *SAGE journals, 19*(1), 15-37.

Butler, M., & Cockburn, A. (2017). *The Prevalence of Intergenerational Links in Child Protection and Out-of-Home-Care in NSW*. Retrieved from Sydney: https://www.facs.nsw.gov.au/__data/assets/pdf_file/0016/421531/FACS_SAR.pdf

Campo, M., & Commerford, J. (2016a). Supporting young people leaving out-of-home-care (CFCA Paper No. 41).

Campo, M., & Commerford, J. (2016b). *Supporting young people leaving out-of-home care (CFCA Paper No. 41)*. Retrieved from Melbourne https://aifs.gov.au/cfca/sites/default/files/publication-documents/leaving-care.pdf

Cawnthorpe, D., West, M., & Wailkes, T. (2004). Attachment and depression: the relationship between the felt security of attachment and clinical depression among hospitalized female adolescents *Can Child Adolesc Psychiatr Rev., 13 (2)*, 31 - 35.

Children's Advocacy Institute. (2013). *California's Fostering Connections: Ensuring that the AB 12 Bridge Leads to Success for Transition Age Foster Youth. A Review of the First 18 months of AB 12 Implementation and the Challenges and Obstacles - Past,*

Present and Future - to California's Successful Implementation of the Fostering Connections to Success Act. . Retrieved from San Diego:

Children's Commissioner UK. (2020). Support for care leavers.   Retrieved from https://www.childrenscommissioner.gov.uk/help-at-hand/leaving-care-your-rights/#faq_1

Cocks, J. (2018). *If a community values its children, it must cherish their parents: Family inclusion initiatives in child welfare*. Retrieved from https://www.churchilltrust.com.au/fellow/jessica-cocks-nsw-2016/

Cocks, J., Stoker, L., Common, S., Evans, R., Geale, A., Johnston, L., . . . Ross, N. (2021). *Parent Peer Support Project Final Report: From Little Things Big Things Are Coming*. Retrieved from Newcastle, NSW: https://finclusionh.org/wp-content/uploads/2021/02/PPSP-Final-Report-18.2.21.pdf

Connolly, H., South Australian Commissioner for Children and Young People. (2021). *Sex Education in South Australia: What young people need to know for sexual health and safety*. Retrieved from South Australia https://www.ccyp.com.au/wp-content/uploads/2021/06/Screen-Sex-Education-in-South-Australia-Report-1.pdf

Corrales, T. (2016). The socio-economic case for extending the age of leaving out-of-home care.   Retrieved from https://aifs.gov.au/cfca/2016/11/30/socioeconomic-case-extending-age-leaving-out-home-care

Courtney, M., Okpych, N., & Park, S. (2018). *Report from CalYOUTH: Findings on the relationship between extended foster care and youth's outcome at age 21*. Retrieved from Chicago: https://www.researchgate.net/publication/329041300_Report_from_CalYOUTH_Findings_on_the_Relationship_between_Extended_Foster_Care_and_Youth's_Outcomes_at_Age_21

CREATE Foundation. (2017). Teenage Pregnancy and Parenthood for Care Leavers in Australia.   Retrieved from https://create.org.au/teenage-pregnancy-parenthood-care-leavers-australia/

Davis, M. (2019). *Family is Culture Review Report: Independent review into Aboriginal out-of-home care in NSW*. Retrieved from Sydney: https://www.familyisculture.nsw.gov.au/__data/assets/pdf_file/0011/726329/Family-Is-Culture-Review-Report.pdf

Department for Education (UK). (2018). *Extending Personal Adviser Support to all Care Leavers to Age 25: Statutory Guidelines for Local Authorities*. London Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683701/Extending_Personal_Adviser_support_to_all_care_leavers_to_age_25.pdf.

Department of Communities Tasmania. (2018). *Outcomes Framework for Children and Young People in Out of Home Care Tasmania*. Tasmania: Tasmanian Government.

Department of Social Services. (2009). National Framework for Protecting Australia's Children 2009-2020.   Retrieved from https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business

Fairhurst, K., David, L., & Corrales, T. (2015). *Baby and Me: Exploring the development of a residential care model for young pregnant women, and young women with babies, in out of home care*. Retrieved from Melbourne:

Fairhurst, K., David, L., Corrales, T. (2015). *Baby and Me: Exploring the development of a residential care model for young pregnant women, and young women with babies, in out of home care*. Retrieved from Melbourne:

https://www.anglicarevic.org.au/wp-content/uploads/2017/03/488_BabyAndMe_v5.pdf

Family Inclusion Network SEQ (FIN SEQ). (2021, 1 June, 2021). *Green Shoots Forum: Parents across Australia are growing change in the child protection system*, Brisbane

Family Matters. (2020). *The Family Matters Report*. Retrieved from https://www.familymatters.org.au/wp-content/uploads/2020/11/FamilyMattersReport2020_LR.pdf?mc_cid=38b1093983&mc_eid=571fa80e1b

Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D., & Smith, C. (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. Retrieved from Canberra: https://www.aracy.org.au/publications-resources/command/download_file/id/274/filename/Better-systems-better-chances.pdf

Gill, A., Grace, R., Waniganayake, M., & Hadley, F. (2019). Practitioner and foster carer perceptions of the support needs of young parents in and exiting out-of-home-care: A systematic review. *Child Youth Serv Rev, 108*(104512).

Hammond, S. P., Young, J., & Duddy, C. (2020). Life story work for children and young people with care experience: A scoping review. *Developmental Child Welfare, 2*(4), 293-315. doi:10.1177/2516103220985872

Hinton, T. (2018). *Breaking the Cycle. Supporting Tasmanian Parents to Prevent Recurrent Child Removals*. Retrieved from Tasmania: https://www.anglicare-tas.org.au/research/breaking-the-cycle-supporting-tasmanian-parents-to-prevent-recurrent-child-removals/

Hoffman, H., & Vidal, S. (2017). *Supporting Teen Families: An Assessment of Youth Childbearing in Australia and Early Interventions to Improve Education Outcomes of Young Parents*. Retrieved from Indooroopilly, Brisbane: https://www.lifecoursecentre.org.au/wp-content/uploads/2018/06/2017-12-LCC-Working-Paper-Hoffmann-Vidal.pdf

Homestretch. (2020). Young people in state care should have a place they call home and support until the age of 21. Retrieved from http://thehomestretch.org.au/about/

Hopkins, J., Butler, M., Shuttleworth, L., Paxman, M., Zhou, A., & Burke, S. (2019). *Children in Out-of-Home Care with Young Parents. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care*. Sydney.

Hunter, S.-A. (2020). My Inheritance: Personal Reflections of Sue-Anne Hunter. Retrieved from https://indigenousx.com.au/my-inheritance-personal-reflections-of-sue-anne-hunter/

Keevers, S. (2021). [Letter to Sen. the Hon. Ruston: Three things I would change about the care system (unpub.)].

Lewig, K., & McLean, S. (2016). *Caring for our frontline child protection workforce*. Canberra: AIFS Retrieved from https://aifs.gov.au/cfca/sites/default/files/publication-documents/caring-for-workforce.pdf.

Lima, F., Maclean, M., & O'Donnell, M. (2018). *Exploring outcomes for children who have experienced out-of-home care*. Retrieved from Perth:

McDowall, J. J. (2020). *Transitioning to Adulthood from Out-of-Home Care: Independence or Interdependence?* Retrieved from Parramatta, NSW: https://create.org.au/wp-content/uploads/2021/05/CREATE-Post-Care-Report-2021-LR.pdf

Mendes, P. (2009). Improving Outcomes for teenage Pregnancy and Early Parenthood for Young People in Out-of-Home-Care. *Youth Studies Australia, 28*(4), 11-18.

Mendes, P. (2012). Examining the expereinces of young people transitioing from out-of-home care in rural Victoria. *Rural Society, 21*(3).

Mendes, P. (2019). *Presentation to Home Stretch Symposium*.

Mendes, P. (2021). Ending Australia's Status as a "Leaving Care Laggard": The Case for a National Extended Care Framework to Lift the Outcomes for Young People Transitioning From Out-of-Home Care. *Australian Social Work*. doi:https://www.tandfonline.com/action/showCitFormats?doi=10.1080/0312407X.2021.1910323

Mendes, P., Johnson, G., & Moslehuddin, B. (2011a). Effectively preparing young people to transition from out of home care: An examination of three recent Australian Studies. *Family Matters, 89*, 61-70.

Mendes, P., & Purtell, J. (2017). *Submission to National Children's Commissioner Round Table on "Young Parents and Their Children"*. Retrieved from https://humanrights.gov.au/sites/default/files/04.%20Mendes%2C%20Philip%20Monash%20Uni%20-%20leaving%20care%20early%20pregnancy%20Children%27s%20Commissioner%20Round%20Table%20revised_Redacted.pdf

Mendes, P., Standfield, R., Saunders, B., McCurdy, S., Walsh, J., Turnbull, J., & Armstrong, E. (2020). *Indigenous Care Leavers in Australia: A National Scoping Study*. Retrieved from

Mendes, P., & Waugh, J. (2020). Preparing young people to leave care during COVID-19. AIFS website: AIFS.

Miller, M., Bales, D., & Hirsch, M. (2020). *Extended foster care in Washington State: Final Report*. Retrieved from Olympia, WA: https://www.wsipp.wa.gov/ReportFile/1721/Wsipp_Extended-Foster-Care-in-Washington-State-Final-Report_Report.pdf

Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Retrieved from Melbourne:

National Scientific Council on the Developing Child. (2020). *Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined*. Retrieved from Center of the Developing Mind, Harvard Universtiy: www.developingchild.harvard.edu

NSW Government. (2018). *Their Futures Matter: A new approach*. NSW Retrieved from

https://www.theirfuturesmatter.nsw.gov.au/__data/assets/pdf_file/0006/723606/Their-Futures-Matter-A-new-approach-Reform-directions-from-the-Independent-Review.pdf.

Parenting Research Centre. (2017). *Young parents and parenting support: Submission to the National Children's Commissioner*. Retrieved from Melbourne:

Parenting Research Centre. (2018). *Positive Powerful Parents: Report from the Hand In Hand Parent Meeting*. Retrieved from Melbourne

Price-Robertson, R. (2010). *Supporting Young Parents*. Canberra Retrieved from https://aifs.gov.au/cfca/publications/supporting-young-parents.

Pricewaterhouse Coopers Consulting. (2017). *Career and skills pathways: Research into a whole-of-system approach to enhancing lifelong career support mechanisms for all Australians*. Canberra: Commonwealth Department of Education and Training.

Purtell, J., Mendes, P., and Saunders, BJ. (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*, 241-248. doi:https://doi.org/10.1017/cha.2020.58

Roberts, L., Maxwell, N., & Elliott, M. (2019). When young people in and leaving state care become parents: What happens and why? Children and Youth Services Review. *104*(104387).

Robinson, S. (2012). *Enabling and protecting: proactive approaches to addressing the abuse and neglect of children and young people with disability*. Retrieved from

Rogers, L. (2017). Are Clinical Guidelines Worth Following in the Management of Pregnant Teens?

Roy, A. (2017). *Talking with Young People about the National Framework: Outcomes of conversations with young people about the National Framework for Protecting Australia's Children*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/03_2018/create_and_national _children_s_commissioner_national_consultation_report.pdf

Rubenstein, L. (2020). *Building Children's Potential: A Capability Investment Strategy*. Retrieved from Canberra: https://www.aracy.org.au/documents/item/667

SA Government Department of Human Services. (2019). *Summary Report of Research Findings*. Retrieved from South Australia: https://dhs.sa.gov.au/__data/assets/pdf_file/0004/78871/Research-Report-Summary-of-Research-Findings-March-2019.pdf

Scott, D., Rushton, S., Fong, M., & Higgins, D. (2017). *Cradle to Kinder Evaluation Summary*. Retrieved from Melbourne, Victoria: http://providers.dhhs.vic.gov.au/cradle-kinder-evaluation-summary-word

Senate Community Affairs References Committee. (2015). *Out of Home Care*. Retrieved from Canberra: https://www.aph.gov.au/parliamentary_business/committees/senate/community_aff airs/out_of_home_care/report

Spencer, R., & Vogl, G. (2010). *Turning Points. Evaluation of Red Cross Young Parents Program.* . Retrieved from Sydney, NSW:

State and Federal Community Services Ministers. (2020). Community Services Minister's Meeting Communique [Press release]. Retrieved from https://ministers.dss.gov.au/media-releases/5656

Strange, C., Bennet, E., Tait, M., & Hauck, Y. (2019). A qualitative evaluation of a Young Parents Program (YPP) - Parent and facilitator perspectives. *Health Promotion Journal of Australia, Early View (online First)*. doi:10.1002/hpja.228

Thomas, L. (2015). What does it mean to be Child Centred. Retrieved from https://professionals.childhood.org.au/prosody/2015/04/child-centred/#:~:text=%20Here%20are%20three%20things%20you%20might%20like, amplify%20the%20voice%20of%20the%20child.%20More%20

Whyte, I. (2011). *Just Beginnings' The Report of Berry Street's Leaving Care Scoping Project*. Retrieved from Melbourne:

Wise, S. (2020). A Systems Model of Repeat Court-Ordered Removals: Responding to Child Protection Challenges Using a Systems Approach. *British Journal of Social Work, 0*, 1-23.

Showing the Light:
Supporting Young Parents with Experience of the
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