The Children of Looked After Children

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Responding to diverse needs: support availability, sustainability and acceptability

Introduction and background

This chapter is concerned with support for parents in and leaving care. This includes consideration of how support needs are understood, how they are responded to, and the extent to which support responses are considered appropriate and effective. The chapter brings together the perspectives of leaving-care professionals, who oversee the support for young people leaving care, with the reflections of parents who have personal experience of needing and receiving support. The chapter provides further context for understanding outcomes for parents in and leaving care, and prompts consideration of the adequacy, sustainability and acceptability of state responses and support.

All parents, regardless of age and care experience, will likely need or benefit from help with parenting. This may include a range of practical, emotional and financial support, predominantly provided by partners, family and friends, but also via professionals and locally available groups and services. As illustrated in models showing a continuum of support (Welsh Government 2017) and tiers of service provision (Social Care Institute for Excellence 2012), professional intervention can encompass a range of involvement; including universally available support, targeted provision to address specific or lower level needs, intensive support services to address multiple and more complex needs, as well as specialist interventions to address severe and acute needs. The level of intervention required is likely to be influenced by both parent and child factors. For example, parental factors such as age and care experience have the potential to impact on both support needs and availability. As argued by Haydon (2003: 9): ‘Teenage mothers leaving care experience similar difficulties to those faced by all young mothers (concerning parenting, finding a place to live, childcare, accessing education or work). However, they are less likely to have consistent, positive adult support and more likely to have to move.’
Similarly, Murray and Goddard’s (2014) review of the literature suggests that care-experienced parents sometimes need extra support as a result of poor experiences of parenting themselves, institutionalisation and reduced support networks. Such findings are consistent with the perspectives of leaving-care professionals detailed in Chapter 4, who expressed concerns about the impact of young people’s experiences prior to and during care. However, the findings from the previous chapter showed parents are often highly motivated to ensure better childhood experiences for their children but can feel stigmatised by professionals, subject to unhelpful statutory processes and/or fearful of intervention. Such a context provides an important foundation from which to consider how support needs are understood, developed, responded to and experienced.

Despite the anticipation of increased needs and diminished resources, relatively little is known about the support available or its effectiveness. While positive evidence exists with respect to a range of parenting interventions, including home visiting programmes (Dalziel and Segal 2012) and supports such as Parent–Child Interaction Therapy (Batzer et al 2018), Mellow Parenting (MacBeth et al 2015), Incredible Years (Gardner et al 2017) and Triple P (Saunders et al 2014), their application and effectiveness with care-experienced parents is unknown. Previous studies with care-experienced parents have highlighted the potential for professional involvement to be understood as supportive and encouraging, as well as overly critical, intrusive and imbued with negative judgements with respect to parenting motivation and ability (see Chapter 5; Corylon and Maguire 1999; Haydon 2003; Chase et al 2009; Haight et al 2009; Maxwell et al 2011; Cresswell 2019). In a systematic review of practitioner and foster carer perceptions of the needs of parents in and leaving care, Gill et al (2020) reported a range of challenges connected to parenting whilst in or leaving state care including ‘placement issues … limited resources, role confusion, and insufficient professional development in relation to their work’.

With regard to support approaches, the relevance of Attachment Theory and strengths-based approaches, child development knowledge, trauma-informed and social support have been suggested (Schwartz et al 2004; Rothenberg 2005; Budd et al 2006; Muzik et al 2013; Bernard 2015). Stockman and Budd’s (1997) survey of 28 support providers in Illinois found that informal modelling and feedback, peer support groups, home visitation and mentoring were considered the most effective parenting interventions for parents with a history of state care. However, the interventions perceived to be most helpful did not necessarily correspond to the interventions used most frequently,
and the perspectives of professionals were not supported by objective evidence or the views of care-experienced parents. While reviews of the literature have emphasised the need for holistic approaches, incorporating support with housing, finances, mental and physical health, and social support (Mendes 2009; Connolly et al 2012; Svoboda et al 2012) there remains little evidence in relation to effective interventions (Mullins Geiger and Schelbe 2014; Finnigan-Carr et al 2015; Fallon and Broadhurst 2015). For Finnigan-Carr et al (2015), the lack of evidence has hampered efforts to develop a model of good practice and create parity of provision for care-experienced parents. Moreover, Lieberman et al (2014) have argued that the development of an evidence base is hindered by issues of model fidelity, as well as challenges with conducting and securing support for research.

In accordance with the underdeveloped evidence base, the Voices study sought to explore the range of support available to parents in and leaving care. This included the nature and type of support available, the extent to which support availability is consistent with needs, together with professional and parental reflections on the support available.

Findings from the Voices study

This chapter draws on interview data from both leaving-care professionals and care-experienced parents. The first part of the chapter revisits evidence with respect to identified needs of parents in and leaving care. This includes the range of potential needs that are anticipated by professionals, and the extent to which these correspond with the reflections and personal experiences of parents. The second part of the chapter examines how such support needs are met. This includes professional expectations of parents, access to informal support, as well as the availability and adequacy of professional support and service provision. The findings presented prompt a consideration of the challenges inherent in developing support responses for parents in and leaving care and the extent to which the state as parent can and should seek to replicate the type of support typically provided from grandparents.

The potential for multiple and multifaceted support needs

The survey data presented in Chapter 3 revealed a wide range of support needs for the 259 parents identified over the course of the study. Table 6.1 illustrates the most common needs identified by professionals related to family and relationships, mental health difficulties, housing,
Interviews with professionals highlighted a broad range of support needs. These included needs potentially experienced by any or all parents, such as needing help adapting to being a new parent: “Anybody, whether you have been in care or not, finds it difficult to adjust to being a parent, there are some people who it will come naturally to and some it won’t” (Team manager LA 17). For this team manager, the transition to parenthood had the potential to be a challenging experience. This was framed as irrelevant to young people’s care experiences, but rather reflective of the demands of parenting. Yet, consistent with the literature (Murray and Goddard 2014) and the findings presented in Chapter 4, practitioners also anticipated additional parenting support needs as a result of a young person’s previous experiences:
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‘I think that a lot of our young people have got so many needs, you know, care histories, so many issues and they can’t even begin to properly care for their child, you know, without some sort of intervention.’ (Senior practitioner LA 21)

‘[Often] they don’t have a lot of the skills … or they haven’t developed those skills in a nurturing family. … They’ve had very negative experiences of being parented themselves so I think they don’t really, they know how they shouldn’t be doing it but they don’t necessarily know the other way to do it.’ (Personal adviser LA 22)

These comments are consistent with the accounts discussed in Chapter 4, where there was a propensity for professionals to suspect that parenting capacity was inhibited or damaged as a result of previous experiences. While recognising the potential for any parent to require support adapting to parenthood, these comments suggest that care-experienced young people would likely require enhanced forms of support. As noted in the comments, there were concerns that parents hadn’t had opportunity to develop such skills and wouldn’t know how to do it “properly”.

In addition to parenting support needs, an array of considerations reflective of parents’ individual needs and circumstances, were also highlighted:

‘I think generally there does seem to be a lot of support needed with finances, links to entitlements. … If they’re working, how does that affect it, what would they do about childcare, how would they budget, do they have the skills to manage a tenancy so that obviously includes the budgeting but also includes independent living skills. Self-care skills, you know managing your personal hygiene, doing your clothes shopping. I found recently a lot of young people don’t do clothes shopping, their foster carers do it for them, which initially might be fine but, you know, they, and their food shopping, they’ve never done a food shop. So add that not having those skills with actually having to get those skills suddenly, and also have your parenting skills with a child, which, it is overwhelming having a baby. It’s, you know, you’ve got to have a lot of patience, you’ve got to manage a lot of things, most of the time while you’re
tired and, you know, and so there’s a lot to consider.’ (Senior practitioner LA 20)

‘I think usually financial need, that’s a great great need that they have. Housing can be another need. Transport, I mean … they can be stuck out in the middle of nowhere with nothing you know, so actually even just getting to a midwife appointment causes great difficulty and cost. … So for a young person that’s based here to get up to [hospital] where they go for their midwife appointments it costs £5, when you’re on benefits £5 is an awful lot of money you know that’s your meal isn’t it for one day?’ (Team manager LA 9)

‘Healthy relationships is a huge one. Budgeting, sort of just role modelling. They can have no idea how to use, like, washing machines and stuff like that. Housing, definitely housing is a huge one. Anger management and the emotional regulation so, to stop them you know going crazy basically. So I think those are the main ones. Oh, employment as well because what it is as well, as you well know, that if they get into a flat they’re not going to be able to afford. Drug and alcohol use can be an issue. … Managing money, manage their emotions, managing tenancy, managing relationships … managing their social relationships, managing their loneliness as well.’ (Senior practitioner LA 4)

These accounts note a comprehensive range of practical, emotional and financial considerations, and are indicative of those across the data, whereby professionals repeatedly framed parenting needs within a myriad of additional needs. Despite the additional needs noted by professionals all being within the supportive remit of the state as parent, the comments suggest the potential for parents to face multiple challenges, with needs directly linked to parenting as well those influenced and exacerbated by experiences prior to, during and while leaving care.

Consistent with interviews with professionals, interviews with parents highlighted a wide range of support needs. For example, managing the demands of parenting was sometimes experienced as isolating, exhausting and overwhelming:

‘I’d never been on my own with the baby before, when I was here I mean, I was lonely and I was quite frightened,
I mean I’d never really been in a house on my own before.’ (Sophie)

‘In all honesty, I need a break. I know that sounds, I know that does sound horrible. It sounds like a really bad thing to come out of a mother’s mouth, alright but just a couple of hours.’ (Rebecca)

‘I didn’t have no family to turn to have [baby] to stay overnight so I was having her all the time and she wasn’t sleeping very well so I just needed a break, so yeah.’ (Kim)

The comments of these mothers highlight needs that may be experienced by any parent; the enormity of responsibility associated with caring for a child and simultaneously being desperate for a break while feeling guilty about needing some time away from parenting. Yet while the needs may be similar, the comments also indicate additional hardship linked to age and care experience. For Sophie, adapting to living alone is intensified with the new responsibility of caring for a baby, and for Kim and Rebecca there is no option of family support to help mitigate feeling overwhelmed with the demands of parenting. Consistent with the perspectives of professionals, needs identified by parents were not always directly related to parenting. Concerns about accommodation and housing options dominated interviews with some parents. For example, reluctant to accept a place in a hostel because of drug and alcohol use among residents, Nic’s anxiety was palpable during her interview: “The baby could be born any minute now really, I’ve got five days [until due date], so he or she can come whenever and then I’m stuck really with nowhere.” Ironically, in seeking to challenge the suitability of the hostel placement and advocating for safe and secure housing for her and her baby, Nic stated she was at risk of being categorised as “intentionally homeless”, with ominous consequences in terms of her perceived willingness to work with professionals and her ability to prioritise and provide basic care for her child.

In other examples, parents acknowledged challenges with respect to relationships, with unhealthy or unstable interactions with current or former partners, birth family members and friends. Domestic abuse featured in several parents’ accounts, with references ranging from frequent verbal arguments and controlling behaviour, to potentially life-threatening incidents. For example, Bethany discussed threats made by her ex-partner about setting fire to her home while Charlotte
recalled being violently attacked while holding her child. In addition, parents reported ex-partners “creating trouble” for them by making false reports to social workers.

Parents also acknowledged personal difficulties as they struggled with the aftermath of traumatic experiences and periods of their lives. For example, Tasha discussed struggling to cope after being sexually abused; her distress over this led to further sexual exploitation and reliance on a range of substances. Similarly, in reference to drug and alcohol misuse, Sadie stated:

‘Parenting assessment I’ve always been fine with, I’ve always been able to change them, feed them, bath them. I did need a little bit of teaching with my oldest but they [social services] said I picked it up quite fast, they were fine with the parenting side of it, it was always my lifestyle.’

Sadie’s ‘lifestyle’ had developed after the death of her parent, the event which triggered her entry into care, and led to her being sexually abused by a carer.

Discussing her mental health difficulties that had originated in childhood, Leanne stated: “I had been asking them [social services] for years for [psychological] help. … When I had him [her son], I didn’t really know how to speak to him. I didn’t know how to bond.” Leanne’s comments correspond with professional concerns discussed in Chapter 4 about parents having the necessary knowledge or opportunity to develop parenting skills. The extent to which Leanne’s concerns were reflective of her past experiences, general parenting struggles and anxieties, or the consequences of being stigmatised, is unknown. However, the comments prompt consideration of the position and perspective of parents, including how they may interpret such difficulties, and how they reflect on previous experiences of professional involvement and support. Such experiences and understandings may be influential in terms of perceived readiness or capacity to parent discussed earlier but also in terms of willingness and confidence in professional support responses. These issues will be explored further later in this chapter, but it is important to acknowledge that, while some parents were willing and able to approach professionals for help, others, as noted in Chapter 5, felt stigmatised and were fearful of, rather than receptive to their involvement.
The reflections presented in this section of the chapter demonstrate the potential for parents in and leaving care to experience a spectrum of practical, emotional and financial needs. Some needs are shared with parents generally, while others may be influenced by or reflective of experiences before, during or while leaving state care. Professional reflections highlight potential concerns with respect to young people’s capacity or readiness to parent, as well as the ability to provide adequate parenting environments. Support needs can be similarly acknowledged by parents with support needed with respect to fundamentals such as housing, as well as a variety of historical and current personal and relational needs.

The next section is concerned with responses to support needs. This includes the expectations on parents, as well as the availability and adequacy of support.

**Parental determination, engagement and responsibility**

In contrast to the array of potential needs highlighted for parents in and leaving care, the majority of professionals repeatedly emphasised the importance of individual factors in determining outcomes. This included young people’s determination to be parents and their willingness to engage with professionals. It also encompassed the choices made by young people, their level of responsibility and commitment to meeting their child’s needs. While recognising that successfully parenting a child was challenging, professionals perceived it to be achievable for young people if they “wanted it enough” and were prepared to do whatever was required. For example, several professionals referred to individual young people who had significantly changed their behaviours as a result of pregnancy. Often described as troubled and troublesome young people, the prospect of being a parent induced a “lightbulb moment” and prompted them to radically change their behaviours. The team manager in (LA 1) stated:

‘I am thinking particularly of two very challenged young women … who were leading extremely chaotic lives … substance misuse … mental health [problems] … self-harm, suicide attempts, offending, you know that sort of quite high-level behaviour. But literally, as soon as they found out they were pregnant, that was it, everything stopped. Like literally, it was like a switch went off.’
The comments of the team manager emphasise the importance of young people’s choices and their ability to individually address problematic or concerning behaviours. Related to this, when discussing a parent who had experienced the permanent and compulsory removal of her child, the social worker (LA 19) attributed the outcome to the young person’s priorities and decision making with respect to her partner:

‘It’s sad, really sad in her case because I think we could have tried to get a mother and baby placement together for her, she would have stood a chance of keeping that child but with a partner who … they’re quite abusive together in the sense there’s a lot of alcohol dependency, a lot of fighting, police called, there was no way, while he was on the scene, she was going to keep that child. So in that case it’s really sad because, yes, I think perhaps she might have kept her baby on her own, but she didn’t want to be on her own.’

Both accounts suggest that, aside from issues of support and intervention, parents need to demonstrate commitment to positive and responsible lifestyles. Rather than seeing the young people as having as support needs, the comments emphasise individual choice and control. In addition, repeated references were made to the importance of young people being concerned not to replicate previous patterns of family dysfunction. Success was seen as more likely for young people who were aware of shortcomings in the parenting they had experienced and were determined to do better or be better for their children:

‘When you’ve got a young person who is really strongly against, not wanting the same experiences that they’ve had themselves … [who] you can see are going that extra mile because they want to break that cycle. And it’s that sort of like, that fierce will, then, to break that cycle and to prove to everyone that I am not like my family, I’m not like mum, I’m not like my dad. That makes it happen for them, I have found that to be really important.’ (Senior practitioner LA 13)

The senior practitioner’s reference to young people proving themselves to others resonated across the data. In this way, it was seen as important for young people to engage with professionals and be willing to do whatever was asked of them in order to demonstrate their wish to be ‘good’ parents and their parenting ability. For example, one senior
practitioner (LA 20) reflected: “I find that a young person’s willingness to engage is a big thing … if they’re willing to engage and willing to take on board advice, willing to try, it helps. When they’re saying no, I don’t need anything I’m fine, I think that’s then where the problems can come.” In this way, engagement could be seen as indicative of parents’ commitment to good parenting. Also referring to parental engagement a team manager (LA 14) stated: “I would say, with young mums, [at] some point during the pregnancy where they’ve just realised that actually they can’t do this, and you can see that, that sort of shutdown, where they stop engaging with services and they start re-engaging with really harmful risky behaviours.”

A senior practitioner (LA 8) stated that she was often “brutally honest” and advised parents in and leaving care to “play the game, jump through the hoops, do whatever is asked of you by the social worker, you know, be honest with them, tell them if you’ve got any anxieties or fears, do all that”. Reflecting on a positive example of such engagement, the team manager in LA 12 stated that the mother had responded to professional concerns with: “sheer determination, like ‘You’re not having this baby off me, he is mine and I’m going to have it and I’m going to love it and you tell me what to do, I’ll do it and I will prove you all wrong.’” Similarly, the team manager in LA 4 stated:

‘She was a very stubborn young person and I think she just thought, do you know what, I am going to prove myself to you, and she absolutely did, she engaged with everything in terms of health services, she went to college, she maintained all of her appointments, she went to parenting classes, she did absolutely everything … and in the end even like the police were saying there’s literally no more we can ask this girl to do.’

The comments quoted in this section emphasise that, despite adversity and disadvantage, parenting is possible for young people in and leaving care. Individual factors are viewed as highly influential in determining outcomes and trajectories; namely young people’s willingness to engage with professionals, take on board advice and “do whatever is asked”. The extent to which such expectations apply only to care-experienced parents is unclear. For example, willingness to engage with professionals and commitment to positive parenting and lifestyles would likely be important for any parent subject to safeguarding concerns. However, it is also possible that parents in and leaving care face additional expectations, influenced by stigmatised and discriminatory
practices (see Chapter 4). In this way, advice to “play the game” and “jump through the hoops” may be reflective of a subtle but important practice shift whereby parents are expected to proactively prove parenting ability, rather than experiencing social work involvement when there is evidence of abuse or neglect. In addition, the propensity to frame outcomes and trajectories as within individuals’ choice and control, downplays the responsibilities of the state as parent and the potential for multiple and multifaceted support needs. As detailed in Chapter 5, parents in and leaving care can be highly motivated to be better and do better as parents; however, the extent to which this is possible and realistic needs to be considered in the context of their circumstances and resources. As argued by Dominelli et al (2005: 1133) ‘Failing to connect personal capacities to structural inequalities and leaving mothers and children unsupported and without adequate resources … make[s] failure the most likely outcome regardless of personal aspirations.’

Informal support: having someone by your side

In addition to personal determination and willingness to engage with professionals, a young person’s support network was seen as a key factor influencing parenting outcomes. As noted in the previous section, professionals repeatedly recognised the demands and challenges of parenting and, as such, believed that the availability of reliable, consistent, nurturing support was a key factor in determining outcomes. For example, the senior practitioner from LA 9 stated: “it’s having that person isn’t it, that is literally by your side because [being a new parent] is the hardest thing you’ll ever know isn’t it?” Potential sources of support included partners, partner’s families, former foster carers as well as birth families:

‘If they’re actually in a relationship, not on their own, if they’ve got somebody that’s there to support them that’s massive.’ (Senior practitioner LA 2)

‘If they’ve got some trusting adults in their life who are there to call on, perhaps on a Saturday afternoon if something has gone wrong or they’re struggling, that makes things much more successful … whether it’s some distant aunty who is nice and caring and stuff, that can make a massive difference. … [Q]uite often, if we get a looked after young person who is in a relationship with a dad who is from a
lovely family environment, the mum can see all that and if they take her under their wing, which I have noticed has happened before, and they sort of mother her as well and then they’ve played the grandparent role but quite a heightened grandparent role, that can work very successfully for the youngster.’ (Team manager LA 5)

‘Sometimes those are cases where the young person has had a, been in a long-term foster placement, they’ve got someone they can rely on. I know of cases where the young person had continued to live with the foster carer, you know, thinks of that foster parent as a, you know, very much as a biological attachment I suppose, and has had a child there and been supported, those have worked out. There have been others where, you know, the young woman has met somebody who is quite stable and/or has a stable family that can support them and help them and I think those cases can work. … And I can think of cases where actually, even if the young person, the young woman isn’t, you know, back living with the original birth parents, they’re still, kind of things have moved on and they’re able to assist now.’ (Team manager LA 19)

These accounts suggest that informal support may be available to young people from a range of sources, including partners and their families, former carers as well as birth family members. Early research from Quinton and Rutter (1984) lends some support to practitioners’ reflections, as they found that women who grew up in care and had a supportive partner were no more likely than those who were not care-experienced to demonstrate poor parenting. In this study, practitioners did not portray a preference as to who provided support for young people, but simply that the availability of support could influence experiences and outcomes for parents in and leaving care. A team manager’s (LA 5) reference to a heightened grandparent role is noteworthy, whereby nurturing support is available to the parent as well as the child. The importance of “mother[ing] the mother” has previously been argued by Rothenberg (2005: 24).

Interviews with parents revealed that support was sometimes available through the means suggested by professionals. For example, in the case of Zoe, relationships with her birth family had improved after she had her baby and she discussed having multiple people available for support. Talking about the location of her new property she stated:
‘[I]t is like [the] ideal location. My mum is right by there, my mum is like three streets down. Then my boyfriend’s mother is just down the road. I’m friends with the next door neighbour. It’s because I grew up around here. My foster carer is literally like at the bottom of this road, she’s like further down you know it’s brilliant. It is like the ideal location for me, I love it yeah.’ (Zoe)

For Zoe, there was no shortage of people to turn to for advice and support. Zoe felt multiple trusted individuals were close by to help her if and when needed. Yet in other examples, parents had few, if any, individuals they could rely on, and support from key individuals had the potential to be temporary, unreliable or unsuitable. For example, while valuable support could be provided from partners and their families, this was sometimes only available for the duration of the relationship. In Zoe’s follow-up interview, her relationship with her partner had ended and she reflected that his mother “doesn’t really speak to me now. If I see her out she will ask how [child’s name] is but she doesn’t see her.” Similarly, during her first interview Rebecca stated she could go to her partner’s mother “for anything. She’s been more of a mother to me than my own.” However, at the point of her second interview, her relationship with her partner had ended, and the relationship with his mother had deteriorated to hostile rather than supportive. While Zoe had other supportive figures to rely on, this was not the case for Rebecca. For example, in contrast to Zoe describing her former foster carer as being at the end of the road, Rebecca stated: “I have a good relationship with one of my carers but I haven’t talked to her in months now because we got our own things going on.” While Rebecca spoke very highly of her former foster carer, crediting her with “saving her life”, their relationship following her transition to independent living was described in more distant terms, rather than offering regular or consistent support.

Support from birth families was also described as problematic. For example, Tara stated that her mother had repeatedly promised to visit her when she had her baby, but never had and added: “My sister was meant to have [child’s name] every other weekend just to give me a break. But she didn’t stick to that.” In other instances, historical or ongoing concerns about birth family members prevented support being accessed. When asked if she had anyone available for support, Charlotte responded: “No because my mum is an alcoholic, my stepfather is disabled and so no, there’s no one on my side of the family I can turn to.”
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While Charlotte had restricted access between her mother and child, in some instances parents had been directed by Children’s Services to prohibit contact. For example, James stated: “They [social services] said, no matter what happens, your parents aren’t going to be able to go anywhere near [child’s name]. And I felt that quite unfair to be honest because my mum wasn’t a problem, it was my father that was the problem, and my mum’s ex-partner.”

In a similar example, Emma discussed her frustration that her father was not allowed contact with her child even though he was not considered a risk to other children within the family. For James and Emma, the imposed conditions were regarded as unnecessary and unhelpful; further constraining their limited supportive options. While the rationale for such decisions is unknown, it is important to note the potential of the state to encourage as well as curtail informal support opportunities for parents in and leaving care.

These accounts demonstrate the potential for parents in and leaving care to have access to a range of people offering informal support, which they can rely on in times of need. It is possible that young people’s relationships with birth family members will have resumed or improved, connections with carers will have been maintained, and new bonds forged with partners and their families. Yet, while such relationships may be both possible and desirable, the comments also demonstrate that such support is not the experience of all parents. For some, challenges with family relationships remain, relationships with carers diminish and support availability from partners and their families is unstable. In such cases, parents in and leaving care may be more heavily reliant on support from the state as parent. Similarly, as noted by Biehal and Wade (1996) insufficient informal support increases reliance on formal support. The following section will explore the possibilities available for parents wholly or partially reliant on the state for support.

**Formal support: availability, acceptability and adequacy**

In accordance with the potential for multiple and multifaceted needs, a range of formal supports and interventions were discussed by professionals, with service provision encompassing interventions spanning the continuum and four-tier model of services (Social Care Institute of Excellence 2012; Welsh Government 2017). These included references to universal services such as midwife and health visitor support, as well as mother and baby groups available within the local community. In addition, some participants discussed area-based provision targeted at families living in disadvantaged areas, and in some
areas, projects specifically targeted at young parents were available, offering a range of individual and group support. Dependent on need, support provisions could also be accessed via Children’s Services referrals. They included a number of interventions, varying in length, mode of delivery and focus, delivered by both the statutory and the third sector. In some instances, statutory process had been instigated, including child protection procedures and care proceedings.

Support provisions were typically available to a wide range of parents and were not specifically designed for or targeted at those in and leaving care. While these types of provisions constituted the bulk of provision discussed by professionals, there was widespread agreement that additional support was sometimes needed which took account of or was responsive to young people’s care experience. Primarily, such support was available through leaving-care professionals; however, over the course of the study a variety of initiatives were discussed including:

- specialist advocacy support;
- therapeutic support offered during pregnancy;
- enhanced midwife and health visitor support for pregnant and new parents in and leaving care;
- parent and child placements (including parent and child foster placements, as well as supported living facilities, available within and outside of the local authority area);
- ‘live-in’ parenting support (this involved support workers providing up to 24-hour support to parents in their own tenancies, with support being reduced in accordance with individual needs);
- parenting courses, supper clubs and mother and baby groups facilitated by the leaving-care service;
- linking parents with foster carers, peer mentors or volunteers to provide flexible, tailored support.

While seemingly offering a range of options, the availability or use of such initiatives was highly variable across local authorities. For example, only in two interviews did professionals discuss routinely encouraging pregnant and parenting young people to consider independent advocacy support. Similarly, enhanced midwife support was available in some authorities, although only one was specifically targeted at care-experienced young people. At the time of data collection, one local authority was trialling a project whereby care-experienced young people were offered therapeutic support during pregnancy, with the aim of helping to address issues with the past and support their transition to parenthood. Initiatives such as peer and volunteer support schemes
were on occasion described as ‘in development’, while parenting courses and mother and baby groups, delivered by the leaving-care team, were available in a small number of areas on an ‘ad hoc’ basis, or had been delivered previously as a ‘one off’.

At the time of data collection, the National Youth Advocacy Service was piloting Project Unity – a holistic, wrap-around support service for care-experienced young mothers. Since the conclusion of the research, the pilot has received funding to deliver the service across Wales (National Youth Advocacy Service 2019). Although yet to be evaluated, it is hoped that the nationally available provision will ensure greater consistency in support for parents in and leaving care in Wales.

In addition to inconsistencies and uncertainties in targeted support availability, multiple challenges and barriers were identified by professionals with respect to ensuring adequate support for parents in and leaving care. The availability of appropriate housing was described as particularly problematic; simultaneously depicted as a fundamental need but also a scarcely available resource:

‘Accommodation is a big issue. I think, you know, getting somebody into safe and secure permanent accommodation is huge, that provides the stability. … Like having a pushchair and then living in a house that’s got about a hundred steps up the front of it, you know, it’s difficult isn’t it? And that’s when things start to go wrong and so it’s making sure that they’ve not only got accommodation but it’s accommodation that suits them and enables them.’ (Team manager LA 16)

‘You know it’s out of a young person’s control, basically, the accommodation they’re provided with, yeah. Yeah some of the places are pretty grim.’ (Team manager LA 6)

As noted by the team manager in LA 16, the accommodation provided to young people has the potential to support parenting and provide a valuable foundation for ‘success’. However, as highlighted in the example of Nic earlier in this chapter, inadequate and inappropriate accommodation also has the potential to amplify struggles and add to difficulties. Tasha similarly discussed her experience of being placed in hostels and trying to create a home for her daughter within an environment that included violence, criminal behaviour and drug use. While Tasha had been supported into more permanent
accommodation, she stated that her current property was ‘not a nice place’ and was in poor condition.

For parents needing supported rather than independent accommodation, there were challenges with regard to availability as well as affordability. While some areas had some ‘in-house’ parent and child placements available with local authority carers, in other examples, young people were required to move considerable distances away and placements incurred considerable expense:

‘We have got mother and baby provision but it’s less available. I think it’s, it’s more available if we’re into serious concerns about the child [rather than] to just give that additional bit of support.’ (Team manager LA 5)

‘The difficulty with [parent and child placements] is that they’re so far away and so you’re taking young people out of everything they know.’ (Team manager LA 10)

In addition to uncertain availability, tensions were also apparent with regard to the support that was possible to provide, with multiple challenges acknowledged in efforts to develop services and ensure appropriate support for parents in and leaving care. For example, in addition to concerns about dual responsibilities and divided loyalties (discussed in Chapter 4), leaving-care professionals were also considered well placed to support parents; but their ability to provide additional help or respond to increased needs was problematic due to limited professional capacity:

‘I feel that our kids need a lot of support and we don’t have enough time. [Referring to one father she was supporting] … I’ve seen him three times this week, you know, and he phones me up about everything … but, you know, I’ve got like 20 other kids, do you know what I mean?’ (Senior practitioner LA 4)

Further practical difficulties were discussed with regard to facilitating group sessions. This was particularly difficult for parents living outside of major towns and cities: “The geography of the county doesn’t help with doing group work, it takes you all your time to get young people into one place” (Senior practitioner LA 7). While this senior practitioner was discussing the challenges of coordinating group sessions across a largely rural area, these options were also difficult to access
for young people who, for whatever reason, were living in a different local authority area to their respective leaving-care team. Rather than young people being transferred to the local authority in which they were resident, their original local authority continued to oversee their leaving-care provision. For some young people, this curtails the support that is available and can create additional barriers in navigating available provision.

The sustainability of support initiatives was also considered potentially problematic due to changeable numbers of pregnant and parenting young people. As noted by one senior practitioner (LA 17):

‘We go through little cohorts … so at some point we’ll have, you know, maybe x number of parents going on at the same time and then at other times we might have, you know, a couple of pregnancies. … [I]t’s not like you have such significant numbers that you can systematically think this is a service that we’re going to need to provide now. And I think that’s probably one of the stumbling blocks.’

The comments from the senior practitioner highlight similar challenges to those noted in Chapter 2; ever scarce financial resources require difficult decisions to be made with respect to support availability. In this example, committing funding to an issue of fluctuating demand was difficult to prioritise.

These reflections highlight multiple and multifaceted barriers inhibiting the development and delivery of support for parents in and leaving care. Adding to the complexity, concerns were also expressed with regard to the support that should be offered, for how long and for what purpose. For example, facilitating groups specifically for care-experienced parents was a contentious issue; with some professionals believing the development of such groups to be stigmatising, compounding notions that parents in and leaving care were likely to be struggling as parents. However, in other interviews, opportunities for parents to meet others with shared understanding of the care system were viewed as providing valuable opportunities for peer support while minimising anxieties and feelings of difference:

‘[Young parents in and leaving care] feel a bit conscious about attending some of those [universal services] because they are generally older parents who have got a good social network and they feel as though everyone is looking at them...’
if they turn up, and feel as though they’re being judged and watched.’ (Social worker LA 18)

Related to this, concerns were expressed as to the nature of support and whether it was primarily designed to provide meaningful help or to monitor/assess parents: “Young parents coming through the system – it doesn’t feel like support, it sounds awful, yeah, it does feel almost like policing, [they are] being watched and it’s token positive: ‘Oh she is engaging well with social services BUT …’” (Personal adviser LA 22). Likewise, the expectation for support provision to be temporary and to address needs in the short term was also subject to criticism:

‘There seems to be a reluctance to accept that some parents, including those with challenging childhood experiences, learning disabilities, etc., will need long-term support. For some this will mean long-term 24-hour support. As a society there seems to be a reluctance to accept this type of dependency or need.’ (Senior manager LA 6)

Such comments echo previous criticisms by Featherstone et al (2014: 137), who note the ‘absence of relationship building with families, with repeated short-term interventions’.

Overall, professionals were largely critical of the support available to parents in and leaving care, and the ability of the state as parent to replicate the type of support typically expected of grandparents:

‘I think we’d have to look at the sorts of services that normal everyday grandparents provide, general support, kind of babysitting, helping out financially now and again, just the sort of stuff that we, as a council, don’t do.’ (Team manager LA 10)

‘Yeah, I think [corporate parents] need to have a better understanding and recognition in terms of what they would do for their own children when they’re a parent, the support that they would provide. … I guess it’s those little things that a lot people take for granted that care leavers don’t have the opportunity to have really, which makes it twice as hard for them.’ (Senior practitioner LA 20)

In summary, for parents reliant on formal support provision, there is variability in the support that is available and substantial barriers to
developing responses that meet the range of practical, emotional and financial needs identified. While positive progress has recently been observed in Wales (National Youth Advocacy Service 2019) with respect to ensuring greater consistency of support for parents in and leaving care, it is nevertheless important to highlight the mismatch between the range of potential needs identified for care-experienced parents with the uncertain support options and their perceived inadequacy. Similarly, the data suggests that responding to the spectrum of potential needs identified in this section extend far beyond the remit of one agency and necessitate commitment and cooperation from all corporate parenting agencies.

As a starting point for developing support responses, the following section explores parents’ experiences of support and intervention.

Experiences of support: personalised options, ‘voluntary’ engagement and perceived benefit

For parents who had experiences of formal support, there was a mixture of opinions as to its adequacy and influence. For example, Amy was referred to a parenting course and reflected positively on its impact:

‘It gave me a sense of routine, it gave me a sense of empathy towards your own child. … I didn’t have the emotional support to become a mum at that time and I think that having the parenting course gave me that, it gave me the emotional support, and confidence as well to put everything into that routine.’

Zoe similarly spoke warmly about her experiences of a young parents group, valuing the informal opportunity to create and maintain friendships:

‘Yeah it’s like, it’s kind of like, it’s a mother and baby group, they have like a massive play mat thing in the middle, they do like cups of tea, squash and like biscuits and stuff. And all the babies just like play together with the toys and like most of the mothers we just have a chat really, just a catch-up and see how things are going.’

Other parents also reflected positively on services for young parents, commenting both on the range of support available, as well as the relationships with individual staff members. For example, Leah reflected
on the opportunities she had had to learn about healthy relationships, engage with baby massage sessions, as well as attend parent and child groups. Positive comments were also made by Matt and Tina. As noted in Chapter 5, Matt and Tina had strained relationships with social workers and carers and believed that professionals wanted them to fail. In contrast, the couple had forged more trusting relationships with staff at the service, believing they were “different” and felt that they could talk through issues with certain staff members.

Several participants reflected positively on the Unity project (National Youth Advocacy Service 2019), valuing the mix of practical and emotional support, the flexible nature of the service and the development of a trusting relationship with the keyworker. Consistent with the range of needs identified earlier in this chapter, support encompassed help with finances, housing, health, as well as engaging with social workers and other professionals. Reflecting on her relationship with her keyworker, Kim stated: “I think everyone should have a [keyworker’s name]. She been there for me when I’ve needed her. She believed in me and I felt like she was on my side.” Sophie similarly referred to feeling the Unity worker was “on her side” and stated she considered their relationship more akin to a friendship than a professional one. In another example, Molly was positive about the support available to her from Unity, as well as the comprehensive package of support that had been offered to her by Children’s Services. This included an array of services designed to address mental health needs, to develop parenting skills and ward against unhealthy relationships. “They [Children’s Services] had everything in place and said it was my choice. … [T]hey were there when I needed them, they’ve been brilliant. … I find that they’ve been very supportive and helpful.”

These findings incorporate support from the statutory and voluntary sector, and include universal, targeted and more intensive interventions. Key to the positive reflections by parents appeared to be the approach and relationships with key professionals, the level of choice and control afforded to them in terms of accessing support, as well as the perceived benefits of engagement.

In contrast to the positive reflections quoted so far in this section, other parents were more critical of the support that had been offered to them. This included accusations of inadequate, unhelpful and overly harsh interventions. Some reflected that little support was available from social workers and connected professionals. For example, Aaron became a father at 17 and reflected that he felt ill-prepared for what was to come:
I don’t know, like, being a, like being a child in care, I think I should have got a lot more support from the local authority but I haven’t. … I’ve had like five different social workers [in the last year] and, like, not one of them has, like, tried to sit me down and speak to me about what being a parent was going to be like, because I didn’t really know what it was going to be like, like it didn’t really seem real to me.’

While Aaron felt that more preparatory support should have been available prior to his child’s birth, Sarah stated she had been struggling to manage as a single mother but did not receive support when she asked social workers for help: “I phoned social services, I was crying, I said ‘I need help, I need some support, I just feel like killing myself.’ That was it, they came out, they said you’re incapable this that and the other and they took her and off they went.”

Related to this, Tasha stated she frequently felt penalised rather than supported by professionals. Tasha stated that she confided in professionals that she felt low due to the demands of caring for a baby. She stated that this information was later referred to in care proceedings to imply that her mental health posed a potential risk to her daughter. In another example, she stated that she was forced to end her relationship after disclosing her partner had experienced a lapse in drug use. The subsequent restrictions on contact between her daughter and her partner meant she had even fewer opportunities to access help with caring, circumstances that she felt were likely to exacerbate mental health difficulties:

‘I won’t ask them for nothing. Every time my life is going good and things are ok they will come and fuck it up. … I’ve jumped through every hoop, done everything they wanted and still they won’t leave me alone. They fucked up my childhood, I don’t want them anywhere near my daughter. They lie, don’t do what they say they’ll do, or do what they say they won’t do, mess people’s lives up, nothing ever gets done about it.’

The examples given are indicative of the diversity in young people’s needs and experiences. Some young people felt supported and were positive about professional involvement, while others harboured strong feelings of anger and resentment. As noted in previous chapters, it is not the intention of this book to provide analysis of individual situations and trajectories. It is recognised that the reflections of individuals
offer valuable but nonetheless partial insights, and the perspectives of connected parties may differ from those presented here. Nevertheless, the reflections of parents are consistent with previous comments emphasising the importance of positive professional relationships as well as concerns about stigma, discrimination and disadvantage (Chapters 4 and 5). Similarly, the reflections help illuminate the challenges noted by professionals quoted earlier, who respond to diverse needs as well as manage risk, and ensure supportive responses that are both wanted and available.

Consistent with this, concerns were evident in the extent to which support was voluntary or compulsory, and whether it was designed primarily to monitor and assess, or provide support. For example, in contrast to Zoe’s positive experience of a young parents group, Sophie felt compelled to attend a similar group, with her attendance monitored and reported back to the social worker:

‘Yeah [if I didn’t go] it would get reported back to like [social worker] that I didn’t go. … It’s good in a way because it gets me out of the house and it is good for X and it’s good for me to get out. But sometimes I feel like I like to stay in and chill and do all the housework and stuff. … It’s just like, it’s, I’m so busy and like always tired because I’m so busy.’

While Sophie recognised positive benefits of attending the group, feeling pressured to attend also had the potential to increase stress and resentment. In a similar example Kim stated: “I find it can be too much sometimes, I am bombarded with like support and you can do this, you can do that, you can do. … I don’t want to do it. It is too much so, yeah, I find I’m too bombarded with too much sometimes.”

During her interview Kim complained that she had multiple people visiting the house and was also encouraged to attend a variety of group sessions. In addition to feeling pressured to accept the support offered and fearful of the consequences of refusing, the support available did not correspond with what she felt was needed. Kim had no family to turn to and had sometimes struggled without a break. Ironically, the frequency of appointments and visits had exacerbated these difficulties: “They say ’sleep when the baby sleeps’, well that’s not possible when there’s people always coming.” Yet despite feeling ‘support’ was overwhelming and unhelpful, some parents feared the consequences of refusing the help available:
Responding to diverse needs

‘I’ve had parenting classes, baby massage, breast feeding support, mother and baby groups, healthy eating and cooking. Some of it was ok, but some I really didn’t need. It adds extra stress but you have to do what they say or they’ll take the baby. That’s how it feels and that’s how it is. The minute you say no they say “We’ll look at child protection again.”’ (Anna)

These accounts suggest that parents were sometimes pressured to engage in support, and this was at odds with what parents wanted and believed helpful. Related to this, concerns about the purpose of support were apparent. The following parents spent time in mother and baby units and felt the emphasis was on monitoring and assessment as opposed to encouragement and support:

‘I went into a mother and baby placement. I didn’t like it, it was like living in the Big Brother house … they were over you 24/7. If I went anywhere in the house with the baby I had to take the baby monitor with me. The foster carer had to have the other one.’ (Leanne)

‘If you wanted to take your child upstairs, if you wanted to bath your child, you had to be watched … like you are some sort of paedophile. Am I a criminal now that I’ve had a baby?’ (Emma)

‘I have spent longer than anyone in mother and baby [units]. I was in one first, passed that all good, perfect report. Then they said the staff had gotten too close to us and weren’t independent. Then I had to go to another one. At that one the cameras were on all the time, they watched everything. They even wanted to watch me breastfeeding. I had to fight and get my advocate to say “You are not watching me while I’m undressed!”’ (Tasha)

In contrast to mother and baby placements providing opportunities for comprehensive advice and support, the comments of Leanne, Emma and Tasha suggest they were treated with suspicion, with mechanisms designed to monitor and manage risk. Such comments resonate with those in the previous chapter, where parents felt stigmatised and negatively judged by professionals. The comments can also be related to Luke and Sebba’s (2014) review of the evidence with respect to
parent and child foster placements, which highlighted the importance of clearly defined roles, positive relationships with carers and young people feeling emotionally and practically supported.

Overall, these comments highlight the potential for support to be perceived as enforced, overbearing and unhelpful. In seeking to understand parents’ negative experiences, the comments may be reflective of inaccurate understandings of needs, concerns to manage risk as well as respond to needs, and/or a mismatch between the support needs identified and the support services available. It is also important to note that, despite the acknowledged importance of having a break from parenting, the services described did not encompass such provision. Related to this, the comments may be indicative of the disparity in responses and expectations for care-experienced parents. Professional emphasis on the importance of engaging with professionals, notions of “doing whatever is necessary” and “playing the game”, may be reflective of expectations to prove parenting capacity (see Chapter 4). Likewise, support options offered to young people may be shaped by priorities and motives which may or may not be known to young people. For example, engagement with an array of available support may help ease safeguarding concerns and ensure that children are regularly monitored. While acknowledging such possibilities and complexity, it is also important to consider the impact and experience of such approaches, including the extent to which responses are fair and consistent with needs, are reflective of expectations and support availability for other parents, and whether they encourage parenting ‘success’.

**Discussion: diverse needs, passive corporate parents and absent corporate grandparents**

The in-depth consideration of support in this chapter, provides valuable context for understanding parenting outcomes and provides a necessary foundation from which to consider further development. First, the findings highlight the potential for multiple and multifaceted needs; needs which reflect the challenging and demanding nature of parenting, as well as those connected to experiences before, during or while leaving care. While there is no suggestion that all parents in and leaving care will have intensive or long-term difficulties, professionals and parents in this study identified a range of potential support considerations.

Despite the range of practical, emotional and financial support needs acknowledged, professionals believed that parenthood was possible if
parents were prepared to do “whatever is required”. Typically, this meant engaging with professionals, evidencing personal responsibility and demonstrating a commitment to positive parenting. Repeated references were made to resilience and determination, and examples of young people who had proved themselves as parents, in spite of significant adversity. While the achievements of young people are rightly applauded, the emphasis on individual attitude and behaviour considerably downplays the extent to which the needs highlighted for parents might be considered part of the responsibilities of the state as parent.

In addition to individual factors, professionals also made repeated references to young people’s resources and the availability of support. Informal support resources were viewed as highly influential over the experiences and trajectories of parents. While some parents enjoyed the support of partners, family members and carers, for others, having ‘someone by your side’ and the availability of practical, emotional or financial help was not possible or reliable from connected figures. Biehal and Wade (1996) previously found little evidence of efforts to boost or facilitate informal supports. While Aparicio et al (2015: 53) advocated ‘seizing the opportunity for strengthening support and rebuilding family connections’, the findings of this study continue to suggest a passive corporate parent approach, whereby the support of partners, family members, carers and friends, is hoped for and preferable, but not routinely or actively sought.

Compounding the potential for disadvantage, the findings suggested that access to and experiences of formal support was variable. Approaches remain underdeveloped due to challenges with respect to acceptability, feasibility and sustainability; factors which further perpetuate difficulties associated with generating evidence of impact and good practice models of support (Finnigan-Carr et al 2015). While acknowledging examples of initiatives which seek to forge positive relationships with parents, develop skills and respond to diverse needs, the availability of supportive approaches was inconsistent. Moreover, professional and parent perspectives typically suggested support responses to be insufficient, with the support available from the state as parent considered a poor substitute compared to that typically expected from grandparents. Tensions are evident in the extent to which support corresponds to parents’ needs and preferences, is perceived as compulsory or voluntary, and whether it is designed primarily to monitor and assess or to provide meaningful help. The findings chime with Featherstone et al’s (2018) depiction of ‘high challenge/low support approaches’ and suggest little progress has
been made, despite the wider literature consistently noting the need for broad support responses encompassing housing, finances, mental and physical health, and social support (Mendes 2009; Connolly et al 2012; Svoboda et al 2012).

Conclusion

In conclusion, the Voices study has highlighted a mismatch between support needs and availability for parents in and leaving care. The findings presented suggest a disproportionate emphasis on individual factors and overly optimistic reliance on the availability of informal support, combined with underdeveloped responses from the state as parent. The extent to which the responsibilities of the state as parent can and should extend to those of grandparent has received insufficient consideration and there is a lack of consensus as to what support should be available, for how long and for what purpose. Despite some promising service developments (National Youth Advocacy Service 2019), practice experience of fluctuating demand and variable needs and preferences, combined with ever pressured resources and funds, has largely hindered progress and impeded the development of corporate parenting responses. As such, challenges with respect to generating evidence of effectiveness and models of good practice remain (Mullins et al 2014; Fallon and Broadhurst 2015; Finnigan-Carr et al 2015). The findings confirm the urgent need for policy and practice attention at the national, local and personal levels (Bullock et al 2006). Considerations of what such attention could and should entail will be considered in the following and final chapter.

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