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When young people in and leaving state care become parents: what happens and why?

1. Background and rationale

Young people parented by the state are more likely than the general population to be young parents. Studies from within and outside of the United Kingdom (UK) have consistently shown this population to be at increased risk of early pregnancy and parenthood (see Biehal and Wade, 1996; Cashmore and Paxman, 1996; Dixon et al. 2006; Del Valle et al. 2008; Vinnerljung and Sallnäs, 2008; Roca et al. 2009; Turpel-Lafond and Kendall, 2009; Courtney et al., 2011; Oshima, et al. 2013; King et al. 2014). Although findings are limited by non-representative samples, sometimes of small size (Mendes 2009), the available evidence has been described as 'unequivocal about the elevated rate of pregnancy among youth in out-of-home care' (James et al 2009: 991).

Research has also focussed on what happens after young people become parents. Early parenthood may be considered a positive aspiration by some young people (Haydon 2003) and has the potential to be a positive and repairing experience (Maxwell, Proctor and Hammond 2011). However, parenting experiences can be marred by the impact of previous trauma, stigma, accommodation challenges, mental health difficulties, experiences of poverty and an absence of informal support (see reviews by Mendes 2009; Connolly, Heifetz and Bohr 2012; Svoboda et al 2012). In terms of outcomes, studies have shown that despite adversity some parents cope well and reflect positively on their lives as parents (Wade 2008, Chase et al. 2009). Nevertheless, an emerging evidence base suggests this population of young parents to be more likely to experience compulsory state intervention and/or separation from their children. For example, Dworsky's (2015) analysis of social work records in Illinois, concluded that parents in foster care were more likely than other young parents to experience child welfare

involvement. Courtney et al.'s (2011) prospective study involving over 700 care leavers from three US states, found that by age 25/26 19% of mothers reported having non-resident children; over six times the rate for their non-care-experienced peers. For fathers this figure was 66%; 1.8 times more likely than their counterparts.

Within this developing evidence base, Courtney et al.'s (2011) report is particularly helpful in providing more detailed insight into the outcomes experienced by parents in and leaving state care. For example, non-resident children of care leaver mothers were found to be most likely to be living with foster or adoptive parents, whereas children born to care leaver fathers were most likely to be living with the other biological parent. In contrast, other evidence tends to focus on a particular outcome or findings are drawn from a specific sample. For example, a US cohort study involving 742 care-experienced parents (aged between 20 and 49) 9% reported having a child in foster care, compared to a 1.1% rate for the general population (Foster Jackson, Beadnell and Pecora 2015). Similarly, freedom of information requests issued by the Centre for Social Justice (2015: 72) concluded "at least one in 10 young care leavers aged 16-21 … hav[ing] had a child taken into care in the last year". Broadhurst et al's (2017) research into vulnerable birth mothers who experience repeat care proceedings concluded 40% of the study sample were care-experienced (based on analysis of 354 case files and 72 interviews). Similarly, Roberts et al. (2017) found that care leavers in Wales were overrepresented amongst birth parents whose children were placed for adoption. Drawing on data from the Wales Adoption Study, 27% (n=96) of birth mothers and 19% (n=45) of birth fathers were recorded as care leavers. While such evidence is valuable in highlighting the increased vulnerability of care-experienced parents and their risk of poorer outcomes in respect of parenting, they provide limited information about the numbers of parents who make a positive transition to parenthood and / or the range of outcomes that may be experienced within and aside from separation.
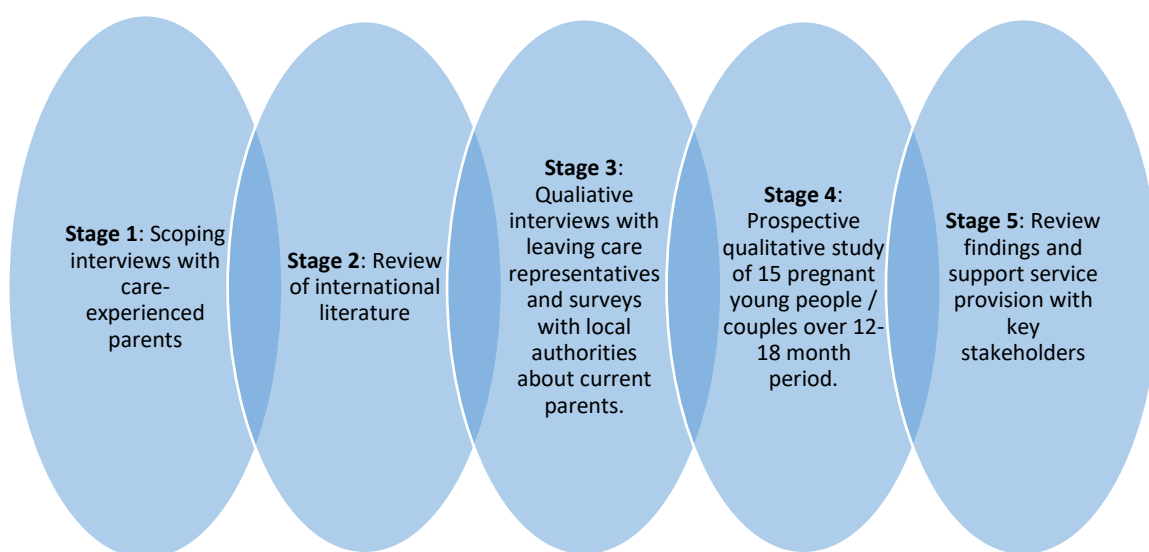
This paper seeks to make a contribution to the developing evidence base in respect of care-experienced parents. The paper presents survey and interview data completed with / by social workers, undertaken as part of a post-doctoral fellowship study concerned with parenthood for young people in and leaving care in Wales. Wales is an interesting and important context for research of this nature, considering its relatively large care population (McGhee et al. 2017). Moreover, third sector organisations in Wales have collectively voiced concerns in respect of outcomes and support provision for care-experienced parents (Voices from Care, NYAS, Family Rights Group, Tros Gynnal Plant 2016).

The paper firstly aims to provide a snapshot of the parenting population in and leaving care in Wales. The paper will provide details of needs (as identified by social care professionals) and outcomes for the parents identified. This will include the numbers of parents who are caring for their children independently, those subject to voluntary and compulsory state intervention, as well as the numbers who are separated from their child/ren. Both of these elements provide an important contribution to the literature as official statistics in Wales (Stats Wales 2018) do not currently report on the numbers or outcomes of parents in and leaving care. In addition, the paper aims to provide a contextualised understanding of outcomes through analysis of interviews with social care professionals. These interviews were designed to explore professionals' experience of supporting parents in and leaving care, as well as their reflections on factors which they believe support or inhibit parenting.

2. Methods

Data for this paper are drawn from a post-doctoral fellowship study undertaken within the [removed for peer review] at [removed for peer review]. The study is funded by Health and Care Research Wales and has several stages:

Figure 1: Early parenthood for young people in and leaving state care in Wales

Stage 1: Scoping interviews with care-experienced parents

Stage 2: Review of international literature

Stage 3: Qualiative interviews with leaving care representatives and surveys with local authorities about current parents.

Stage 4: Prospective qualitative study of 15 pregnant young people / couples over 12-18 month period.

Stage 5: Review findings and support service provision with key stakeholders

Further details of the study and its findings can be found in XXX, XXX and XXX.

This paper contains data from stage 3 of the study. This stage was conducted in two phases. Firstly, semi-structured interviews were conducted with representatives from leaving care services within each local authority in Wales (n=22). The interviews explored professionals' experiences of supporting parents in and leaving care, including perceptions of needs, barriers and facilitators, as well as local support availability. All local authorities were approached via Children's Services Directors, who were provided with information about the study and asked to nominate an individual/s to take part in an interview. Nominated respondents largely consisted of team managers, but also included a senior manager, senior practitioners, social workers, personal advisors and a 'Looked after Children's' nurse. Participants were provided with information on the study and informed that the interview would focus on their experiences in this area. This included their perceptions of barriers and facilitators, as well as local support initiatives. All were informed that participation was voluntary and not a condition of their employment. A total of twenty-two face-to-face interviews were conducted within respective

local authority offices during 2016 and ranged from forty-five to ninety minutes duration. Eighteen of the interviews were conducted with one respondent, three were conducted with two respondents and one with three respondents. Each interview was transcribed verbatim and an inductive thematic approach to analysis was adopted (Seale 2012). As an example of this process, initial codes such as 'working with social workers' 'determination' and 'evidencing change' formed part of the theme 'whatever it takes'.

In the second phase, local authorities were asked to complete a survey about each parent currently in receipt of statutory support whilst in care, or in the process of leaving care. The survey did not require the names or addresses of parents. A total of twenty questions were asked. These included details of parents' age, relationship status and occupation. Information was also sought about recorded needs and risks in relation to parenting, as well as generic needs. For example, individuals completing the survey were asked to indicate whether young people had on-going needs in areas including housing, finance, health, education, training and employment. The categories were informed by statutory guidance detailing key considerations for young people leaving care (Welsh Government 2018c). The survey also requested information about the support available to young people and the formal and informal sources with which they were engaged. Finally, details of pregnancies and births were requested, which included current living arrangements and legal status. An electronic survey tool was used and all data was inputted into SPSS. Twenty out of the twenty-two local authorities participated in this phase of data collection (91% response rate), which spanned twelve months between October 2016 and October 2017.

Data collection concerned young parents leaving care who were entitled to statutory support. At the time of data collection this included young people up to the age of 21, or 25 if in education, training or employment. Due to the small numbers of parents identified aged 22-25 (who were in education, training and employment AND were parents), and the lack of available

data for young people who were parents but who were not eligible for statutory support as they were not in education, training or employment, the analysis focuses only on parents up to the age of 21.

Ethical approval was granted by [removed for peer review]. In addition to complying with the formal ethical protocols, the design and conduct of the study has been supported by an advisory group of care-experienced parents. The issue of accessing information stored on young people's records without their formal agreement was discussed in depth. After deliberation the group was satisfied that personal details were not being extracted and the researcher was not having direct access to files and recordings. Whilst issues of privacy and consent were key areas of discussion, a consequentialist position (Boulton 2008) was prioritised in the hope that accessing such information would provide valuable evidence in supporting on-going efforts to ensure appropriate support responses for young parents in and leaving care (Voices from Care, NYAS, Family Rights Group, Tros Gynnal Plant 2016).

3. Results

The sample consisted of 258 young people, aged between 16 and 21 (see table 1). Of these, 206 were female and 52 were male. The average age of entry into care was 11 years (SD = 4.12) with an average of 1.4 care episodes (SD = 1.18) and an average of 6 years spent in care (SD = 4.3). Results revealed an average of 5 (SD = 4.45) different placements and 5 (SD = 4.17) allocated social workers. The vast majority had primarily lived in foster care (176:73%), followed by residential care (23:10%), a placement with family or friends (17:7%) or supported accommodation (13:5%). The young people had 238 children in total with an additional 44 ongoing pregnancies. Around half of the sample were in a relationship with the other biological parent (122:47%), 94 were single (36%) and 33 (13%) were in a relationship with another

partner (see table 2). Of the 258 young people, 30 (12%) were recorded as being in a

relationship with a care experienced partner.

Table 1: The gender and age of young parents

Variable	16		17		18		19		20		21		Total
	N	%	N	%	N	%	n	%	N	%	n	%	
Male	0	0	7	13	11	21	15	29	17	33	2	4	52
Female	6	3	17	8	44	21	57	28	63	31	19	9	206

n = 258

Table 2: The relationship status of young people

		Female		Male		Total	
		N	%	N	%	N	%
Relationship Status	Single	73	35	21	40	94	36
	Relationship (biological parent)	99	47	23	44	122	47
	Relationship (not biological parent)	28	13	5	10	33	13
	Not known	9	4	3	6	9	3

n = 258

3.1 Recorded needs for the young person

The data showed 86% (n=222) of parents had at least one recorded need with a total of 837 identified needs across the sample. Ten per cent (n=23) had one reported need, while 2% (n=4) had ten reported needs, the mean number of needs was four. As table 3 shows, most young people had between one and four recorded needs. Males were more likely to have over five recorded needs. The most cited need for both males and females were difficulties with families and relationships. For females this was followed by mental health, housing, financial and budgeting and education, employment and training. Whereas for males a need for support around family and relationships was followed by education, employment and training, drug and alcohol misuse, independent living skills and financial and budgeting.

Table 3: The number and nature of recorded needs for young people

		Female		Male		Total	
		N	%	N	%	N	%
Number of recorded needs	0	29	14	7	13	36	14
	1 – 4 needs	124	60	25	48	149	58
	5 + needs	53	26	20	38	73	28
Recorded needs	Family / relationships	96	15	27	14	123	15
	Mental health	88	14	18	9	106	13
	Housing	79	13	20	10	99	12
	Financial / budgeting	73	12	21	11	94	11
	Education, employment and training	68	11	26	13	94	11
	Domestic abuse	62	10	19	10	81	10
	Independent living skills	59	9	21	11	80	10
	Drug / alcohol misuse	44	7	23	12	67	8
	Other	27	4	18	9	45	5
	Learning difficulty	14	2	3	2	17	2
	Physical health	11	2	3	2	14	2
	Learning disability	2	0	1	1	3	0
	Total	**623**	**100**	**200**	**100**	**823**	**100**

Note: n = 222

3.2 Pregnancies and births

The average age of having a baby was 19 years for both males and females. Children were aged from a few weeks to 5 years of age, with most (157: 65%) recorded as one year or under. Analysis of each individual child revealed that the majority of children were living with the focal parent (151: 62%) with a further 26 (11%) children living with their other biological parent (see table 4). Of the children living with the focal parent (151), 23 (15%) were subject to a child protection plan or investigation and 29 (19%) were receiving some form of voluntary family support through the local authority.

Over a quarter of children (65: 27%) were not living with at least one biological parent. Of these children, 24 (10%) were in local authority care, 21 (9%) in adoptive care and 18 (7%) of children were being cared for by family or friends. When parent gender was considered, slightly different patterns were noted. Mothers were most likely to be living with their child followed by local authority carers and adoptive carers. For fathers, children were most likely to be living with the other biological parent, followed by themselves and then friends and family. When parentage was considered, a fifth of those with multiple children had different living arrangements for each child (6:20%).

Table 4: Living arrangements of children born to young parents

		Female		Male		Total	
		N	%	N	%	N	%
Child living arrangement	Participant	139	72	12	24	151	62
	Other biological parent	3	2	23	47	26	11
	Local authority carers	19	10	5	10	24	10
	Adoptive carers	18	9	3	6	21	9

Friends / family	13	7	5	10	18	7
Other	1	1	1	2	2	1
Total	193	100	49	100	242	100

n = 242

When reported needs were considered in relation to where children were living, findings revealed that 45% (n=342) of needs were experienced by young people living with their children. Lower levels of reported needs were noted for young people where their children were living with the other biological parent (106: 14%), local authority carers (103: 14%), friends or family members (102: 14%) and adoptive carers (99: 13%). Nearly half of young people living with their children had physical health, mental health, education, employment and training, domestic abuse, drug and alcohol misuse, learning difficulty, financial / budgeting and family relationship needs.

3.3 Interviews with professionals

This section presents the key themes emergent from interviews with social care professionals. The qualitative data offers a contextualised understanding of the findings outlined above, detailing professional perspectives of key factors influencing parents experiences and outcomes.

o **3.3.1 Whatever it takes: Determination, engagement and responsibility**

Data from professionals frequently emphasised the importance of individual factors in determining outcomes for parents in and leaving care. This included the choices made by young people, their level of responsibility and commitment to meeting their child's needs. Whilst recognising that parenting a child was challenging, it was nevertheless seen as achievable for young people if they 'wanted it enough' and were prepared to do whatever was required. For example, several professionals referred to young people who had transformed during

pregnancy. Often described as troubled and / or troublesome young people, the prospect of being a parent had induced a 'lightbulb moment' and prompted them to radically change their behaviours. For example, the Team Manager in Local Authority (LA) 1 stated:

> I am thinking particularly of two very challenged young women …. who were leading extremely chaotic lives. … substance misuse … mental health, … 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.

In contrast, 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 in respect of 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.

As well as being committed to positive and responsible lifestyles, professionals also referred to the importance of young people being concerned not to replicate previous family dysfunction, to be aware of short comings in the parenting they had experienced and to be 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 / or their parenting ability. For example, Senior Practitioner in LA 14 stated 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 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 above suggest that outcomes in parenthood for young people in and leaving care is heavily located within the individual; influenced by understandings and commitment to 'good' parenting. Considered against the range of needs identified above (table 2), young people must demonstrate their willingness and ability to address or overcome professionals' concerns.

o **3.3.2 The state as parent: uncertain support and dual responsibilities**

Despite the emphasis on individual choice and determinism, the vast majority of professional respondents made reference to the obligations and responsibilities of the state as parent. Professionals repeatedly highlighted deficiencies in the support available to parents. Two key

areas of disadvantage and difference highlighted by respondents are presented; accommodation and informal support. Considerations about where parents will live and who they can turn to for advice and support are arguably fundamental concerns for all parents, regardless of care-experience. Yet it would appear that for parents in and leaving state care, the availability and influence over such factors is limited and uncertain. For example, whilst the option of staying at home with their child may be available to non-care-experienced young parents, such an option is likely to be less available to young people in care. As such, securing appropriate housing was often described as both a pressing and problematic issue:

> 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)

> 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)

For young people needing supported rather than independent accommodation, placements were repeatedly described as scarce and outside of the local area, as well as expensive:

> We have got mother and baby provision but it's less available. I think it's, its 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)

The comments from professionals highlight the extent to which young people are reliant upon the state as parent in respect of housing. Whilst the importance of home was accepted by respondents, the accommodation provided was frequently acknowledged as undesirable in terms of location and standard, impractical, unaffordable and / or temporary.

In addition to housing, a young person's support network was referenced by each of the professionals. Respondents repeatedly recognised the stressors and challenges associated with 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? Similarly, the Team Manager of LA 6 stated:

> Well it's support, it's the support that you'd get provided by a family and some of our looked after young people or care leavers still have that family network, it might not be the most appropriate but it's still there … they've always got somebody. I do worry about our young people that have got no family … they have nobody but us … and that to me is a real worry because you know we aren't here all the time.

Also reflecting on instances where young people lacked informal supportive relationships, Team Manager in LA 17 stated it was hard to witness: "the lack of moral support. Having kind of no trustworthy adult about to kind of guide them through things and to, to be a crutch or a shoulder to cry on. They're alone, which is a crap thing to see".

Professionals also made reference to dual responsibilities and divided loyalties (Rutman et al. 2002) which inhibited the extent to which they could be supportive to young people. Reflecting on a relationship with one mother, Senior Practitioner (LA 18) stated:

> I saw some stuff that was not good and I had to report her … our relationship after that went, that was the end of it really, she didn't want to engage at all after that, and I had known her for [many years], I had a great relationship with her, but I saw some stuff that was concerning and it was game over then … it was horrible for her I'm sure but it was horrible for me that this relationship had gone.

Similarly, the Team Manager of LA 1 stated:

> we do have occasions when people run out of food or run out of electricity and you know and that is problematic because not only are they not meeting their own and their child's needs but they know that by coming to us, … coming to us and asking us for help in that situation would trigger us to think about are there other things to be looking into?

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The comments emphasise the vulnerability of young parents in and leaving care. The availability of informal support is recognised as highly important, yet the extent to which the state as parent substitutes or replicates such support appears limited. In part this may reflect finite resources and structural constraints. However, the comments also emphasise professionals' role as agents of the state, with obligations in respect of safeguarding. Such obligations have the potential to impact and sometimes override the role of state as parent.

4. Limitations

Several limitations are acknowledged. Firstly, when designing the quantitative phase of the research it was intended that data would be obtained with the help of local authority data management professionals. Unfortunately, the complexity of the local authority systems and the absence of routinely collected data in respect of pregnancy and parenting meant that it was not possible to quickly extract the necessary information. It became apparent that the most efficient way to access the data was via team managers or social workers who knew the circumstances and histories of the young people and could access / provide the required information. This required further (and sometimes significant) time commitment from the social work teams and impacted on both participation (two local authorities did not participate in this second phase) and the speed with which data could be collected. In addition, there was variation in how local authorities were prepared to provide the information. In some instances, the team manager was the lead contact and provided information on behalf of the department. In other instances, individual social workers and personal advisors provided details for the parents on their caseload. Furthermore, in some of the local authorities, data was provided during face to face meetings, whereas others chose to provide the information remotely. The potential for inaccuracies and incomplete data is recognised and the lack of systematic data

collection means it is possible, if not likely that the data presented is an under-representation of the parent population.

The qualitative data was provided by professionals connected to local authority leaving care services across Wales. As noted above, there was much variety in individuals' roles and responsibilities and the data generated cannot be assumed to be representative of perspectives across authorities.

5. Discussion

The findings of this study provide a much needed contribution to the under-developed evidence base in respect of parents in and leaving care. Achieving almost full participation from each of the local authorities in Wales, the paper provides a comprehensive consideration of parent numbers, outcomes, support needs and availability.

At the outset of this discussion section, it is important to note that the majority of children were living with their care-experienced parent (62%) or other biological parent (11%). The fact that the majority of parents were actively caring for their children, often in spite of significant adversity and disadvantage, is testament to the tenacity and resilience of care-experienced parents. Whilst the remainder of this paper will argue the need for further policy and practice development, such achievements should not be overlooked. It is hoped that this finding will be used to champion the parenting potential of young people in care and help counter stigma, presumptions of incompetency and expectations of intergeneration cycles of care (Haight et al. 2009; Mantovani and Thomas 2014; Rutman et al. 2002).

Despite these hopes, the findings nevertheless add further support to the developing evidence base confirming increased rates of intervention and separation for children born to care-experienced parents (Courtney et al. 2011; Roberts et al. 2017; Wall-Wieler et al. 2018). 26% of children identified in this study were separated from their parents at the time of data

collection; 10% of children were in the care of local authority carers, 9% with adoptive carers and a further 7% living with friends and family. Moreover, for children living with a care-experienced parent, 34% were in receipt of some form of statutory intervention. When compared with official data showing 1% of children in state care in Wales in 2017 (Welsh Government 2018a) and 3% in receipt of care and support (including those 'looked after', on the Child Protection Register and those with a Care and Support Plan) (Welsh Government 2018b), the findings provide clear evidence of disparity of outcomes for children born to young people in and leaving care.

The high levels of support needs identified for young parents provide some explanation for the findings. For many young people, parenting was not an isolated consideration but often interlinked with an array of other needs. It is noteworthy that the most common needs identified for young people are reflective of factors over which corporate parenting agencies and professionals have responsibility and significant potential to influence. In addition, the interviews with social care professionals provided valuable contextual detail to further consider the comparatively high rates of intervention and separation. The interviews highlighted that professionals believe that parenthood is possible for young people in and leaving care if they are prepared to do 'whatever is required'. Typically, this meant engaging with professionals, evidencing personal responsibility and demonstrating a commitment to positive parenting. Yet despite such emphasis on individual choice and determination, professionals also acknowledged key factors over which young people have limited control. The provision of appropriate housing and the availability of informal support were recognised as fundamental needs for all parents, yet for those in and leaving care, such resources were often uncertain, unavailable, or inadequate.

The findings of this study resonate with existing literature. For example, previous research has shown that care-experienced parents are often highly motivated to do the best for their children and want them to have better parenting experiences than they themselves had (Barn and

Mantovani 2007; Rolfe 2008; Chase et al. 2009; Pryce and Samuels 2010, Schelbe and Geiger 2017). However, such wishes are hampered by inadequate resources including informal support, housing and finances (Biehal and Wade 1996, Corylon and McGuire 1999; Pryce and Samuels 2010; Connolly, Heifetz and Bohr 2012, Schelbe and Geiger 2017). Dominelli et al. (2005: 1133) have previously lamented the failure to "connect personal capacities to structural inequalities … leaving mothers and children unsupported and without adequate resources, … make[s] failure the most likely outcome regardless of personal aspirations". In addition, engagement with professionals can be problematic for care-experienced parents who perceive risks associated with such action including unhelpful intrusion and scrutiny (Corylon and McGuire 1999; Rutman et al. 2002; Chase et al. 2009; Maxwell, Proctor and Hammond 2011; Mantovani and Thomas 2014; Radey et al. 2016). Such fears were brought into focus in this study, as professionals acknowledged the potential for dual responsibilities and divided loyalties (Rutman et al. 2002).

6. Conclusion

In reference to young people transitioning from state care, the Social Services and Wellbeing (Wales) Act 2014 Code of Practice (2018: 79) dictates that "all elected members and officers of the local authority, as corporate parents" operate under the principle of "is this good enough for my child?".

We contend that the mismatch between the high expectations placed upon young people and their disadvantaged access to support and resources should not constitute 'good enough'. Trajectories for parents in and leaving care remain predominantly framed as individual successes or failures, rather than being reflective of the care and responses on which young people are reliant. Uncertainty and inadequacy in basics such as where to live and who to rely

on for support would unlikely constitute 'good enough' for the majority of parents. Likewise, confinement of help to within office hours and the dual concern to monitor as well as support support, would neither be the experience, nor considered acceptable within the vast majority of birth families.

In conclusion, urgent policy and practice attention is required to address increased rates of intervention and separation for parents in and leaving care. It is our contention that the absence of official reporting in respect of parent numbers, rates of intervention and outcomes, has enabled the relative invisibility of this issue, resulting in insufficient consideration of support needs and under-developed state responses. In seeking to address this disparity, sustained interest and monitoring of rates of intergenerational care experience is needed. Yet in addition to a focus on outcomes, such efforts also need to go beyond analysis of whether parents retain care of their children. The findings of this study highlight a pressing need to consider state responses to young people in and leaving care who are parents. It is hoped the findings of this study will make a positive contribution to the evidence base and prompt holistic consideration of the obligations and responsibilities beholden on the state as parent.

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