Exploring professional responses to mothers in and leaving care in pregnancy and in parenthood

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Declaration

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Abstract

Young people in and leaving care face many challenges and barriers in their transitions to adulthood, and as a result are less likely to achieve the same outcomes as their peers across several aspects of their lives. In 2014 the Scottish Government extended the rights and entitlements of care leavers in Scotland to try and address the inequities that young people in and leaving care face during their transition from being looked after. Prior research has shown that young women in and leaving care are more likely to experience pregnancy and parenthood at a younger age than their peers, and that this is associated with a higher risk of poor outcomes for both mothers and their child(ren). This overall profile of increased risk and poor outcomes associated with pregnancy and parenthood was the basis for this study. The aim of this thesis was to explore the extent to which women in and leaving care receive an equitable opportunity to successfully parent. It specifically sought to better understand how children and family practitioners respond to the needs of mothers in and leaving care in pregnancy and in parenthood.

To achieve this aim, a qualitative research design was employed, using critical theory, to draw attention to the structural explanation and mechanisms underpinning and maintaining the reported higher risks and poorer outcomes for mothers in and leaving care. Data was collected in two stages, beginning with semi-structured interviews with four care experienced mothers who experienced pregnancy and parenthood during their transition from being in and leaving care in Scotland. This was followed by semi-structured interviews with 17 practitioners with experiences of supporting and responding to the needs of mothers in and leaving care. Data from the interviews were transcribed and analysed, using critical thematic analysis to draw attention to the dynamics of power, inequality, and context in the themes identified.

The findings demonstrate the range of structural, cultural and political conditions which maintain the inequalities of outcomes experienced by mothers in and leaving care in Scotland. These conditions highlight the precariousness of mothers' circumstances on leaving care, which contribute to the profile of risks, needs and vulnerabilities that they experience. When considering practitioners responses to these needs, the findings identify the practice dilemmas that arise for practitioners in navigating their roles and responsibilities to both mothers and their children. In doing so, the study highlights the impact of wider social, cultural and political norms relating to social work practice, motherhood and care experience on the recognition and adequate resourcing of responses to address the inequity faced by mothers in and leaving care in pregnancy and in parenthood. This shows that for mothers in and leaving care to be given equitable opportunity to parent, there needs to be greater recognition of their needs both as mothers and as care leavers, alongside a more dependable and caring response from the system of supports. This study therefore contributes to existing knowledge by advancing understandings of the structural explanations and mechanisms underpinning and maintaining the inequities of motherhood for women who are in and leaving care which has practical utility.

Dedication

To my grandparents, Gladys and Jack, Jean and Stuart. All four of whom, in their own ways, fought for a more socially just society in which all folks belong and are given the opportunities to be the very best version of themselves.

"Afterall, folk are folk wherever you go" (Grannie Jean)

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Chapter 1: Introduction

This thesis provides an account of a qualitative research study which explores professional responses to mothers in and leaving care who are pregnant or parenting. In this chapter, I discuss the background and rationale to this research study, exploring how it is shaped by the current policy drivers in Scotland relating to young people in and leaving care. I introduce the aim and research questions, provide an outline of the thesis and conclude the chapter by discussing the significance of this study.

1.1. Background to this thesis

In Scotland, The Children and Young People (Scotland) Act 2014 (CYPS Act 2014) introduced new entitlements for care leavers and established new pathways for young people leaving care. This includes the option to remain in a placement beyond the termination of their compulsory order up until the age of 21. The CYPS Act 2014 also extends young people's entitlements to aftercare up until the age of 26, enabling young people to seek out and receive support that takes account of their additional needs and vulnerabilities as a care leaver. The intention behind the additional provisions within the CYPS Act 2014, was to enable young people to make more gradual transitions from being in care and allow them access to ongoing support as needed.

The focus of this study, on pregnancy and parenthood in young women in and leaving care, developed from work I undertook as a researcher at the Centre for Excellence for Children's Care and Protection (CELCIS). At the point of developing the proposal for this study I was working within the throughcare and aftercare programme at CELCIS. The CYPS Act 2014 was a year old and the increased entitlements for young people leaving care and receiving aftercare was prompting consideration of the most appropriate approach to ensure the full implementation of Parts 9, 10 and 11, which relate to corporate parenting, aftercare and continuing care. In addition to this, there was a recognised need to consider the implementation of the Act in relation to different groups of care leavers, one being care leavers as parents. To support these considerations, I undertook a review of existing literature that informed the development of a *Care Leavers as Young Parents Roundtable* discussion in 2015. This brought together key partners working with this population to discuss current knowledge, policy and practice.

The process of reviewing the literature and preparing for this roundtable highlighted the limited knowledge that existed in relation to mothers in and leaving care. The limited knowledge base, combined with the practice challenges raised by partners at the roundtable discussion, presented an opportunity to add to an under researched area of knowledge, in a way that could inform and support practice. This led to the development of a research proposal submitted to the Economic and Social Research Council that focused on developing an understanding of the experiences of being a young parent and a care leaver that would inform social work practice. Whilst this study retains the same core focus of the original research proposal, namely on young women in and leaving care as parents, a more detailed review of the literature shifted the emphasis of this study to look at the process of professional responses within a multi-agency context.

1.2. The research aim and questions

The study aims to explore the extent to which women in and leaving care receive an equitable opportunity to successfully parent. It specifically seeks to better understand how child and family practitioners respond to the needs of mothers in and leaving care during pregnancy and in parenthood, to develop new insights into the relationship between practice and the wider context within which responses to mothers in and leaving care are located.

To achieve this aim, this study set out to answer four questions:

1. What are the support needs of mothers in and leaving care in pregnancy and in parenthood?
2. How do professionals currently respond to and support mothers in and leaving care in pregnancy and in parenthood?
3. What are the social, cultural and political contexts within which professionals are responding to mothers in and leaving care in pregnancy and in parenthood?
4. How does learning from this study contribute to research, policy and practice?

This study is motivated by a desire to improve the understanding of practice which supports successful parenting experiences for young women in and leaving care who are pregnant or parenting in Scotland. Therefore, this study sought to better understand, from the perspectives of both mothers and practitioners, how professionals were responding to the needs of mothers in and leaving care in pregnancy and in parenthood, and aimed to develop new insights into the relationship between practice and the wider context within which responses to mothers in and leaving care are located. In doing so this study seeks to make a contribution to knowledge in three ways:

1. To develop an understanding of the utility of existing policy and legislation within practice to support young people in and leaving care as parents.
2. To develop an understanding of practitioner responses in the context of young women in and leaving care who are pregnant or parenting.
3. To explore the use of a critical framework for understand the interaction between the wider social, cultural and political context and practitioner responses to mothers in and leaving care to help inform and develop practice.

1.3. The scope of this study: an overview of key terms and their relevance to the study

In this section I discuss the key terms used in this study, including, mother and motherhood; looked after, care experienced, in and leaving care; and professional and practitioner. In the discussion of these key terms, I outline the scope and boundaries of this study and the rationale for these.

Motherhood and mother

Motherhood can be understood both as a biological concept as well as a socially, culturally, and politically informed construct (Schmidt et al., 2023). Biologically, motherhood is understood as part

of women's nature and has been positioned as an internal and instinctive part of femininity (Williamson et al., 2023). Feminist perspectives challenged these biological discourses and added to understandings of motherhood through exploring women's experiences of motherhood as thinking, as opposed to solely intuitive, individuals (Schmidt et al., 2023). Historically, sociological perspectives of the family understood motherhood as reflecting the position of the Church within family life (Williamson et al., 2023). Within this context, the concept of 'good' mothering was prominent, with single motherhood being positioned centrally within this discourse and generally considered as outside of the constructs of good motherhood (Schmidt et al., 2023). Over time, changes to the legal and cultural values and views relating to family life have shifted the discourse around motherhood, to one that is more open to a diverse understanding of family life (Schmidt et al., 2023). However, constructs of 'good' and 'bad' mothering have purveyed, meaning that their remains a focus on what motherhood should be, rather than a focus on how it is experienced (Williamson et al., 2023).

Pheonix and Woollett describe the social construction of motherhood and "good mothering", and the interaction of this with culture, politics and policy (1991, p. 13). An individual that falls within the socially accepted construct of 'good mothering' enables that individual to adopt a socially accepted and centrally positioned identity. Challenge to this arises when the realities of parenting do not align with the contemporary social construct of motherhood, or where the evolution of the family and family structures challenges the dominant ideology and parent constructs (Phoenix & Woollett, 1991). Societal changes to the role and position of women with the workplace, the extension of social constructions of youth to include young adulthood, and choices to have children later into adulthood have shifted social and cultural norms relating to motherhood. It is because of these societal and cultural norms that teenage motherhood has been positioned outside of the norm or ideal parent construct (McDermott & Graham, 2005). This means that young people who have sought out or rationalised parenthood as an identity in youth, compared to those identities offered through work and education, are likely to encounter challenges and barriers to adopting the good mothering construct held by the wider society.

Within child protection, Rutter et al. (2025) argue that the concept of 'good motherhood' has been utilised to control and oppress mothers interacting with services. They suggest that, regardless of why mothers are interacting with children and family services, the mere fact that they are positions them as existing outside of social norms and the ideal 'good mothering' identity. Furthermore, in order to acquire a more favourable mothering identity, mothers are expected to prioritise their motherhood above everything else (Rutter et al., 2025). Yet Morriss (2018) highlights the compounding nature of poverty, race and age on the stigmatising and othering of mothers interacting with child protection systems. Rutter et al. (2025) suggests that, for mothers interacting with child protection systems, the idea of 'good motherhood' is incompatible with the power dynamics within these systems, which often stigmatise and further 'other' mothers. For mothers in and leaving care, their existing engagement with children and families services as looked after children has been found to negatively impact how some professionals view them as mothers, regardless of their parenting (Roberts, 2021; Rutman et al., 2002). This study is informed by these

discourses relating to ‘good mothering’; if and how these constructs of ‘good mothering’ interact with how practitioners perceive and respond to the needs of mothers in and leaving care.

Looked after, care leaver, in and leaving Care

In Scotland the Children (Scotland) Act (Children (Scotland) Act 1995, 1995) provides the legal definition of who a looked after child or young person is. Under the provision of the Act, a young person is considered looked after if they are accommodated by the local authority or if, through the process of a children’s hearing, the young person is subject to a supervision requirement. Scotland is unique in that it has statutory provisions for young people looked after at home as well as young people who are looked after and accommodated. A young person who is looked after at home is subject to a supervision requirement which has “no condition of residence” (The Scottish Government, n.d.); the young person has entitlement to statutory services and support but remains living in their normal place of residence. Where a young person is looked after and accommodated, they are subject to a supervision requirement which does have conditions of residence, meaning they are not cared for in their normal place of residence and instead the local authority has assumed responsibility for their care and protection.

The Children (Scotland) Act 1995 establishes the duty on local authorities to provide ‘Aftercare’, defined as “advice, guidance or assistance by a local authority” for young people who were over school age, but who has since ceased to be looked after, up until their 19th birthday. The CYPS Act 2014 updated and expanded these duties, providing a formal definition of a ‘care leaver’ to include any young person who ceases to be looked after (regardless of their place of residence) on or after their 16th birthday. With this, the CYPS Act 2014 also extended eligibility to aftercare for any care leaver up until their 26th birthday. This means that all children who were formally looked after either at home or in accommodation provided by the local authority are eligible for aftercare, so long as they remained looked after until at least age 16. This extension in eligibility for aftercare places a duty on local authorities to assess the needs of any care leaver aged 16 to 18 who has ceased to be looked after, and, where an eligible need is identified, meet these needs. For care leavers aged 19 to 25, the, the CYPS Act 2014 places a duty on local authorities to provide advice, guidance or assistance if an eligible need is identified that cannot be met through other means. After the age of 25, it is at the local authority’s discretion whether or not they provide a care leaver with support.

Figure 1 provides a visual overview of the pathways that young people leaving care can take (Ross, 2016). It should be noted that despite Figure 1 reflecting the legal entitlements young people are entitled to in the process of leaving care, this is not necessarily the reality of the support that young people access. National statistics on Looked After Children report that between 2023 and 2024, 43% of young people in Scotland who were at least 16 years old did not have a pathway co-ordinator at the point they ceased to be looked after and 26% did not have a pathway plan in place when they left care (The Scottish Government, 2025). Additionally, there was a persistent gap in the number of young people eligible for Aftercare services and those in receipt of them, with less than half (48%) of eligible care leavers in receipt of aftercare services (The Scottish Government, 2025). As such, the

available data on young people's transitions from care suggest that whilst there are many possible care pathways for young people in and leaving care, these are not necessarily being fully taken advantage of, planned or co-ordinated.

Transitions between youth and adulthood, from looked after to independence, between pregnancy and parenthood form a component part of this contextual focus on young women in and leaving care. Within sociology, transitions from youth into early adulthood have historically been defined as the transition from school and the family home into employment and independence (Furlong & Cartmel, 2007, p. 34). The transitions that youth make are indicative of the wider culture, society and economic context. As a result of recent changes to the social and economic context of the UK, more young people are choosing to remain in education for longer, extending the period of youth and the transition into adulthood (Gayle & Lowe, 2014, p. 2). Jones (2002) argues that this has created a divide between those who choose to leave education at age 16 and those who continue their education, resulting in a less collectively definitive transition into adulthood. These elongated transitions into work and independence have also changed the timeframes in which individuals choose to have children, with many choosing to defer parenthood until later into adulthood (Pollock, 2008, p. 475). However, young people in and leaving care are often an exception to this trend of extended periods of youth and more gradual and staggered transitions. The literature on young people's transitions from care suggests that young people leaving care make multiple transitions in an accelerated and compressed timeframe at a much younger age than their peers (Stein & Munro, 2007). Consequently, the transitions that young people in and leaving care make are understood to be out of alignment with those made by their peers, and this means that, for some young women, the transition to motherhood will occur earlier than it does typically for those who have not been looked after.

The title of this thesis identifies the contextual focus of this study as young women in and leaving care. Prior studies (Knight et al., 2006; Roberts, 2021; Tyrer et al., 2005) have used the term 'in and leaving care' to account for the journey that young people take from being looked after to becoming a care leaver. In Chase et al. (2008) they apply the term in and leaving care to refer to young women in their sample who were aged between 15 and 22. The term 'aging out' to describe young people who occupy the space of being in the process of leaving care has also been used (Geiger & Schelbe, 2014; Keller et al., 2007). Given that the CYPS Act 2014 has extended leaving care entitlements, allowing young people to access additional support as a care leaver up until the age of 26, this provides a clear boundary in relation to the rights of care leavers and the responsibilities of local authorities. Consequently, this study adopts the term 'in and leaving care' to refer to any young person who is between the age of 16 and 26 and is looked after, in a continuing care placement or who has left care but is eligible for aftercare support.

Professional and practitioner decision making

The term 'professional' is used to refer to an individual who is qualified within a particular area of expertise and who engages in activities related to this for work within particular codes of practice. The Regulation of Care (Scotland) Act 2001, which encompasses professionals from across health, education and social care services, introduced national care standards for professionals working

within these services. The National Occupational Standards (NOS), regulated by the Scottish Social Services Council (SSSC) established what is required and expected of professionals within their social care roles and the responsibilities of employers to ensure that professionals have the necessary qualifications, skills and access to ongoing professional development to fulfil the requirements of their role. Since their inception, the NOS have been expanded to encompass health services in addition to social care, reflecting the current policy agenda around health and social care integration, to ensure the regulation of a consistent quality of support across services (The Scottish Government, 2017a, p. 3). Within the Health and Social Care NOS, the professional and organisational codes refer to "the standards of conduct and competence, as well as the personal values, which people working and volunteering in health and care services are expected to follow" (The Scottish Government, 2017a, p. 18). This provides the basis for understanding the use of the term 'professional', and the shared values, standards of practice and expectations for their conduct, which distinguishes them from the general public when in their professional role.

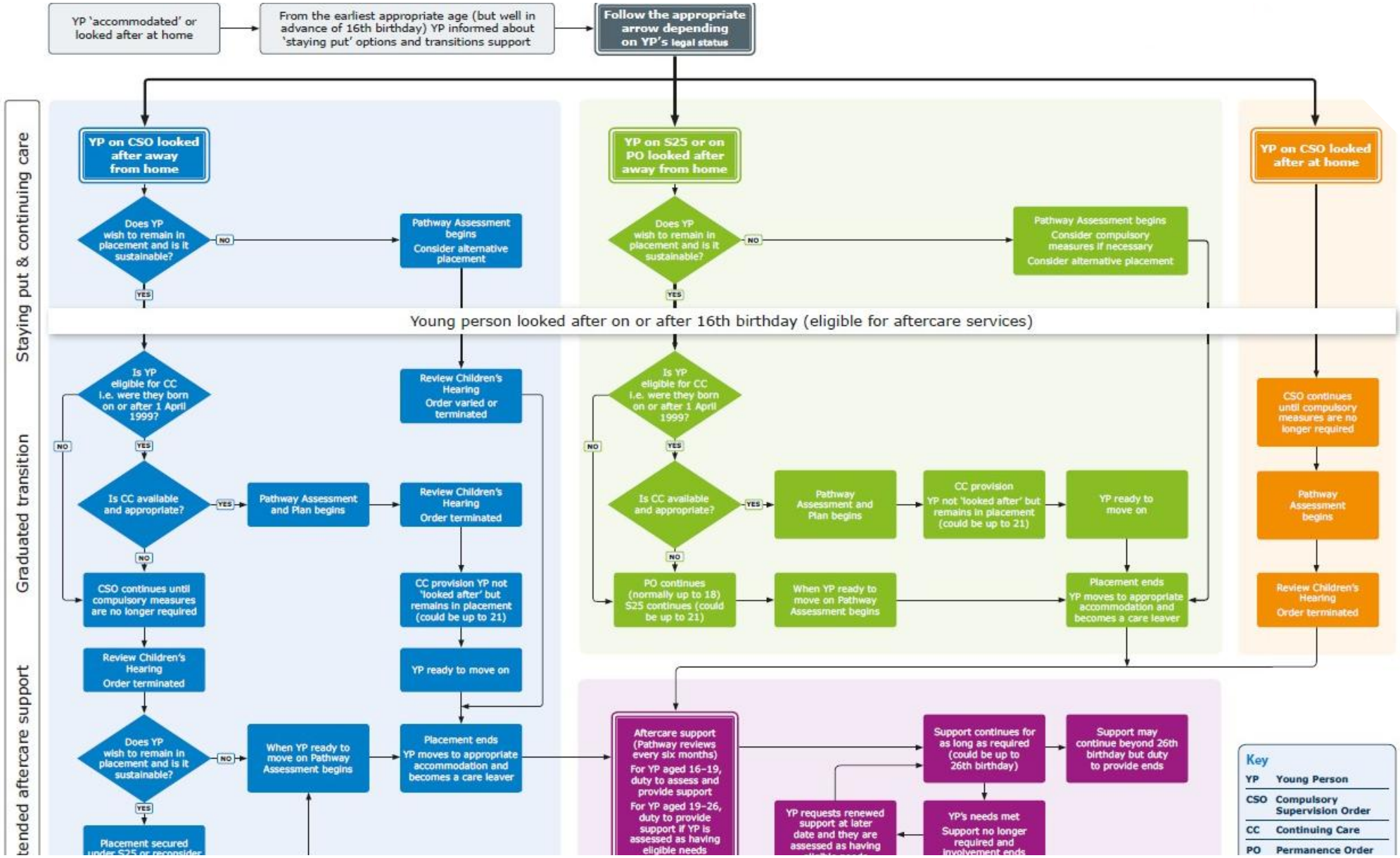

Figure 1: Through Care and Aftercare Whole System Process

Decision making is an act that every individual engages in within their day-to-day life. What distinguishes professional decision making is the function and accountability of the decision making which occurs within a wider system and set of processes. Decision making processes refer to the iterative process of assessment, analysis, judgement and planning undertaken by practitioners in response to the risk and needs of individuals and families (Milner et al., 2015, pp. 2–3; B. J. Taylor, 2013, p. 84). The act of responding to individuals is the action that is prompted by the iterative process of decision making. Milner et al., (2015, p. 3) define decision making as, "about the future action or inaction and aspects of that action, with a plan for carrying it out and reviewing it". This definition helps situate decision making as a process, connecting it to both present and future processes and planning. Decision making processes are, nonetheless, subjective and influenced by the nature of the decision that is being made For example, Howe (1992) and Parton (1998) describe how increasing concerns about a rise in child abuse and neglect led to a change in the role and function of social work practitioners. Practitioners, on behalf of the state, increasingly take on responsibility for identifying and averting potential risks to children within their family contexts. This means that accountability for risk has fallen to professionals and services, leading to a focus on what Parton refers to as "defensible" decisions as opposed to the "right" decision (Parton, 1998, p. 21). O'Sullivan's distinction between "sound decisions", linked to process, and "effective decisions" associated with outcomes, echoes this (2011, p. 11). The distinction between sound and effective decisions emphasises the uncertainty inherent in decision making, which can result in well-reasoned and appropriate decisions not achieving their intended outcome: the decisions are thus sound, but ineffective. Where sound or defensible decision making can be shown, even where risk has not been prevented, responsibility for the outcomes of the decision no longer sits with the practitioner as they acted in a way deemed to be appropriate, if ineffective (Howe, 1992, p. 507). Howe (1992, p. 507) remarks that this has led to the "bureaucratic practices" of social work, where investment is prioritised in ensuring that processes are in place to respond to accountability, rather than focusing on practice which is effective in achieving outcomes. The *Report of the 21st Century Social Work Review* reflects this, with its aspirations for social service workers "to work to their full potential and be able to make sound decisions, supported and challenged by quality professional consultation" (The Scottish Government, 2011, p. 16).

This study is focused on practitioner responses to mothers in and leaving care: in seeking to understand the responses of practitioners, I am engaging with their decision making practices informed by these debates and discussions about professional decision making. In considering professionals responses to mothers in and leaving care, this study is informed by the idea that decision making doesn't occur in isolation. Instead, it is informed by the wider culture and context that shapes how practitioners engage with different social issues.

1.4. Outline of the thesis

This thesis is comprised of nine chapters, which are summarised below.

Chapter 1: Introduction

This chapter outlines the background to this thesis, including key terms defining the boundaries and scope of the study, and the research aim and questions.

Chapter 2: The policy context

In the policy chapter I provide an overview of Scottish policy relating to pregnancy and parenthood and young people's transitions from care. I discuss the implications of this policy context for shaping practice with mothers in and leaving care and highlight some of the challenges with translating current policy into practice.

Chapter 3: Literature review

In the literature review chapter, I discuss existing knowledge relating to youth transitions from care and draw attention to research which has looked at the experiences, outcomes and factors contributing to better and worse outcomes for mothers in and leaving care. I specifically review what is known about supports and services for mothers in and leaving care, arguing that there is both an empirical and theoretical gap in understanding how these support needs are being responded to.

Chapter 4: Theoretical framework

In chapter four, I set out the theoretical debates within youth transitions from care and, children's care and protection. I discuss the lack of theory informed knowledge about youth transitions from care and the need for more explanatory research which considers the relationships between agency and structure. Further to this I discuss the emphasis on protection within care and protection agendas and explore an ethics of care for understanding practitioners' responses to mothers in and leaving care.

Chapter 5: Methodology

In the methodology chapter I explain the research framework for this study and how it is located within a critical paradigm. I discuss the research design, justifying a qualitative sequential design, and outline the approach taken to collecting and analysing the data. I then outline the ethical considerations and how I managed these.

Chapters 6, 7 & 8: Findings

In chapters six, seven and eight I discuss the findings generated from the data analysis. In chapter six, I outline the material and psychological support needs of mothers in and leaving care. This is followed by an overview of the inequalities of motherhood whilst in and leaving care. In chapter seven I discuss responses to the support needs of mothers in and leaving care, highlighting the practice dilemma between care and protection described by the practitioners responding to the needs of mothers and their child(ren). In chapter eight, I shift my attention to the contextual factors which shape the support needs, and responses to these support needs, for mothers in and leaving care, highlighting why it is important to consider the wider social and political context within which practitioners are responding to mothers in and leaving care.

Chapter 9: Discussion and conclusion

In the final chapter of this thesis, I bring together the findings with the theoretical framework to discuss the unique contribution that this study makes to knowledge. I answer the research questions, and highlight the implications of the findings for research, policy and practice. I conclude

the thesis by arguing for a reorientation of how mothers in and leaving care are recognised and cared for.

1.5. The impact of the Covid-19 pandemic

At the outset of this thesis, I wish to acknowledge the impact of the Covid-19 pandemic on this study. In March 2020, when the UK went into lockdown, I was in the midst of data collection and planning for further stages of data collection for this thesis. The need to transition from in-person to online interactions had significant implications for the design and delivery of this research study, as well as repercussions both personally and professionally within my job as a Research Associate. Later in this thesis I outline the design implications of Covid-19 pandemic on the design of this study, and I reflect on what this has meant overall for this PhD thesis.

1.6. Significance of the study

This study is significant for several reasons:

- Research on youth transitions from care is lacking in theoretical explanation. This study illustrates the contribution that theory can make to our understanding of the explanatory factors shaping the transitions of mothers in and leaving care.

- Given the extensions of the rights and entitlements of young people in and leaving care in Scotland provided through the CYPS 2014 Act, ten years on from the introduction of this legislation, this study contributes to our understanding of how the aspirations set out in the legislation and policy are shaping responses to mothers in and leaving care.

- Through focusing on practitioner responses to mothers in and leaving care, this study shifts focus away from the individual and personal circumstances and behaviours of mothers in and leaving care and instead focuses attention on the role of the social structures shaping how the support needs of mothers are addressed. Shifting focus away from the individual to individuals in the context of a wider system allows for the discussion to focus on the responsibilities of the state when responding to mothers in and leaving care.

Chapter 2: The Policy Context

In this chapter, I outline the policy context shaping local and national practices and services for young parents, young people transitioning from care, and parents in Scotland. The interaction between the policy context and practice will be discussed, highlighting the challenges of translating the current policy context into practice when supporting mothers in and leaving care. In the UK, Health and Social Care are devolved matters, meaning that children's services fall within the jurisdiction of Scottish Government policy and legislation. As this research is located within Scotland, I primarily draw on Scottish policy and legislation when setting out the policy context for responding to mothers in and leaving care. Undoubtedly, there is learning to be gained from a broader perspective, however, the contextual nature of practitioner responses and care leaver entitlements has informed the focus on the Scottish context.

2.1. Introduction to the policy context

In reviewing recent developments in Scotland's legislative and policy frameworks, it is apparent that emphasis has been given to a rights-oriented, wellbeing-focused and preventative approach by services interacting with children, young people and their families. This section of the thesis explores the legislative and policy context from two angles: firstly, in relation to the framework provided for teenage pregnancy and parenthood, drawing on learning from the policy context in England; and secondly, in relation to Scotland's legislative and policy framework for young people leaving care. This is followed by a review of Scotland's current vision for children and young people in and leaving care in relation to young women who are pregnant or parenting. The intention of this chapter is to establish the legal and political context within which professional responses to young people in and leaving care are currently operating. In doing so, this chapter establishes that there is concurrence across interrelated policy agendas relating to children, young people and their parents. This consistency in the underpinning principles within the policy landscape has created a shift towards systems and processes which consider children and young people more holistically, accounting for their needs within the wider context of their family, whilst also emphasising a need to develop practices that promote earlier intervention and empower individuals. However, some have argued that the addition of multiple new policy agendas has created a cluttered landscape of service provision (Christie, 2011), making it hard for local areas to prioritise and implement practice, resulting in policy agendas being applied inconsistently. I argue that the extent to which this concerted effort to improve the policy landscape is reflected in practice and the experiences of children, young people and their families is unclear.

2.2. Policy responses to pregnancy and parenthood in young people

At the outset of this study the number of young people in Scotland who are teenage parents had been steadily falling, and this trend has continued to the present day (Information Services Division, 2017; Public Health Scotland, 2024). Despite this downward trend in rates of teenage pregnancies, there remains an association between higher numbers of young people experiencing teenage pregnancy and areas with greater levels of deprivation (Information Services Division, 2017; Public Health Scotland, 2024). This association has provoked a policy response to teenage pregnancy as part of The Scottish Government's wider policy agenda around children, young people and their

families. Outlined here is an overview of the existing policy context in relation to pregnancy and parenthood in young people and the position of this within wider policy agendas in Scotland.

In March 2016, The Scottish Government published its ten-year strategy for Pregnancy and Parenthood in Young People (PPYP) (2016c). This strategy set out the government's intention to address the interaction between patterns of deprivation and increased numbers of teenage pregnancies in Scotland (The Scottish Government, 2016c). It aimed to ensure that young parents are able to access any additional support that they need, particularly if they have previously been looked after, up until their 26th birthday as established in the legislation (The Scottish Government, 2016c), thus aligning itself with the CYPS Act 2014 Children and Young People (Scotland) Act 2014. The strategy is outcome focused, incorporating the principles of the United Nations Convention on the Rights of the Child (UNCRC) and Scotland's national practice framework, Getting it right for every child (Girfec) (The Scottish Government, 2016c). It is guided by five foundational principles for improving outcomes: (1) young people being at the centre of decision making as informed by Girfec; (2) the use of a "social determinants of health model" in order to consider pregnancy and parenthood in relation to environmental, social and individual factors; (3) adopting a "multi-agency approach and leadership" to ensuring young people receive efficient and effective service responses; (4) a focus on "creating positive opportunities" for young people and their choices in parenthood; and (5) ensuring that actions stemming from the strategy are "evidence-informed" (The Scottish Government, 2016c, p. 2). These principles demonstrate an intentional consideration of the wider context within which pregnancy and parenthood in young people is interacting; in the context of young people in and leaving care, this should include their pre and in-care experiences.

The approach taken by The Scottish Government to respond to pregnancy and parenthood among young people is notably different from previous policy initiatives adopted elsewhere in the UK. The 1999 Teenage Pregnancy Strategy for England was developed as part of New Labour's agenda to address social exclusion and was framed around prevention and exclusion (Social Exclusion Unit, 1999). The strategy was introduced to address rising rates of teenage pregnancy in the UK, recognising that the longer-term outcomes for parents and their children were poorer (Social Exclusion Unit, 1999). A Social Exclusion Unit was formed and given the responsibility for developing understanding about the reasons for rising rates of teenage pregnancy and developing a proposal in response to this. From their review, they identified three explanations for the increasing rates of teenage pregnancy: "low expectations", "ignorance" and "mixed messages" (Social Exclusion Unit, 1999, p. 7). The review concluded that there were large numbers of young people in Britain who had low aspirations for their futures, "put simply, they see no reason not to get pregnant"; that they were misinformed about contraception and the realities of parenthood; and were routinely exposed to highly sexualised media within the context of a culture which is embarrassed by, and reluctant to talk openly about, sex (Social Exclusion Unit, 1999, p. 7). In response to this, the 1999 Teenage Pregnancy strategy set out its intention to reduce the number of teenage pregnancies by half, and to tackle the longer-term effect of social exclusion through improved engagement with education, training and employment by a greater number of teenage parents by 2010 (Social Exclusion Unit, 1999). In part, the 1999 teenage pregnancy strategy was successful; rates of teenage pregnancy in England fell by 13% and have continued to fall since. It was also reported that that the number of teenage mothers in education or employment rose from 22% to 33%, which was considered indicative of improved social inclusion for this population (Department for Children Schools and

Families, 2010). Nevertheless, the target of a 50% reduction in teenage pregnancies was not met, and the link between areas of high deprivation and higher rates of teenage pregnancy pervaded (Teenage Pregnancy Independent Advisory Group, 2010).

The response within the 1999 strategy recognised teenage pregnancy as being influenced by wider social issues yet individualised the experience and its proposed responses. The academic literature surrounding the 1999 strategy is critical of this conceptualisation of teenage pregnancy (Ingham, 2005). The primary critique relates to the way in which the strategy problematises the issue of teenage pregnancy within its description and response to the issue (Carabine, 2007). Focus is given to prevention and individual agency, resulting in inconsistencies between the political construction of the issue and young people's experiences of wider structural barriers to accessing a socially validated position and identity within society (Arai, 2009). By constructing teenage pregnancy as a social problem, the Teenage Pregnancy Strategy fuelled an already present, public concern about teenage pregnancy and parenthood, stimulating a moral panic (Duncan, 2005). Consequently, the 1999 Teenage Pregnancy Strategy has been accused of politicising the issue of teenage pregnancy, which in turn shaped the policy and practice response, emphasising prevention and individual responsibility.

In Scotland, the PPYP strategy appears to take a much more integrated approach to both its development and its proposed actions for embedding it across systems and services. The distinction between pregnancy and parenthood as two separate strands of work within the PPYP strategy aims to ensure that attention is given to prevention as well as effective approaches to support in parenthood (The Scottish Government, 2016c). The consistency of values and principles underpinning the political and legislative context for the provision of services to children, young people and their families is intentional, and aimed at minimising the extent to which there is inconsistency or conflict between the PPYP strategy and other ongoing policy initiatives. Finally, the context within which the PPYP strategy is being introduced is notably different to the context at the time of the introduction of the 1999 strategy in two ways. Firstly, rates of teenage pregnancy have consistently fallen, providing greater scope for the PPYP strategy to look at both pregnancy and parenthood. Secondly, the CYPS Act 2014 provides a foundation for the PPYP strategy to consider pregnancy and parenthood beyond the teenage years, for young people up until their 26th birthday. Consequently, the learning taken from the 1999 Pregnancy Strategy for England has enabled the PPYP Strategy for Scotland to propose a more integrated approach, building on the current principles underpinning policy in Scotland.

The Scottish Government's decision to emphasise the UNRCR and Girfec across policy relating to children and young people aligns the agenda for pregnancy and parenthood in Scotland to the wider agendas around wellbeing, prevention and inter-agency working. There are consistent themes across the current policy landscape in Scotland in relation to: adopting child-centred approaches, which emphasise a wellbeing approach and the holistic needs of a child or young person; and applying the principles of the UNCRC, with a focus on the early years and prevention approaches. As part of the consultation and development of the PPYP strategy, a mapping exercise was undertaken to identify the wider landscape surrounding and interacting with the PPYP strategy (The Scottish Government, 2015b). This exercise positioned the agenda around pregnancy and parenthood in young people as part of a much wider conversation across different spheres of policy and

legislation, demonstrating that pregnancy and parenthood need to be considered in relation to a range of policy areas. This is important because it demonstrates the spectrum of public bodies and professionals whom directly, or indirectly, interact with and are contributing to the context for enabling the implementation of the PPYP strategy. With the intention of supporting the "systematic, explicit and targeted" development of the PPYP strategy by those working within areas directly and indirectly related, an outcomes framework for the PPYP strategy has been produced (The Scottish Government, 2016c, p. 11). These outcomes are directly linked to actions that are shared across four strands of work:

Strand 1: Leadership and accountability
Strand 2: Giving young people more control
Strand 3: Pregnancy in young people
Strand 4: Parenthood in young people

Responsibility for achieving the outcomes outlined within each of these strands falls across a range of public bodies and agencies: The Scottish Government; Community Planning Partnerships; NHS Boards; Local Authorities; and Third Sector providers. The direct identification and distribution of reasonability for actions within each of the identified objectives means that there is a shared, multi-agency responsibility across different levels of the system for ensuring that practitioners and services are enabled to appropriately and effectively respond to and support young people who are either pregnant or parenting (The Scottish Government, 2016c). Within each strand of the work there are short, intermediate and longer-term outcomes outlined, which are directly tied to the national outcomes for children, young people and families at the time of the development of the policy, which were:

- "our children have the best start in life and are ready to succeed
- our young people are successful learners, confident individuals, effective contributors and responsible citizens
- we have improved the life chances for Children, Young People and families at risk"

(The Scottish Government, 2016c, p. 37).

Consequently, the PPYP strategy for Scotland sits within a much wider policy agenda focused on improving the life experiences and outcomes for children, young people and their families in Scotland. In June 2019, the Scottish Government (2019) provided an update on progress in the implementation of the PPYP strategy since its publication. NHS Scotland (2019) also published guidance for *Getting Maternity Services Right for Young Parents,* in which it again acknowledges the unique circumstances of care experienced young people, but gives no guidance on how services should take account of this. Beyond this, there has been little attention given specifically to care experienced young people, and with changes to the team responsible for implementing the strategy, it appears there has been no further progress made with implementing the strategy. As such, whilst the PPYP strategy provides a clear vision for supporting care experienced young people in pregnancy and parenthood, it remains unclear the extent to which this has been realised in systems and practices.

2.3. Scotland's parenting Strategy

In addition to the PPYP strategy, Scotland's National Parenting Strategy (NPS), introduced in October 2012, outlines the central role that parents have in fulfilling their vision to "make Scotland the best place in the world to grow up" (The Scottish Government, 2012, p. 18). It recognises the support needs of parents in order to fulfil this vision and focuses on earlier intervention and prevention. As with the PPYP strategy, the NPS is aligned to the UNRCRC and the wellbeing approach, as outlined through Girfec (The Scottish Government, 2012). The NPS places particular emphasis on the Early Years and its alignment with the Early Years Framework (EYF), which recognises the importance of supporting a child's early development for their longer-term outcomes (The Scottish Government, 2008a). The EYF positions parents as central within the delivery of the Scottish Government's policy agenda for children and young people, recognising their role in achieving the best start for children in Scotland. It establishes itself as being "positive about parenting", setting out an agenda which aims to provide support to parents to enable them to meet the needs of their children (The Scottish Government, 2012, p. 13). The NPS also identifies the relationship between disadvantage and particular family structures, for example, lone-parent structures, whilst recognising that positive parenting behaviours can be "a protective factor, countering some of the negative outcomes associated with a disadvantaged background" (The Scottish Government, 2012, p. 15). In relation to teenage parents, the NPS places particular emphasis on developing ante-natal and post-natal pathways for teenage parents, to account for their additional vulnerability and needs (The Scottish Government, 2012). This includes developing approaches to support teenage parents in the initial stages of parenthood, through the introduction and piloting of the Family Nurse Partnership (FNP) (The Scottish Government, 2012, p. 40). In relation to looked after children, the NPS sets out the intention to support the use of corporate parenting approaches to support children and young people in Scotland.

NHS Health Scotland were tasked with taking forward the National Parenting Strategy and developing an outcomes framework to support the implementation of its aims (Ford J et al., 2014). As with the PPYP strategy, the national parenting strategy has been aligned to the national outcomes for children, young people and families, providing unity across policy agendas that are united in their intention to improve outcomes for children, young people and families. The responsibility of implementing the NPS outcomes falls to Local Authority Community Planning Partnerships, which are made up of a multi-agency forum of decision makers from across service areas. Consequently, as with the PPYP strategy, the responsibility and accountability for meeting the aims outlined within the NPS are dispersed across systems and professional groups, positioning the NPS as part of this wider policy landscape relating to children, young people and families. What the NPS does make distinct is the role of parents in achieving improved outcomes for children and young people and, therefore, the need for services working to support adults who are parents to be a part of the process of actualising this aim. Within the context of young women in and leaving care who are pregnant or parenting, the NPS raises questions about the position of this group of young people in relation to the support they access and receive as parents, as well as the role and responsibilities of the state as their corporate parents.

2.4. The Children and Young People (Scotland) Act 2014

In chapter one (section 1.4), I highlighted that the Children (Scotland) Act 1995 establishes who a Looked After young person is: a person accommodated by the local authority or, through the process of a children's hearing, subject to a supervision requirement. In addition to this, the Act outlines the duties of local authorities for the provision of Aftercare advice and assistance. Prior to the introduction of the CYPS Act 2014, young people who were looked after and accommodated were allowed to remain in care up until the age of 18, at which point they would have to leave their care placement (The Scottish Government, 2013). This was widely recognised as an earlier transition to independence than young people who are not looked after typically experience (Duncalf et al., 2013). The intention behind the additional provisions within the CYPS Act 2014 was to enable young people to make more gradual transitions from being in care and allow them access to ongoing support as needed.

The principles of Staying Put were encompassed within Part 11 of the CYPS Act 2014. This means that young people who are looked after and accommodated are entitled to the continued provision of their final placement when they cease being looked after and subject to supervision requirements (CELCIS, 2014). Young people who are at least age 16, in a stable placement and want to voluntarily remain in their placement after the end of their supervision requirements, can do so up until their 22nd birthday. The provision of continuing care intends to provide a more graduated transition to adulthood for young people who have been looked after and accommodated. The CYPS Act 2014 also extends young people's entitlements to Aftercare provisions from the age of 21, as previously set out in the Children (Scotland) Act 1995, to until the date of their 26th birthday (CELCIS, 2014). This is so that young people who have left care can return to their local authority seeking support up until the age of 26. Local authorities then have a duty to carry out an assessment to establish a young person's needs and their eligibility for support, before providing a response which meets any assessed and eligible needs; even where a young person does not have eligible needs, the local authority may choose to provide a responses to the young person, although it is not required to by law. Likewise, once a young person turns 26, the local authority can continue to meet their needs, but they are not required to do so. Following the introduction of this legislation, there was an initial increase in both those eligible for and receiving aftercare support. However, national statistics show that over the last decade, the number of eligible care leavers receiving an aftercare service has fallen by 20% (The Scottish Government, 2025). Furthermore, the gap between young people who are eligible for aftercare services and those who are receiving aftercare services has grown, with latest figures showing that less than half (48%) of eligible care leavers are receiving aftercare support (The Scottish Government, 2025). This suggests that, despite the extension of aftercare entitlements for young people leaving care, the enhancements to legislation and policy with the ambition of young people having greater support from services during their transition from care has not translated into practice.

In 2008, the Scottish Government published its guidance for corporate parents in *These Are Our Bairns* (The Scottish Government, 2008b), which followed publication of *Looked After Children and Young People*: *We Can and Must do Better* (The Scottish Executive, 2007). In these, the role of the corporate parent was presented as being at the forefront of the Scottish Government's delivery of is key targets for looked after children and young people. Corporate parenting was later made a legal duty of agencies through Part 9 of the CYPS Act 2014. Section 58 of the CYPS Act 2014 states that corporate parents have a responsibility to:

i. be alert to matters which, or which might, adversely affect the wellbeing of an eligible young person
ii. assess the needs of eligible children and young people for any services or support provided
iii. promote the interests of eligible children and young people
iv. seek to provide eligible children and young people with opportunities to promote their wellbeing
v. take appropriate action to help eligible young people access those opportunities
vi. keep their approach to corporate parenting under constant review, seeking out improvement wherever possible

(Kennedy, 2015, p. 3)

These duties, placed on public bodies in Scotland, aim to ensure that responsibility for the needs and outcomes of looked after children and care leavers is shared and attended to by all public services. In the context of young women in and leaving care, the term Corporate Grandparent has been anecdotally used in contexts where a corporate parenting responsibility exists for a young person who becomes a parent themselves highlighting that public services should also hold duties towards the young person's child(ren). The role of the corporate parent in ensuring that they attend to the needs of the young person as a parent adds an additional layer of complexity to the ongoing role of agencies within the lives of young people in and leaving care. This complexity raises questions in relation to the boundaries and function of agencies to have both a supporting role within the lives of looked after young people and care leavers, whilst also a duty to ensure care and protection of their child if there are concerns about the young person's capacity to meet their needs. This prompts the need to consider the extent to which there is conflict in the roles and responsibilities of corporate parents where a young person is also a parent. However, the assumption of entitlement to support for looked after young people and care leavers, embedded within the responsibilities of corporate parents, means that there is an intentional focus towards supporting young people. Therefore, there is a need to understand how this emphasis on supporting care leavers is enacted within the processes of responding to the needs of mothers in and leaving care.

2.5. The interaction between policy and practice

As discussed in chapter one, this study is, in part, interested in understanding the application and usefulness of the policy landscape, outlined above, within professionals' practices with young women in and leaving care as parents. In this chapter, I have discussed how the principles of the UNCRC, Girfec and a wellbeing approach, as well as earlier intervention approaches in response to identified needs, underpins the current policy landscape for children, young people and their families. These principles will now be considered in relation to how they are applied in practice by professionals when supporting young women in and leaving care as parents.

2.5.1. The UNCRC and the rights of young people leaving care

The UNCRC represents a set of universally agreed principles that underpin policy approaches and services for children and young people, however, Quinn et al. (Quinn et al., 2017) have questioned the extent to which these principles have been reflected in policy and practice for young people transitioning from care into young adulthood. On the basis of the overview of the current policy and

legislative context in Scotland, it would appear that there has been a concerted effort over the last decade to weave the principles of the UNCRC consistently into policy relating to children and young people. In 2024, the Scottish Government introduce the UNCRC into Scots law with the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. This legislation positions children's rights at the centre of decision making about matters relating to and affecting children, at both national and local levels. What is less clear is the extent to which this is informing service developments, how it is reflected in front-line practice with regards to young people in and leaving care, and what is required to achieve this as envisioned. Winters suggests that there is a need for a "tangible and accessible" framework for professionals to translate the principles of the UNCRC into their practice (2011, p. 398). In seeking to understand the application of the principles of the UNCRC in practice with young women in and leaving care who are pregnant or parenting, additional consideration needs to be given to how professionals attend to both the rights of the young person and the rights of their child within the same context. Furthermore, there is a need to consider the extent to which Girfec, and the wellbeing approach encompassed within this, has sufficiently provided a framework for embedding the UNCRC principles into practice in Scotland. It is also imperative to understand the application of this as a framework within the context of young women in and leaving care who are pregnant or parenting.

All individuals are entitled to equal rights under The Universal Declaration of Human Rights; the UNCRC gives special considerations for children who have experienced "difficult conditions", including children who are living outwith their family context (UN General Assembly, 1989). Within the United Nations *Guidelines for the Alternative Care of Children,* the General Assembly identified a need for additional considerations where the UNCRC is implemented in Aftercare provisions. Within this, they lay out the ongoing responsibilities of states in relation to care leavers (UN General Assembly, 2010). Consequently, the UNCRC extends responsibility of states to attend to the rights of young people with care experience up until the age of 26 (as opposed to 18 for youth who are not care experienced). This emphasises the ongoing duty for states to support and engage with young people transitioning from care, enabling a more gradual transition into adulthood (Munro et al. (2011).

The introduction and extension of entitlements for young people in and leaving care within the CYPS Act 2014 created new debates about the rights of young people leaving care under the UNCRC and the application of these rights in practice. The UNCRC uses the term child to refer to an individual up to the age of 18 (UN General Assembly, 1989). However, the guidance provided by the Scottish Government in relation to the application of rights and wellbeing for children and young people who are over the age of 18 lacks clarity about how this interacts with the UNCRC beyond the age of 18. Within Part 10 of the CYPS Act 2014, entitlement to aftercare for care leavers is extended up until the age of 26, with the guidance referring to this population as 'young people' (The Scottish Government, 2016b). Guidance for Part 9 of the CYPS Act 2014 outlines the responsibilities of corporate parents as pertaining to "an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood", making direct reference to the UNCRC (The Scottish Government, 2015a, p. 4). This extension of aftercare entitlements, and the legal requirement for corporate parents to fulfil their responsibilities to young people in and leaving care up until the age of 26, could be aligned

with Article 20 of the UNCRC, whereby the state has a duty to provide "special protection and assistance" when a child has been removed from their family environment (UN General Assembly, 1989). However, the accompany guidance for Part 1 of the CYPS Act 2014, 'Rights of the Child', is explicit that these duties relate to children, defined as "from birth until their 18th birthday" (The Scottish Government, 2016a, p. 7).

The ambiguity in the guidance for different parts of the CYPS Act 2014 could explain Quinn et al.'s (2017) questioning of how these principles have been applied during young people's transitions from care. Munro et al.'s (2011) review of 15 state's reporting processes for the UNCRC identified that there was varying and limited attention given to understanding the UNCRC in relation to the needs of young people transitioning from care. In their review, the authors recognise that the UK has in fact given significant attention to young people's transitions from care across various policies and legislation, however, they note that these considerations have been informed and driven by a wider policy agenda related to the future contribution of children and young people within the labour market as "citizen-workers" (Munro et al., 2011). The focus of policy initiatives for vulnerable populations in the UK has, thus, been to emphasise educational attainment and employment as the primary route to addressing their needs. This emphasis reflects some of the critiques of the 1999 Teenage Pregnancy Strategy (Social Exclusion Unit, 1999), and the individualised approach to attributing responsibility, and for meeting individual's needs. It also positions early motherhood outside of socially validated identities, which are often tied to educational attainment and employment, raising concerns about the use of the rights agenda to perpetuate the policy intentions of the state.

2.5.2. A children's rights informed approach to wellbeing: balancing the rights of the young person with the rights of their child

The introduction of the policy agenda outlined within Girfec (2005) represents the current vision and aspiration for all of Scotland's children and young people. Since its initial formation in 2005, it has been threaded into legislation through the Children and Young people (Scotland) Act 2014. Girfec provides the national framework for practice in services that interact with the lives of children and young people, representing an intention to move towards practice which is focused on children's wellbeing, as outlined in the UNCRC (The Scottish Executive, 2014). Its aim is to improve the wellbeing outcomes of children and young people through services that are provided for everyone, which are designed to help at the earliest point of need, and that look at the young person as a whole, while joining up services to support an individual (Coles et al., 2016).

As part of the Girfec framework, the SHANARRI wellbeing indicators were developed to provide a shared and consistent understanding of what is meant by wellbeing across professionals, children and families (The Scottish Government, 2017b). The eight wellbeing indicators are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included. Collectively, parents and services are responsible for ensuring that young people's wellbeing is being attended to under these eight indicators (The Scottish Government, 2017b). Girfec provides a set of shared principles and values in relation to the delivery of services and support for all children and young people, which unite practitioners within the context of existing professional boundaries, duties and procedures. Girfec applies a child-centred focus to working with children and families, with the intention of supporting professionals to see a child holistically to meet their wellbeing needs. It prompts services

to meet and hold children and young people's needs within the family, supported through universal and community services where possible and appropriate (The Scottish Executive, 2014). A child-centred approach to practice embodies the UNCRC, ensuring that professionals are attentive to the views of the child or young person within their practice and decision making, in an age appropriate way (Munro, 2011).

Some have critiqued the employment of child-centred approaches to practice, highlighting that these approaches enable the escalation of children through the child protection system, as a result of developing robust assessment processes, without the availability of services and supports to deescalate need in the timeframes required. Munro discusses these critiques in her review of child protection systems, emphasising that, within a child-centred framework, practitioners need to work closely with the wider family in order to strengthen their capacity to meet their child's needs (Munro, 2011). Within the context of young people in and leaving care, depending on the nature of their relationship with their family during and after care, the young person's wider family may or may not be present in their lives. Where the state has fulfilled the parental responsibilities for a young person or had significant involvement in supporting a young person's parents, there is an additional layer of complexity in relation to what this means for involving the wider family, which may have been fulfilled or mediated previously by the state. Consequently, a child-centred framework for practice within the context of young women in and leaving care may position the state both as a young women's parent and as the wider family system for both them and their child.

Within a practice context, key challenges have emerged concerning the application of the policy agendas discussed above relating to balancing rights and needs. Baxter and Carr (2007) describe a conflict between the legal duties of professionals to balance the rights and needs of both parents and children. Particular consideration has been given to the dynamic of balancing the rights and needs of parents and children where these are in conflict, for example in child protection contexts, where the state's duty of care to the wellbeing of a child may take precedence over the right to a private family life. Although cited in the UNCRC, there has been little clarification to what is meant by parental rights and the nature of these. Quennerstedt (2009) argues that, without an understanding of what constitutes parental rights, it is hard to determine what the balance between parents' and children's rights should be. In the context of young people leaving care, consideration may also need to be given to their rights to support as a care leaver who is parenting, and what effect this then has on the balance of rights. Munro suggests that the need to balance both parents' and children's rights can result in costly delays to decision making processes, however, professionals need to be aware of their duty to ensure that they are attending to both in their decision making (Munro, 2008). Too much of a focus on need may see the balance between children's and parents' rights shift towards supporting the needs of the parent, to the detriment of the child's needs and rights within the context of decision making (Munro & Ward, 2008). Given the vulnerabilities of children and their dependency on adults to advocate for and respond to their needs, it is important to ensure that their rights do not become secondary to an adult's (Munro, 2008). Within child-centred frameworks, professionals need to make judgements about the capacity of parents to change their behaviours within the child's timeframe, which is often not in alignment with the parent's timescale (Munro, 2011): therefore, placing the needs of the child before those of the parent. Fallon et al. (2012, p. 623) discuss this in the context of New Labour's "standardising agenda" for services, which focused on performance measures based on efficiency rather than

effectiveness. Reductions in the length of time families were involved with support was seen as a good indicator of performance, which shifted the emphasis of support to ensure that families could engage in services and change their behaviours within time-based parameters (Morris & Featherstone, 2010). This can create unrealistic timeframes for families to address their needs, whilst also shifting the culture of practice in relation to ongoing support for families to maintain behaviours. In the context of young women in and leaving care, there is the need then to consider the responsibilities of the state. Where the state has taken on the parental responsibilities for the young person, and where a young person is deemed to have not addressed their child's needs within an appropriate timeframe, there is a need to consider what this means in relation to the effectiveness and efficiency of the state as a parent. This need for professionals to not only balance the rights of parents and children, but to take an active role in promoting children's rights, adds further complexity to the role of professionals when seeking to balance the rights and wellbeing of a child alongside the rights and wellbeing of their parents.

Concerns have been raised about a lack of alignment between the concepts of wellbeing and the rights of the child, particularly in response to the implementation of the CYPS Act 2014 (Tisdall, 2015). The UNCRC provided the foundation from which Girfec and, latterly, the CYPS Act 2014 were developed. Therefore, the Scottish Government asserts that the National Framework for Practice is in alignment with the UNCRC (The Scottish Government, 2009). However, Tisdall (2015) argues that, conceptually, children's rights and children's wellbeing are distinct, and that wellbeing offers a visionary, subjective and quantifiable, yet movable, framework for interpretation and application within professional practice (Tisdall, 2015). She goes on to argue that the legal foundation on which the children's rights framework has been built makes it political, establishing accountability for meeting a minimum standard (Tisdall, 2015). Yet, Tisdall also argues that children's rights frameworks are lacking in their scope, overlooking key issues which may be of priority to children and young people, and lacking in concrete measures for effectiveness (2015). In practice, greater clarity of the association between the two concepts could, therefore, help to establish what practitioners and the systems in which they operate are accountable for. Equally, Tisdall argues that, without bringing clarity to the accountability of these frameworks within policy and practice, there is a risk that too much emphasis on one aspect (either children's rights or children's wellbeing) could drive particular practices (Tisdall, 2015). This critique of the alignment between policy agendas relating to wellbeing and rights agendas offers an explanation for what has been described as a tension between balancing the rights and needs of children within the wider context of their families and communities.

As outlined previously, there is a clear policy agenda in Scotland which positions parents as central in the Government's response to fulfilling their duties to children and young people, and thus the need for services to be responsive to the needs of parents. The UNCRC outlines the responsibility of the state to both protect children from harm as well as to prevent children from being exposed to harm (Article 3) (UN General Assembly, 1989). The UNCRC emphasises the role of the family within this, asserting that, where possible and appropriate, states have a duty to provide services to parents to enable them to support their child, as well as to protect and prevent children from being exposed to harm (Article 18) (UN General Assembly, 1989). Therefore, despite being focused on the rights of children, there is a wider recognition of the role of families and communities around children and the need to attend to this context in order to uphold the rights of children. The Human

Rights Act 1998 enshrined into law the Articles outlined in The European Convention on Human Rights, including the right to private and family life, creating parameters for the involvement of the state within family life. However, as Henricson and Bainham have argued, these parameters are fluid and lack transparency, meaning that there remains a need for greater clarity on what aspects of family life do and do not fall within the public and private domains. For young people who have been looked after, the very nature of having been looked after indicates that the state has had significant involvement in their private life. Gilligan (2009, p. 265) uses the concept of the "public child" to talk about when a child's private life has become of public concern due to issues relating to their wellbeing and safety. In Carr's analysis of the changing dynamics of policy agendas relating to aftercare provision within Northern Ireland, she concludes that, due to a lack of cultural buy-in to the welfare of young people leaving care, their lives "are paradoxically 'public' yet strangely 'invisible'" (Carr, 2014, p. 98). Public reviews of the systems governing the provision of welfare interventions bring to the forefront the failings of the state in the lives of young people leaving care. Yet, public perceptions of care leavers which are negatively framed and stigmatising, in part, contribute to a lack of public will to stimulate improved responses to the current needs of young people leaving care (Carr, 2014). Therefore, young people leaving care occupy a space where the state has taken a significant role in their private family lives, but within public spheres there is work to be done to ensure that they are adequately and appropriately supported with their transitions into adulthood. This is more complex in the context of young women who are in and leaving care and parenting, where the state may undertake processes which are designed to identify and respond to any additional needs that result from their care experiences, whilst also having an ongoing role to support the young person as a parent and uphold their right to autonomy in their transition from care and into adulthood.

Within the UNCRC, the central principle of 'best interests of the child' provides the guiding focus for states in their interactions with children (Quennerstedt, 2009). However, some have argued that the principle of the 'best interests of the child' is in direct conflict with a child's right to participate in proceedings and have their views known, and the responsibility of decision makers to take these views into account when making decisions about their lives (Haydon, 2018). Within the context of young people transitioning from care, there is an expectation that, as part of this process, responsibility for decision making about their lives can progress without the intervention of the state.

2.6. Summary

In reviewing the current policy and legislative landscape relating to children, young people and families, as well as young people in and leaving care, it is apparent that across this landscape there is a consistent emphasis on developing systems which are guided by a children's rights and wellbeing approach in their interactions with children, young people and their families. Central to this agenda is a focus on parenthood and the role of the state in supporting and enabling parents to meet and respond to the needs of their children. The responsibility and accountability for ensuring that parents are supported to meet the needs of their child falls across multiple agencies and systems, requiring a collective response to translating these frameworks into practice. In considering this landscape and the principles underpinning it, and within the context of young women in and leaving care who are pregnant or parenting, it is apparent that there are additional

complexities to translating this policy framework into practice which supports these young women. Moreover, the ongoing position and role of the state in supporting these young women as parents, and the position of the state as a corporate parent with parental and family support roles for these young women, is notably complex and contradictory.

In the next chapter I discuss the evidence base relating to mothers in and leaving care and identify the knowledge gap that this study addresses.

Chapter 3: Literature Review

3.1. Overview of the chapter

In this chapter I discuss the existing evidence base relating to mothers in and leaving care in pregnancy and in parenthood, covering evidence relating to: prevalence; factors contributing earlier pregnancy; transitions to parenthood; and outcomes for mothers and their children. Following this I discuss the literature on the informal and formal supports for mothers in and leaving care identifying the gap in the knowledge base relating to professional responses that this study addresses.

The approach to reviewing the literature was what Croin et al. (2008) refers to as a traditional or narrative literature review. Unlike a systematic literature review or a scoping review, narrative literature reviews offer flexibility for the research questions and focus to evolve alongside the review of the literature (Juntunen & Lehenkari, 2021). This flexibility aligned with the nature of this study, particularly given that this study was undertaken part-time over a period of eight years during which the focus and scope of this study evolved. Furthermore, narrative approaches to reviewing the literature provide more scope for literature from different disciplines, topic areas, and time periods, focussing on literature which is of greatest relevance to the research focus, as opposed to literature which falls within specific criteria (Juntunen & Lehenkari, 2021). As such when reviewing the literature, I broadly followed the steps of:

1. Selecting a topic
2. Searching the literature
3. Gathering, reading and analysing the literature
4. Identifying further relevant literature from the texts previously identified
5. Writing the review

These steps were iterative, and as the literature review developed, I refined the focus and scope of the literature I was reviewing. Whilst my adherence to this process of reviewing the literature varied across the duration of the PhD, during the initial development of the literature review I sought to ensure that whilst undertaking a narrative review of the literature I retained a structured approach to doing so.

Initially I began by searching for peer reviewed literature in Scopus and ProQuest, followed by a search for grey literature conducted within the Social Care Online database which was available up until March 2024. The search of the databases began with a focus on literature relating specifically to the primary focus of this study, pregnancy and parenthood relating to young people who were either looked after or care leavers. Whilst the literature relating to pregnancy and parenthood forms the basis of this literature review, further searches relating to child protection and health care, and child protection and decision making were subsequently conducted to inform my broader understanding of the context of this research study.

Table 1. Literature search terms

Themes	Search terms
Pregnancy and parenthood relating to young people in and leaving care.	care leaver OR looked after OR foster care AND pregnan* OR parent*
Child protection relating to health services and multi-agency working	care leaver OR care experienced OR foster care AND child protection AND midwifery OR health visitor OR multi-agency
Child protection and decision making practices	child protection OR child and families OR child welfare AND decision making OR risk manag* OR practice*

Literature was included based on its relevance to the focus of this study, in keeping with a narrative literature review, meaning that no specific inclusion or exclusion criteria were used, other than that they were written in English. All relevant literature was imported into Mendeley and as appropriate texts were grouped and annotated into thematic areas.

3.1.1. The nature of the evidence base

Over the duration of this research study, the literature relating to mothers in and leaving care has advanced significantly. Early knowledge relating to mothers in and leaving care was encompassed within broader studies relating to youth transitions from care, with themes relating to pregnancy and parenthood explored as part of the broader exploration of youth transitions from care (Biehal et al., 1995; Stein, 2006). Research then shifted its focus and attention to prevalence and risk factors relating to pregnancy and parenthood for young people in and leaving care (Barn & Mantovani, 2007; Matta Oshima et al., 2013; Pryce & Samuels, 2010; Vinnerljung et al., 2007). This was followed by increased focus on the lived experience of being a mother in and leaving care (Aparicio, 2014; Knight et al., 2006) outcomes (Dixon, 2008; Mendes, 2009; Roberts et al., 2018) and more recently policy and practice (Purtell et al., 2021; Purtell & Morris, 2025a). This shift is reflective of a wider shift within the leaving care literature, moving from describing the characteristics and circumstances of care leavers towards a focus on producing evidence which contributes to addressing these (van Breda et al., 2024). Consequently, the literature relating to mothers in and leaving care has also seen a shift in the methodological approaches used, with an increasing focus on participatory approaches in which the voices of care experienced parents are centred, as well as longitudinal research which seeks to understand the experience and implications of support for mothers in and leaving care over time. Consequently, since the outset of this study, there has been significant developments in understandings of the experience of being a mother in and leaving care, their long-term outcomes, as well as policy and practice initiatives aimed at targeting this population of care leavers.

In seeking to understanding the developing knowledge base relating to pregnancy and parenthood and young people in and leaving care there have been several systematic reviews and synthesis of the evidence base. These reviews and summaries, whilst varying in focus, provide insight into the range of thematic areas covered within existing evidence relating to mothers in and leaving care, including:

- Prevalence rates of pregnancy and parenthood amongst young people in and leaving care (Eastman et al., 2019; Fallon & Broadhurst, 2015)
- Pathways to early pregnancy and parenthood and associated risk factors (Connolly et al., 2012; Eastman et al., 2019; Fallon & Broadhurst, 2015; Geiger & Schelbe, 2014; Gill et al., 2020; Purtell & Morris, 2025)
- Sex education, sexual behaviour and sexual health amongst young people leaving care (Connolly et al., 2012; Fallon & Broadhurst, 2015; Geiger & Schelbe, 2014)
- Intergenerational cycles of child maltreatment (Fallon & Broadhurst, 2015; Geiger & Schelbe, 2014; Purtell & Morris, 2025)
- Needs of parents in and leaving care (Connolly et al., 2012; Eastman et al., 2019; Gill et al., 2020)
- Pregnancy and parenthood experiences of young people in and leaving care (Connolly et al., 2012; Eastman et al., 2019; Fallon & Broadhurst, 2015; Geiger & Schelbe, 2014; Gill et al., 2020; Purtell & Morris, 2025)
- Supports and services in pregnancy and parenthood for young people in and leaving care (Connolly et al., 2012; Fallon & Broadhurst, 2015; Geiger & Schelbe, 2014; Gill et al., 2020; Luke & Sebba, 2014; Purtell & Morris, 2025)

In this chapter I discuss existing evidence relating to mothers in and leaving care in pregnancy and parenthood beginning with a discussion of what is known about the prevalence of mothers in and leaving care, followed by a discussion of the factors contributing to outcomes in pregnancy and parenthood; experiences of the transition to parenthood; and, the supports available to mothers in and leaving care. Finally, I conclude the chapter by discussing the gap in knowledge relating to professional responses to mothers in and leaving care that I seek to address.

3.2. Prevalence of pregnancy and parenthood in young people transitioning for care

Despite there being no national statistics to indicate the prevalence of pregnancy and parenthood in young people in and leaving care in Scotland, there is empirical evidence from across the UK which consistently suggests that young women in and leaving care are proportionately more likely to experience pregnancy and parenthood at an earlier age. For example, in Garnett's (1992) study of young people's care histories and the support received on leaving care, she found that within her sample of 135 care leavers, 1 in 7 of the female care leavers were either pregnant or already a parent by the time they left care. Biehal et al. (1992) explored the experiences and outcomes for care leavers in three local authorities in England and found that a high proportion (an eighth) of their survey sample of 183 had a child by the time they were moving on from care; a quarter of the females in their sample. Follow-up qualitative interviews with 74 of the young people were undertaken soon after they left care and at this point a tenth of the participants were parents; within 18 to 24 months after leaving care this proportion rose to a third of the young people, almost

half of the female participants (Biehal et al., 1995). Dixon et al. (2006) leaving care study reflected this, a quarter of care leavers in their study were pregnant or young parents within a year of leaving care. In Dixon & Stein (2005) study of leaving care in Scotland 12% of their sample of 107 young people had a child at the point of their participation in the study and four per cent reported that they or their partner was pregnant. In Craine et al.'s (2014) analysis of data collected between April 2012 and June 2013 for the *all Wales audit of teenage conceptions* found that proportionally more young people who were currently looked after were recorded as pregnant than their non-looked after peers. This data was based on 812 data audit forms from young women aged 14 to 17, 40 of which were young women who were currently looked after (Craine et al., 2014). In their analysis Craine et al. established that within the audit data, proportionately, looked after young people were significantly more likely to progress with a pregnancy to birth, with 70 per cent of the looked after sample progressing to live birth compared to 28 percent of the non-looked after sample (Craine et al., 2014). More recently, a Freedom of Information enquiry made by the Centre for Social Justice found that from data collected by 93 local authorities in England, 22 per cent of female care leavers become teenage parents (Centre for Social Justice, 2015). A more recent study of children's health in care which used linked administrative data to better understand the health outcomes of looked after children in Scotland found that 7.1% of care experienced females age 11-26, compared to 3.8% of their peers in the general population, had experienced an abortion (Allik et al., 2021). A further study which looked at administrative data for 1119 females living in Fife, Scotland, to compare teenage pregnancy outcomes for care experienced young people and non-care experienced young people found that care experienced females were more than twice as likely to experience a live birth before the age of 20 (38% compared to 17%) (Hay, 2022). International literature echoes these studies, with young people in and leaving care consistency reported as having an increased risk of experiencing pregnancy at a younger age than their non-looked after peers (Carpenter et al., 2001; Courtney & Dworsky, 2006; Dworsky & Courtney, 2010; Love et al., 2005; Matta Oshima et al., 2013b; Vinnerljung et al., 2007).

The consistency in the representation of young parents across the studies discussed above provides evidence that a proportion of looked after young people are likely to experience pregnancy or parenthood whilst looked after or soon after leaving care. However, caution should be applied when adopting these figures; they should not form the basis of an assumption that the proportion of young people within the wider population of care leavers will necessarily reflect the findings from these study samples. Wider national statistics are required to accurately estimate the number of young people in and leaving care who experience pregnancy and parenthood (Roberts, 2021). Without this our understanding of the prevalence of need, and consequently justification for the services and resources required to meet this need, remains incomplete. Despite this, whilst we may not have a national picture of the prevalence of mothers in and leaving care, given what we do know about their needs, outcomes and experiences, this group still warrants further attention to ensure that their needs are being understood and met.

3.3. Factors leading to earlier pregnancy

There has been close attention given to the factors that position young people at greater risk of experiencing pregnancy and parenthood. It is widely reported that young people generally are at a greater risk of earlier pregnancy if they lack stable and consistent education; are not engaged with

education; are lacking in educational aspirations and visions; have their first intercourse at a younger age; are the child of a teenage parent; live in an area of higher social and economic deprivation; or, have already had a child (Botting et al., 1998; Connolly et al., 2012; Dworsky & Courtney, 2010; Wellings et al., 2001). Research looking specifically at factors leading to earlier pregnancy and parenthood for young people in and leaving care suggest that these young people are particularly vulnerable to factors associated with earlier pregnancy and parenthood, as well as additional vulnerabilities associated with being looked after (Roberts et al., 2019; Taussig & Roberts, 2022). Care leaver's risk of pregnancy and parenthood has been found to be compounded by their increased likelihood of having experienced trauma, relational instability and reduced access to supports (Taussig & Roberts, 2022). In this section, I provide an overview of the factors identified within the literature relating to pregnancy and parenthood in young people in and leaving care.

3.3.1. Socio-economic circumstances

The pre and in care experiences of young people in and leaving care mean that they are more likely to face additional barriers to social inclusion in education and employment, positioning them as particularly vulnerable to experiencing deprivation and social exclusion as they transition out of care (Dixon et al., 2006). Further to this young people in and leaving care are more likely to have lived in contexts with higher levels of social and economic deprivation prior to becoming looked after (Burgess et al., 2014; Bywaters et al., 2016). With higher levels of social and economic disadvantage persistently correlated with higher rates of teenage pregnancy and parenthood (Public Health Scotland, 2024). As such mothers in and leaving care may have experienced multiple, compounding socio and economic disadvantages contributing to their risk of earlier pregnancy and parenthood.

3.3.2. Information about sex and relationships

Reduced engagement and attendance in education means that looked after children are less likely to access school-based sex and relationships education and, for looked after young people, this has been associated with becoming pregnant or a parent at an early age (Nixon, 2015; Purtell & Morris, 2025). However, some studies have argued that in addition to poor engagement with education, the quality, consistency, and timing of information and advice on sex and relationships positions young people who are looked after with inadequate knowledge of sex and contraception, increasing their risk of earlier pregnancy (Hyde et al., 2016). Where looked after young people did receive school-based sex and relationship education, young people have reported that this came too late and that consequently their main source of information about sex and relationships advice was from their peers (Chase et al., 2008). This means that looked after young people may not be receiving adequate and timely sex and relationships education to make informed choices about planned pregnancy.

In Chase et al.'s (2008) mixed methods study they undertook semi-structured interviews with 78 professionals and carers who were directly involved in supporting young people. These professionals suggested that although there should be a shared responsibility for ensuring that looked after young people are educated about sex and relationships, the most appropriate person to have the conversation with a young person is someone whom the young person interacts with in person on a daily basis (Chase et al., 2009). Roughly half of the professionals felt that the responsibility to initiate such education sat with the social worker or leaving care worker.

Nevertheless, only two out of a total of 63 young people interviewed reported having conversations about sex and relationships with these professionals, with six young people indicating that their residential worker had had a conversation with them (Chase et al., 2008). In a more recent study Roberts et al., p. (2018, p. 285) interviewed twenty-two practitioners from leaving care services, found that whilst practitioners reported that they were confident in the system's ability to meet the sexual health needs of care leavers in Wales, that one potential barrier to this was the "value-based dilemmas" that practitioners faced when providing information and advice about sex and relationships to young people. That in line with the findings from other studies, practitioners lacked certainty about policy and guidance, particularly where a young person is younger than 16, the legal age of consent across the UK (Hyde et al., 2016; Nixon, 2015; Roberts et al., 2018). Findings from the research also suggest that unless there were immediate concerns about a young person's sexual behaviours, information and advice was often deprioritised leading to reactive, as opposed to proactive responses as needs arise (Chase et al., 2008; Roberts et al., 2018).

Whilst there is recognition of a collective responsibility to ensure that children and young people in and leaving care have access to appropriate information about sex and relationships, this can lead to a lack of ownership of ensure this need is met (Chase et al., 2008; Roberts et al., 2018). In Chase et al. (2008) study they found that whilst social workers felt that children and young people's more immediate carers were better placed to provide information and advice about sex and relationships, young people reported that the information they received from foster carers was highly influence by their personal values and beliefs (Chase et al., 2008). In addition, foster carers reported that they were unclear of what their role was when talking to young people in their care about sex and relationships particularly where there was ongoing contact between a young person and their birth parents (Chase et al., 2008). The shared responsibility for ensuring that young people received the information they needed to make informed decisions meant that although professionals were in support of collectively ensuring conversations about sex and relationships were held with young people, whose responsibility it was for having these conversations was unclear with varying perspectives between professionals and carers. Without clear policy and guidance, in which individuals' roles and responsibilities are outlined, it is clear how the right of children and young people in and leaving care to access timely and appropriate information and advice relating to sex and relationships could be overlooked. Whilst information and advice alone would not completely mitigate the risks of earlier pregnancy amongst young people in and leaving care (Hyde et al., 2016), it is nonetheless an important factor in ensuring that young people are empowered to make informed choices.

3.3.3. Earlier sexual behaviours

Evidence strongly suggests that young people in care are more likely to have their first sexual encounter at a younger age than their non looked after peers and that this is a contributing factor to higher rates of pregnancy and parenthood amongst young people in and leaving care (Hyde et al., 2016; Roberts et al., 2018). In conjunction with earlier first sexual encounters, studies have looked at differences between young people's sexual behaviours based on their in-care placement type. Findings from a US study looking at risky sexual behaviours by young people living in foster care and kinship care found that both placements were associated with risky sexual behaviours, and that it is these behaviours, rather than the placement types, which position young people at a greater chance of earlier pregnancy (Carpenter et al., 2001). Vinnerljung et al.'s (2007) analysis of Swedish

national register data examining children and young people subject to child welfare intervention found that, of 700 cases, youth placed in residential care were at a greater risk of teenage pregnancy than those in foster care. Conversely, analysis of data collected from Welsh school aged children found that young people in foster care were more likely to report having sexual intercourse at a younger age than their peers (Roberts et al., 2018). Consequently, whilst there are conflicting findings about the relationship between placement type and earlier and more risky sexual behaviours, what is consistent is the relationships between earlier sexual behaviours for young people in care. Yet, research has also suggested that, where a young person is in a stable placement this can act as a protective factor against earlier pregnancy for young women in and leaving care. Courtney et al.'s (2007) study looking at the length of foster care placements and risk of pregnancy, identified that the number of placements a young person had was positively associated with their risk of teenage pregnancy. Placement stability was also identified by Dworsky and Courtney (2010) as a protective factor against teenage pregnancy. From their follow-up sample of 603 young women transitioning from foster care in three states in the US they found that young women who remained in their placement at age 19 were less likely to have experienced teenage pregnancy (Dworsky & Courtney, 2010). This was still the case when accounting for young women who left care as a result of becoming pregnant; finding that 79% of the women who had known the month of conception had become pregnant after having left care (Dworsky & Courtney, 2010).

Associating placement type with risk of earlier sexual behaviours, pregnancy and parenthood is problematic given that many young people in care experience multiple placements. However, when considering the risks associated with pregnancy and parenthood for women in and leaving care, the evidence suggests that for young people in care, there is an increased likelihood that they will engage in sexual behaviours at a younger age than their non-looked after peers, and that whilst the evidence is inconclusive about the relationship between placement types and earlier sexual behaviours, there is evidence to suggest that where young people are in a stable placement this can be protective against earlier pregnancy.

3.3.4. A desire for belonging and purpose

Connolly et al.'s meta-synthesis of qualitative studies looking at young women who are looked after and pregnant or parenting identified young women's emotional needs, and their desire to experience unconditional, reciprocal love was present within nine of the seventeen studies they reviewed (Connolly et al., 2012). (Corlyon & McGuire, 1999) were amongst the first to highlight the emotional and relational needs of care leavers as a distinct factor contributing to earlier pregnancy and parenthood for young women in and leaving care when compared to their non looked after peers. As such Corlyon and McGuire (1999) argued that without attending to the emotional and relational needs motivating earlier pregnancy and parenthood for young women in care, practical approaches to addressing pregnancy and parenthood will be ineffective. Subsequent research has further substantiated these findings (Chase et al., 2006; Knight et al., 2006; Purtell et al., 2020; Svoboda et al., 2012).

For many young people in and leaving care, having a child and beginning a family may be viewed as a route to achieving stability within relationships and living circumstances, when compared to their pre and in care experiences which are often characterised by instability in relationships and placements (Purtell & Morris, 2025). Consequently, for young people in and leaving care,

parenthood may be motivated by unmet emotional needs and feelings associated with a lack of stability in their lives which are unique to their pre and in care experiences. Knight et al.'s (2006) paper exploring factors tied to young people's experiences of being looked after and earlier pregnancy and parenthood drew on data from interviews with young people, mostly young women, and professionals. In their analysis Knight et al. identified that the feelings that the young people associated with both being removed from the care of their parents and then instability in their care placements, including "loneliness, rejection and stigmatisation" were motivating factors in their decision making about pregnancy and parenthood (2006, p. 394). Likewise, within the literature young people have reported feeling a lack of belonging which motivates them to seek out and preserve relationships in different ways either through their child or through having a child as a means to preserving a relationship with their partner (Love et al., 2005). Using the concepts of ambiguous loss and disenfranchised grief Purtell et al. (2020) suggests that the relationships between the desire to fulfil and unmet emotional need through starting a family indicates that more needs to be done to understand the long term impact of family separation on the children and young people brought into state care and in explaining the unmet emotional void that some care leavers seek to address through pregnancy and parenthood.

3.4. Transitions to parenthood

3.4.1. Breaking the cycle of care

A consistent theme within the literature relates to the aspirations from young people in and leaving care's transitions to parenthood to break the cycle of care. In Corlyon and McGuire's (1999) comparison study, they purposefully sought to understand young people's views and anticipated behaviours in relation to parenthood based on their own experiences of being parented. They identified significant variance between young people who were looked after from their non-looked after peers, with 52.5% of looked after young people indicating 'no' they would not look after their children in the same way their parents looked after them compared to 19.5% of the non-looked after sample (Corlyon & McGuire, 1999). In their review of the literature Geiger and Schelbe (2014) found that in a desire to create the family that they themselves never had, youth ageing out of foster care are explicit about their desire to prevent their children experiencing the neglect and abuse they themselves experienced. In Maxwell et al.'s (2011) study, they found that young women positioned the fault of their own negative experineces of being parented with their own mothers, rather than as a result of wider factors. Aparicio's (2016) findings reflected this, that the teen mothers within their study attributed their pre-care experiences to parenting choices and consequently sought to parent differently from their own parents. Pryce and Samuels (2010) found that the young mothers in their study articulated a strong desire to avoid state intervention in the lives of their children and a recognition that to achieve this, they needed to parent differently than their own parents.

Despite these aspirations they also found that this desire to break the cycle of care, was not sufficient to "produce success" (Pryce & Samuels, 2010, p. 218). Instead, they found that young women leaving care were likely to encounter a range of social and economic factors which would inhibit and challenge them in their aspirations about parenting (Pryce & Samuels, 2010). Furthemore, the very nature of being a younger parent may mean that the individual is yet to develop the capacity to understand the needs of their child and time to resolve their own needs

(Maxwell et al., 2011). In Rutman et al.'s (2002) analysis of practitioners' experiences of supporting young women who were in or had been in care in Canada they identified that young mothers' abilities to realise their aspirations of ending the cycle of state intervention is linked to their ability to access the resources needed to meet their child's basic needs and support with meeting their own developmental needs. Pryce and Samuels (2010) suggest that young mothers may lack the resources or knowledge of how to access the necessary resources to enable them to overcome some of the factors inhibiting them from successfully parenting differently (Rutman et al., 2002). Given the rights and entitlements of mothers in and leaving care in Scotland, there is a need to understand what resources and supports are made available to mothers to help them overcome the barriers to parenting successfully.

3.4.2. Identity formation

The transition to parenthood for young women in and leaving care, is described as offering new opportunities for love, belonging and purpose (Aparicio et al., 2015). Aparicio's (2016) study found that young people's aspirations for parenthood were guided by their own experiences of having been looked after. In becoming a parent there is evidence that young people in and leaving care are likely to encounter additional challenges and barriers in adopting a parenting identity, relating to their own care histories and experiences of being parented (Maxwell et al., 2011). Parenthood can accelerate young people's transition to adulthood, taking on responsibility for themselves and their child (Rolfe, 2008). For some young people the responsibility of motherhood leads to a new sense of purpose along with the motivation to change their circumstances (Biehal et al., 1995; Pryce & Samuels, 2010; Rolfe, 2008). For these reasons motherhood can present as a "new beginning" (Aparicio et al., 2015, p. 44). With this renewed sense of purpose and responsibility young people articulate their determination to do parenting differently from their own parents, demonstrating a strong desire to "break the cycle" of care and state intervention with their children (Aparicio, 2016; Pryce & Samuels, 2010). Mauri's (2024) study of care experienced parents In Italy, explores how parenting identity development and practices can contribute to disrupting intergeneration patterns of child maltreatment. Mauri's (2024) findings suggest that the transition to parenthood for care experienced young people offers the opportunity for new beginnings. Developing from this, Mauri (2024) proposes the concept of the 'zero family' symbolising the need for care experienced parents to engage with their pasts to begin constructing their parenting identity, distinct from their own experiences of having been parented. The 'zero family' symbolises the idea that parenthood can act as both the beginning of a new identity for care experienced parents, as well as an opportunity to reconcile their own childhood experiences.

This acceleration into adulthood through becoming a parent can also bring with it challenges, some of which are specific to the experiences of young people and their histories before and during care. Young people's relational histories and experiences of family have been found to make the process of sense making in relation to motherhood different for young women who are leaving care (Pryce & Samuels, 2010). Pryce and Samuels (2010) refer to young people transitioning from care as a young parent as taking on the "dual experience" of being a care leaver and a young mother. Their findings highlight that motherhood, understood through a family systems lens, stresses the position of "intergenerational and relational dimensions of loss" positioning young mothers in and leaving foster care and their experiences out with the norms in relation to transitions to motherhood (Pryce

& Samuels, 2010). They argue that "it is the relational context that distinguishes their [foster youth] experience of mothering from that of other young mothers" (Pryce & Samuels, 2010, p. 213). The process of forming a parenting identity required young women to reflect on and refer to their own mothers parenting abilities (Pryce & Samuels, 2010). For the women in Pryce and Samuel's study, making sense of their own experiences of being parented was therefore challenging.

3.4.3. Opportunities

The reflective process that mothers in and leaving care engage with, revisiting their own experience of being parented, can provide an opportunity for therapeutic work to take place with professionals (Maxwell et al., 2011; Pryce & Samuels, 2010). Pryce and Samuels (2010) study identified the formation of a parenting identity as an opportunity to undertake reparative work with young mothers to help them make sense of any feelings of loss connected to their own relationships with their mothers. Challenging the emphasis on the risks associated with care experienced parenting, explored the subjective experiences of parents in their study who reported positive experiences of parenting and found that the transition to parenthood offered an opportunity for parents to redefine their relationships with their own parents.

Despite the challenges identified in relation to the transition to parenthood for young women in and leaving care, there is evidence to suggest that this transition can be a transformative experience. That the life purpose that some young people seek through parenthood, when actualised, can be transformative if their life course, prompting renewed interest and purpose in other aspects of life, notably in education (Pryce & Samuels, 2010). Rutman et al.'s findings extended this to suggest that pregnancy was viewed as a "turning point" by young mothers which resulted in them changing their negative behaviours towards themselves and around alcohol and drugs (2002, p. 153). This supports Aparicio and colleagues research, discussed earlier, whereby motherhood can be a "new beginning" (Aparicio et al., 2015, p. 44). Similarly, Maxwell et al. (2011), identified that for the six young women involved in their study motherhood provided an opportunity for them to build a positive view of themselves. Within Connolly et al.'s (2012) meta-synthesis, eight of the seventeen studies reviewed identified that where a young person felt supported in their role as a parent then they positively described their experiences as a parent. Rolfe (2008) echoes this, noting that with appropriate support young women can have a positive experience of motherhood. She goes on to suggest that the challenges faced by young mothers in and leaving care are reflective of those experienced by other women, but that these are often not made visible, and instead occur with the private spheres of family life (Rolfe, 2008). Aparicio suggests that if we were to view the challenges young people encounter in their transition into being a parent as similar to challenges faced by other groups of women, this could create the space to change the predominantly negative discourse surrounding young mothers, to one which is more focussed on considering "compassionately and creatively about needed support" (2016, p. 12).

3.5. Outcomes for mothers and their children

Much of the evidence relating to outcomes for mothers in and leaving care focus on outcomes relating to the risks that mothers face in seeking to care for their children (Usher et al., 2025). However, there is growing understanding of the factors which contribute positively to better outcomes for mothers in and leaving care, including, mothers' abilities to foster strong networks of

interpersonal relationships, their resilience when navigating social systems of support, as well as access to stable housing and engagement with education and/or employment (Purtell et al., 2022; Roberts, 2021; Usher et al., 2025). Whilst there is increasing understanding of these factors contributing to better outcomes for mothers in and leaving care the emphasis within the literature remains on the risk of poorer outcomes for mothers and their children.

3.5.1. Parenthood outcome

In addition to risks of earlier pregnancy and parenthood, the evidence base also discusses the risks to mothers in and leaving care during pregnancy and into parenthood. Botchway, Quigley and Grey's (2014) cross-sectional analysis of data from the Millennium Cohort Study identified that the 291 mothers who identified as previously looked after were both socially and economically disadvantaged and that this disadvantage follows young people into their adult lives. The young women who were previously looked after were more likely to be of a lower social class, have lower levels of educational attainment and a lower household income compared with mothers in the sample who had not been looked after, reflecting findings from across the literature (Barn & Mantovani, 2007; Biehal et al., 1995; Botchway et al., 2014; Geiger & Schelbe, 2014; Parsons et al., 2024; Reeves, 2003). This disadvantage is reflected within the health outcomes for these young mothers who are at an increased likelihood of pre-natal and post-natal depression, continuing smoking in pregnancy, and less likely to breast feed their child; furthermore their babies were more likely to have a low birth weight (Botchway et al., 2014; Botting et al., 1998).

Pregnancy and motherhood has been linked to an increased risk for intimate partner violence (Herrman et al., 2017; Van Parys et al., 2014). Exposure to parental violence and abuse by young people has been reflected within the relationships which they go on to have (Wood et al., 2011). The presence of interpersonal partner violence has been associated with high incidences of unplanned pregnancies for women as well as planned pregnancies amongst younger women (Cater & Coleman, 2003; Miller et al., 2010; Pallitto et al., 2005). Wood et al.'s study looking at the the intimate relationships and the presence of violence and control within these relationships involved semi-structured interviews with 82 young people aged between 13 and 18 years old, of which 24 young people were looked after (Wood et al., 2011). Within their sample, looked after young people were nearly twice as likely to report having experienced family violence, with six of the young women within this group, representing over half of the females in this group, reporting that they had experienced sexual violence (Wood et al., 2011). Young people who have recently left care are identified as particularly vulnerable to partner violence due to their lack of networks and access to support due to their experience of being looked after (Herrman et al., 2017). Wood & Barter (2015) found that in their sample of young women those who had been looked after expressed being both emotionally and practically dependent on their partners. It is argued that this dependency perhaps explains why some young women in and leaving care are reported as being particularly vulnerable to violent relationships (Chase et al., 2008; Corlyon & McGuire, 1999). Which in the context of young women in and leaving care could negatively impact on their abilities to adequently care and protect their child.

3.5.2. Intergenerational patterns

Whilst many care experienced parents will go on to lovingly care for their own children without concern, there is evidence to suggest that some young parents, or parents whom have personally experienced abuse and neglect are at an increased likelihood of replicating their experiences of neglect and abuse with their own children (Belsky, 1993; Kim, 2009; Pears & Capaldi, 2001). Dixion et al. (2005) undertook research looking at intergenerational patterns of child maltreatment using data collected via community nurses on 4351 families within which 135 parents reported experiencing abuse in childhood. Their findings identified that, within the first 13 months of their child's life, parents within their sample who had experienced maltreatment in childhood were significantly more likely to abuse their own child compared to parents who had not experienced childhood maltreatment. The risk of this intergenerational pattern of childhood abuse was found to be seventeen times more likely than the parents who hadn't experienced child maltreatment where parents were under the age of 21, had a history of mental ill health or were living in a household with a violent adult (Dixion et al., 2005). When removing the effect for parents under the age of 21 the likelihood of parents who experienced childhood maltreatment repeating this with their own children drops to five times more likely than parents who have not experienced childhood maltreatment (Dixon et al., 2005). Consequently, there is a rationale for focussing attention on interventions for working with younger parents, which prevent childhood maltreatment and abuse, as a means of interrupting cycles of abuse. In the context of young people in and leaving care where the circumstances leading to them becoming looked after are likely to be characterised by abuse and neglect, this reflects the need for interventions which account for their pre and in care experiences. However, Dixon et al. (2005) caution that the risk factors identified as associated with increased risk of childhood maltreatment can be mediated through parenting skills and style, consequently decision making about risk and intervention cannot solely be based on the characteristics identified. Additionally, Egeland et al. (1988), found that a strong, positive relationship early on in life or support through therapy allowed parents with experience of maltreatment to engage in a supportive relationship with a partner, enabling them to parent appropriately and break the cycle of maltreatment. Therefore, as well as developing interventions to prevent intergenerational cycles of childhood maltreatment there is also evidence to support a need for interventions which support the development of positive parenting styles and skills.

There is increasingly data that suggests that, for some families, there are intergenerational patterns of state intervention. A review of permanence planning and decision making in Scotland undertaken by the Scottish Children's Reporter found that a proportion of young people interacting with the children's hearing system are the child of at least one, if not two, parents who themselves have been looked after (Henderson et al., 2015). A more recent study commissioned by the Scottish Government to use administrative data to understand the profile of infants (under the age of one) who entered into care and their families (Cusworth et al., 2022). This study found that of the 70 children whose case files were included more than half of mothers (57%) and a third of fathers (33%), had themselves experienced abuse and/or neglect in childhood and that more than a third of mothers (37%) and a quarter of fathers (24%) had been in care themselves (Cusworth et al., 2022). Roberts et al. (2017) Welsh study of the case files of 374 children who had been placed for adoption found a similar overrepresentation of care experienced parents in their findings. Analysis of these case files found that 19% (n=45) of 240 birth fathers and 27% (n= 96) of 356 birth mothers were

care leavers. Of the 374 case files reviewed, six per cent (n= 23), reported that both birth parents were care experienced. Additionally, 67% (n=238) of the birth mothers had been known to social services as young people (Roberts, 2017). Similarly, findings from Broadhurst and colleagues (2017) indicate a trend in recurrent care proceedings for a group of young mothers who came in contact with the family court in England. Broadhurst et al.'s (2017), mixed methods study into recurrent care proceedings, encompassed two elements, firstly the analysis of data from roughly 65,000 proceeding records from the Children and Family Court Advisory and Support Service between the year 2007 to 2008, followed by semi-structured interviews with birth mothers who had experience of recurrent care proceedings. Within their findings Broadhurst et al. (2017) identified that mothers who experienced repeat care proceedings were typically young, with 64 per cent of their sample of 11,190 mothers with at least one repeat proceeding having their first child before the age of 20. In addition to this roughly 40% of these mothers who had experienced recurrent care proceedings had been looked after and a further 14% of mothers had spent time living in informal care arrangements away from their parents, meaning that more than half of the women had spent time living away from their parents (Broadhurst et al., 2017). Data on their care histories showed that roughly half of the 143 women who had been looked after had experienced multiple, unstable placements, with most placed within either foster care or residential placements (Broadhurst et al., 2017); echoing the evidence presented on factors contributing to motivating pregnancy within this population of young women. There is a need, therefore, to better understand the role and responsibility of the state within the context of recurrent care proceedings and intergenerational patterns of care given the state's role as corporate parents to the young mothers who are care experienced. Given the evidence in relation to factors linked to positioning this population at increased risk of pregnancy and in parenthood and the presence of these within this sample of care leavers, there is also a need to explore how responses from professionals identify and respond to these factors prior to the need for care proceedings.

3.6. Support for young people in and leaving care in pregnancy and parenthood

Turning attention now to the existing evidence relating to the sources and approaches to supporting young people in and leaving care in pregnancy and parenthood, in this section I discuss existing knowledge relating to the informal and formal supports for mothers in and leaving care.

3.6.1. Informal support

The term informal support has been used in the literature to refer to the support that individuals' access and receive through their peer, family and community relationships. For young people in and leaving care, their access to informal support is often more limited due to the inconsistent and highly structured contact with family members and frequent placement moves within care curtailing their peer relationships. However, evidence increasingly suggests that for mothers in and leaving care their access to relationship-based support is protective in preparing for and supporting young people with parenthood, providing young people with more informal, financial, emotional and practical support (Gill et al., 2023; Mauri, 2023; Purtell et al., 2022; Usher et al., 2025). Where mothers in and leaving care have limited or no access to informal sources of support this has been found to have negative implications on mothers parenting experiences and capacity.

Support from family

Informal support from family members is described both positively and negatively within the literature. The ongoing maintenance of relationships between young people and family members, whilst they were looked after, was identified by Biehal et al. (1996) in their study as being a positive indicator of the informal support that young people would receive on leaving care. However, overall young people's relationships with family members were "characterised by conflict, a lack of interest by family members or infrequent contact" (Biehal & Wade, 1996, p. 433). Chase et al. (2009) described young people's opinions about the support of family members as fluctuating between being perceived as positive to being perceived with suspicion. A more recent study challenges these characterisations of family relationships for mothers in and leaving care (Mauri, 2023), finding that whilst challenging, the transition to parenthood offers a renewed opportunity to redefine relationships between mothers and their birth family. For a small number of young people in Chase et al. (2009), the focus of support was directed at their baby rather than as support to them as a young person or parent, meaning that young people were left feeling that their needs as young people and as parents had been overlooked. For some young people the prospect of becoming a parent motivates them to seek out and reunite with their families or with the families of the father of their child (Biehal et al., 1995; Chase & Knight, 2006). This reunification has been described both positively and negatively; young people have reported that initially positive experiences of family reunification on leaving care could quickly become problematic (Chase & Knight, 2006). For example, in Chase and Knight's study (2006) young women described how the prospect of becoming a mother brought into perspective the challenges that their own mothers had encountered and brought renewed understanding, empathy and purpose to their own relationships with their mothers. However, one young person in Chase et al. (2009) talked about the challenges of accessing and needing support from extended family whist managing the parameters around this and their own autonomy and responsibilities as parents. Where a young person's family are unable to meet with the expectations and boundaries set out by the new parent, this can result in a process whereby young people experience rejection from their families for a second time (Chase et al., 2009). Pryce and Samuels (2010) acknowledge that young women in their study did not have the "luxury" of returning home for support; that instead the cycle of social, economic and environmental disadvantages that the majority of families involved with social services experience, adds additional stressors to the relationships between young people and their families as well as limitations on the ability of families to offer the support that young parents need. For some young people opportunity to re-establish or strengthen relationships with parents or extended family is not possible (Chase & Knight, 2006). Mendes et al. (2022) argue that a model of peer support should be in place for care leavers up until age 21, in order to address the social rights of care leavers. Despite evidence showing the importance and challenges around work with partners and families, little is known about how professionals navigate this terrain.

Support from partners

Little attention has been given to the positions of fathers, their relationships with the mother of their child and their experiences of support. Findings from Corlyon and McGuire (1999), suggest that the majority of fathers were distant from their child and the mother of their child, that their involvement was inconsistent and provided little support to mothers. In Chase et al., p. (2009, p. 128) study of the mothers who had partners, they described receiving no support at all or any support that they did receive from their partner as "sporadic [and] inconsistent". However, in both

studies professionals and young people describe how fathers lack of involvement in supporting and caring for their child may be as a result of being pushed out rather than an active decision to have limited involvement (Chase et al., 2009; Corlyon & McGuire, 1999). In Reeves's (2003), study two of the women intentionally chose to conceal their pregnancy from the fathers of their baby out of fear for what this may mean for them and their child.

High levels of violence between young mothers and their male partners have also been reported within the literature. In Chase et al. (2009) both professionals and young people discussed how men were perceived to be more violent and consequently fathers were viewed as a potential risk rather than a source of support. Further to this, young women reported social workers making them choose between retaining custody of their child or their relationship with their partner who was viewed as violent by services (Chase et al., 2009). However, here the relationship between a young mother and their partner is described positively, the support of that partner was viewed as an important source of support (Reeves, 2003). Importantly partner support, did not necessarily have to be from the father of the child, new partners were frequently identified as providing invaluable support to young mothers, and in a number of instances led to addition support from the family of their partner (Chase et al., 2009).

3.6.2. Formal support

The term formal support is used within the literature to refer to supports provided by the state in the form of children and families services, throughcare and aftercare services or child protection services.

Changing nature of services

For some young people in and leaving care, their only source of support with pregnancy and parenthood is through the services and systems that are formally made available to them. However, for young people who have grown up interacting with these systems of support and which are associated their own experience of being taken into care, these formal supports, in particular social work services, can be viewed with mistrust (Prendergast et al., 2024). With young people characterising social services by their function of scrutiny, assessment and the ability to remove their child (Chase et al., 2006).

Chase et al. (2006) suggest that in the transition to becoming a care leaver and a parent, young people's perceptions of the function of social work can take on new meaning. Young people's personal experiences of social work services as a looked after young person were found to be influential in their experience and perceptions of social work services as a parent (Chase et al., 2009). In Corlyon and McGuire's (1999) study, support from social workers had been negatively tainted by infrequent contact, changed appointments and by professionals being difficult to access For one young person, this led them to express that in order to cope with the lack of support they had come to expect very little support from social work as a way of managing their own expectations of this (Corlyon and McGuire, 1999). Where young people have previously felt let down and kept at a distance by social work services, the increased attention that pregnancy and parenthood would initiate from these services, left some young mothers feeling disempowered as parents and their own needs as care leavers overlooked (Chase et al., 2009). For young people who experience child protection processes as a parent, they reported feeling that the services which

they had been encouraged to engage with for support had failed them and left them unsure who to confide in for support (Chase et al., 2009).

Child Protection

Young people and professionals have both reported a belief that young people who had previously been looked after were more likely than young people who have not been looked after, to be subject to an assessment of their parenting capacity due to an assumption about their abilities to parent based on their pre and in care experiences (Biehal et al., 1995; Chase et al., 2009; Rutman et al., 2002). That mothers in and leaving care are subject to additional scrutiny and surveillance from services and increased likelihood of child protection involvement (Purtell et al., 2021).

In Chase et al. (2009) several professionals reported that other professionals' perceptions of a young person's ability to parent were often negative, yet these assumptions could be highly influential in the nature of support and intervention that a young persons received. Biehal et al. (1995) found that even where there was a lack of evidence to substantiate child protection concerns, professionals were preoccupied with their role in observing young people's care of their child as opposed to identifying and responding to the needs of the young person leaving care. Corlyon and McGuire (1999), note frustration from after-care services where resource driven decisions resulted in them being left to ensure support for the care leaver and their baby as opposed to having a more collaborative relationships with their social work colleagues. That increasing pressures on core social work services meant that their primary focus was on child protection meaning that they were less able to take on other support work for the young person leading to this being the responsibility of residential workers and through care and aftercare workers with social work retaining a hands-off monitoring role (Corlyon and McGuire, 1999). In Chase et al. study some professionals raised concerns that resource constraints and emphasis on particular practices were leading to "unreasonable" child protection decisions (2009, p. 144). Biehal et al. (1995) found that even where there was a lack of evidence to substantiate child protection concerns, professionals were preoccupied with their role in observing young people's care of their child as opposed to identifying and responding to the needs of the young person leaving care. In substantiating this, professionals acknowledge how policy agendas can drive practice, for example the agenda surrounding permanence, whereby the emphasis on timeframes around moves to permanence for a child can reduce the time and opportunities for birth parents to make necessary changes, creating conflicting practices. Equally a lack of available resources to provide young parents, who show capacity to develop as parents, with the types of support they require in order to parent was also identified as unfairly leading to child protection processes for young parents. With some professionals considering child protection processes as the only route to accessing support the young parents required within increasing resource constraints (Rutman et al., 2002). Yet care leavers with access to support from previous carers or through the other parent of the child, were less likely to be reported to child protection (Eastman & Putnam-Hornstein, 2019).

For young people a lack of understanding about the processes surrounding child protection (Chase et al., 2009) as well as the fear of having their child removed from their care made these proceedings frightening and unsettling. That young people described feeling "judged" by services rather than supported which made them reluctant to seek out support (Chase et al., 2006, p. 93). Chase et al. (2009) report that for several young people in their study, the association between

social work and their power to initiate child protection processes and ultimately remove their child, meant that young people reported distancing themselves from services. With some young people preferring to manage their needs alone rather than seek out support, out of fear that what this may then lead to (Chase et al., 2009; Roberts, 2021). This was reported as resulting in young people further distancing themselves from wider supports and services that they viewed as connected to social work. Rutman et al. (2002) identified an underlying assumption within practice, whereby professionals assumed a level of awareness on the part of the mothers whom they were supporting about their own parenting deficits and therefore the need for them to engage in the services they were directed to. Consequently, where young women failed to engage in these supports, professionals described the young mothers as failing to meet their expectations. Where young women refused to engage in the support offered, this could lead to an escalation of concern based on the professional's perception of the young women's capacity to parent. Purtell et al. (2020) refers to this as the paradox of the surveillance bias, whereby care experienced parents are reluctant to engage with services and supports due to their fears about child protection involvement rooted in their own experiences as children. Consequently, services view these parents as riskier and therefore seek even more oversight of their parenting. Purtell et al. (2020) argues that this cycle of state scrutiny and intervention is routed in the unresolved trauma of care and family separation and as such further intervention within the children of care experienced parents continues to perpetuate this cycle.

Professionals acknowledge this increased attention given to young parents who are care experienced, whilst also acknowledging increased pressures on them and their accountability as professionals (Critchley, 2020; Rutman et al., 2002). This has led some to argue that there is a need for greater transparency about the role of social work, and greater clarity where they hold dual responsibilities, where there may be an allocated social worker providing support to a young person as a care leaver whilst there is also social work involvement to undertake an assessment of their parenting capacity (Roberts, 2021).

Professionals Practice

The majority of the literature on young people in and leaving care as parents comes from a social work perspective. Beyond understanding young people's experience of different professionals in their transitions from care and in pregnancy and parenthood, very little attention has been given to the nature and quality of practice in supporting young people in and leaving care who are pregnant or parenting, or what this should look like. Rutman et al.'s (2002) Canadian study of practitioner's experiences of supporting young mothers who are in and leaving care draws on the perspectives of social workers and provides some insight into professionals practice within this context. This single agency perspective illustrates the constraints on social workers to undertake work with vulnerable young women earlier and over a sustained period of time as well as highlighting the friction between the care and protection role of social work and the application of this within the context of supporting a young person where there is also a baby to be cared for.

Rutman et al. found that professionals identified that their individual "values and attitudes" towards young women in and leaving care as young parents had a substantial influence within their practice (2002, p. 151). How professionals identified parents who's parenting was inadequate, was informed by their ideas of what and who a "deserving" mother based on their own personal reference points

which were rooted in middle class perspectives held by the professionals within this study sample (Rutman et al., 2002, p. 151). As well as noting their own middle class perspectives within their practice, professionals identified the presence of these same values within the supports and services available to support young people (Rutman et al., 2002). Additionally, Rutman et al. (2002) found that these values and perspectives of professionals informed their beliefs about young women's abilities to parent and to break the cycle of care that they themselves had experienced, which informed their expectations of young people's engagement with support. Professionals also noted feeling like "inadequate parents" who were "parenting at a distance", whose work was centred around ensuring that young people received practical supports to the detriment of providing emotional support, acknowledging their own inadequate parenting of young people in their care (Rutman et al., 2002, p. 153).

Bespoke services

In their review of the literature, Fallon and Broadhurst (2015) searched for empirical literature on interventions designed for preventing unplanned pregnancy or supporting the transition to parenting for young people in and leaving care. Of the nine intervention focused articles identified by Fallon and Broadhurst (2015), seven were focused on prevention and sexual health. Fallon and Broadhurst (2015) suggest, based on their review of current models of intervention specifically tailored to young people in and leaving care, that it is likely that there are practices which are of a supportive nature could be found outwith what exists within the evidence base. Yet a lack of attention to and recording of these approaches means there is limited evidence on the extent to which they are effective amongst young people in and leaving care to support their utility.

Mother and baby foster care placements have the potential to offer informal support within the context of a formal placement, to a young person who is still in care. Foster care placements can be viewed a positive middle ground for young women who are pregnant or parenting as they have the potential to have a positive and accessible parental role model on-hand to support them in their transition to parenthood, as well as offering a longer term relationship for the young person to access informal support from beyond their placement (Luke & Sebba, 2014). Yet, evidence relating to mother and baby foster placements is limited and dated (Adams & Bevan, 2011; Luke & Sebba, 2014)

Luke & Sebba (2014) undertook a review of internation literature on parenting and child fostering. Their review found that having the support of an additional carer was identified as enabling young people time for themselves, providing respite from their responsibilities as a parent (Luke & Sebba, 2014). However, access to these types of placements which provide on-hand support to young mothers appears to be more limited. For example, in England, Corlyon and McGuire (1999), found that there was a lack of clarity about the number of available foster placements which would be willing and able to support both a mother and her baby. This meant that there appeared to be a limited number of mother and baby foster placements available or a lack of knowledge of these placements when the need arose, with priority given to young people where there were child protection concerns (Corlyon and McGuire, 1999). In some instances, the arrival of a child would exceed the number of children they were able to care for and a young person would need to be re-placed with their baby (Biehal et al., 1995; Corlyon & McGuire, 1999).

A lack of clarity about roles, responsibilities and boundaries within foster care settings has been found to lead to further confusion and barriers to young people's engagement and empowerment as parents (Chase et al., 2009; Luke & Sebba, 2014). In some instances, young women were allocated to mother and baby foster placements in order for an assessment to be undertaken, meaning that the boundaries between mother and carer had to be explicit (Corlyon & McGuire, 1999). In Chase et al.'s (2009) study, uncertainty about foster carers responsibilities for mother, baby or both created ambiguity about the extent to which they could support young parents with their parenting and their role in terms of assessing the young parents, parenting capacity. In turn young people describe inconsistency in the messages from social work and their carers creating more confusion (Chase & Knight, 2006). Professionals articulated the challenge yet importance of allowing young parents to be young people whilst ensuring that they were taking responsibility for their child (Chase et al., 2009). For example, one foster care manager suggested that young parents who are looked after are not given the same opportunities and space to make mistakes and figure out how to parent appropriately (Chase et al., 2009). This suggests that the lack of clarity relating to the roles and responsibilities of carers when mothers who continue within their care placement leads to additional scrutiny and control around their parenting.

Corlyon and McGuire's (1999), reported that across the 11 local authorities in England that took part in their study, there was a lack of clarity about the provision of accommodation for young women in and leaving care who are pregnant or parenting. The provision that did exist was "ill-defined and inadequate" and ultimately set these young women "up to fail" (Corlyon and McGuire, 1999, p. 163-164). Corlyon and McGuire (1999) found that in one authority, where a young person was 16 years of age, then they would be moved to accommodation in the community by housing services and supported by aftercare services, limiting the formal support being offered to this young person. Conversely, in another local authority, they found that in one case professionals had worked to adapt a residential home to ensure that a young woman could remain in their placement with their baby, instead of moving the young person because of her pregnancy (Corlyon and McGuire, 1999). Where there were concerns about a young person's parenting local authorities may be prepared to pay for a mother and baby placement within a specialist unit, (Corlyon and McGuire, 1999), however this is dependent on the local authority being able to finance and then access a place for the young person. One social work team leader acknowledged that in the context of increasing budget cuts services are increasingly constrained in their flexibility to provide a range of support options for young people (Corlyon and McGuire, 1999). Meaning that in a limited number of cases it was apparent that decisions about the most appropriate support and placements for a pregnant of parenting young woman did not include the opinion of the young person (Corlyon and McGuire, 1999). Whilst these findings are dated, they offer insight into the systemic challenges that professionals and mothers face when seeking to provide support to mothers in and leaving care.

3.6.3. What type of support do mothers in and leaving care want?

In contrast to the consistent negative experience of social work described by young people, leaving care workers were described positively by young people (Chase et al., 2009; Corlyon & McGuire, 1999). The nature of the support offered by throughcare and aftercare teams means that it generally is led by young people, holistic, responsive, and varies in intensity dependant on the needs of young people (Chase et al., 2008; Chase & Knight, 2006). The positive representation of

leaving care services by young people perhaps provides some indication about the nature of support that young people want and are likely to engage with characterised as, non-judgemental, holistic, routed in a trusting relationship and where their needs are seen alongside their children's needs. However, the extent to which formal supports through services can meet the relational needs of mothers in and leaving care is unclear.

As demonstrated above, whilst for some mothers' access to informal support through preexisting relationships with family, carers, partners and peers may be readily available and positive, it may also be the case that these sources of support are absent, fragile or challenging to navigate (Mauri, 2023). Conversely, mothers may be reluctant to engage with formal sources of support due to their own experiences of engaging with services as a looked after child and associated fears relating to ongoing involvement from services in there and their child(ren's) lives (Purtell & Morris, 2025). It is for this reason that Gill et al. (2023) writing as three care experienced mothers, argue that services should be supporting mothers in and leaving care to build communities of support as a priority. For Gill et al., p. (2023, p. 1776) communities of support are encompassing of "partners, chosen family, mentors, friends and other community members", and that the support is mutually given and received between individuals. Using the theory of social support, the support available through these community networks is characterised as "'informational' (guidance, advice), 'instrumental' (physical assistance, resources), 'emotional' (empathy, love, affection) and 'companionship' (a sense of belonging and being cared for)", through which mothers have access to the social supports necessary for promoting individuals wellbeing (Gill et al., 2023, p. 1776). This characterisation of communities of support reciprocal, physical and emotional, places emphasis on support as a mechanism through which individuals wellbeing can be attended to.

3.7. Identifying the knowledge gap

The literature review demonstrates the breadth of research which has been undertaken relating to mothers in and leaving care. Nevertheless, the evidence suggests that the short and long-term outcomes for mothers in and leaving care, and their children are highly variable. As such further research which contributes to improving outcomes for mothers in and leaving care is warranted.

At the outset of this chapter, I outlined the evolution of research relating to mothers in and leaving care and with this a shift in focus from describing the characteristics and circumstances of this population, towards more recent emphasis on seeking to develop insights which can inform improved policy, practice and outcomes for mothers in and leaving care. This need, to shift attention from describing the 'social problem' towards a more explanatory and emancipatory knowledge informed the focus of this study. Whilst the evidence based has evolved in conjunction with this study, at its conception, this study sought to address the gap in understanding relating to system responses to mothers in and leaving care. In reviewing the literature, it was clear that whilst there has been research focussed on the role and nature of both formal and informal supports, these discussions leave unanswered questions about how the system is responding to the needs of mothers in and leaving care, what factors were informing these responses and what responsibilities the state has in ensuring that these needs are met. Further to this, there has been little attention to theoretical understandings within the literature on supports for young people in and leaving care, meaning that whilst the existing evidence provides valuable insight into the nature supports there is scope to go further to increase understandings of why services are responding in the way that they

are. These questions provide the knowledge gap that this study addresses. Consequently, this study set out to address this gap by exploring professional responses to mothers in and leaving care. In doing so the intention behind this study was to generate new knowledge which could contribute to informing improved policy and practices for supporting mothers in and leaving care.

3.8. Summary

In this chapter I have reviewed the evidence base relating to mothers in and leaving care in pregnancy and parenthood. Outlined in this literature review is the evidence relating to prevalence, factors contributing to earlier pregnancy and parenthood, transition to parenthood, outcomes, and supports. In the next chapter I discuss the theoretical debates within youth transitions from care, as well as theoretical perspectives on care and protection.

Chapter 4: Theoretical Framework

4.1. Overview of the chapter

This chapter sets out the theoretical ideas which have provided a framework for conceptualising the findings and discussion, presented within the chapters which follow. Beginning with theoretical debates on young people's transitions from care I draw attention to the limitations of existing theoretical understandings of youth transitions within the existing literature. I justify the use of recognition theory, alongside the concept of precarity for studying the transitions of mothers in and leaving care in this study. Following this, I turn my attention to the theoretical debates within the literature on care and protection within child and family welfare, highlighting the emphasis given to protection orientated agendas over care, and I draw on the ideas of an ethics of care for understanding practitioner responses to mothers in and leaving care within this study. Finally, this chapter concludes by setting out the theoretical framework used to aid my understanding of practitioners' responses to mothers in and leaving care.

4.2. Theoretical debates within the leaving care literature

Stein (2006), in his seminal text 'young people aging out of care: the poverty of theory', draws attention to the lack of theoretical enquiry within the extensive international body of evidence relating to young people leaving care. This has led Stein (2006) to argue that knowledge about youth transitions from care is overly empirical and descriptive and insufficiently explanatory. Stein's (2006) critique of the leaving care literature has been repeated by academics as a longstanding gap within the evidence base relating to transitions from care (Lee & Berrick, 2014; Pinkerton, 2011; Storø, 2017; Van Breda, 2015). In 2015, van Breda, using analysis undertaken in 2012, reported that of 182 studies identified within a literature search on the topic of leaving care, only 23 studies had reported directly on theory either to aid in understanding their findings or in pursuit of theory development (Van Breda, 2015). However, whilst there remains a paucity of theory underpinning understandings of youth transitions from care, efforts to apply and develop theory have increased over the last decade. Whilst some academics advanced Stein's (2006) proposed use of resilience theory (Gilligan, 2019; Van Breda, 2015), others have focused on applying a social networks lens (Goyette, 2019) or identity theories (Mann-feder, 2019). Yet much of the literature on transitions from care remains outcome focused and undertheorised (Glynn, 2023; Lee & Berrick, 2014; Storø, 2017).

Whilst each of these has contributed to expanding our understanding of youth transitions from care, they are limited in their scope. Resilience theories have been critiqued for individualising the adversity that care leavers experience whilst failing to recognise the ways in which social structures are contributing to and perpetuating the adversity of youth leaving care (Storø, 2017). Similarly, social network theories have been criticised for their emphasis on informal supports, and failing to address the role of formal, structural supports, as well as the systemic barriers that individuals encounter in seeking to develop their informal networks of support (Sulimani-Aidan, 2020). Identity theories are critiqued for the limitations to understanding the complexity of the identity formation and the identity struggles of youth leaving care (Samuels & Pryce, 2008). Glynn (2023) argued that this focus on individualised understandings of youth transitions (i.e. outcomes, relationships and identity) has been to the detriment of understanding the structural factors shaping young people's

transitions from care. This critique of the existing theorisation of transitions from care is echoed by Storø (2018) who argues that structural factors interacting with young people's transitions from care are underexplored within the existing literature, and that future research should seek to connect the personal journeys of young people transitioning from care to the social and structural processes within which these journeys are embedded. As such Storø (2018) highlights a consensus amongst researchers within the international literature, that transitions need to be understood in relation to both the individual and structural factors at play.

These broader critiques of the theorising of transitions from care are applicable to the literature focused on parents who are transitioning from being looked after to care leavers. Whilst the evidence relating to mothers in and leaving care has increased in the last decade, the focus of this work has primarily been on the experiences of parents, risks associated with pregnancy and parenthood, and outcomes of this group of care leavers (See Literature Review, section 3.3). As such this study seeks to add to the existing evidence through the development of a theoretical framework for understanding practitioner responses to mothers in and leaving care, in which I contribute to understanding the structural processes influencing the individual experiences and outcomes. In the section below, I outline Glynn's theoretical framework for studying transitions out of care and explain its applicability to exploring the transitions of mothers in and leaving care.

4.2.1. Glynn's theoretical framework for studying transitions out of care

Glynn (2023) provides a theoretical framework for studying transitions out of care, in which she conceptualises the individual experiences of care leavers as socially situated. To do this Glynn emphasises the relationship between structure and agency and argues that the literature on transitions from care needs to take account of the dependency that exists between the two, stating that: "structures are products of human action and human actions are informed by existing structures" (2023, p. 43). The services and resources provided to care leavers act to both enable and constrain their agency. To explore the transitions of young people from care as socially situated, Glynn (2023) draws on recognition theory, alongside the concepts of precarity and liminality. Inspired by Glynn's use of recognition theory combined with the concept of precarity, I too use these to aid in understanding the relationship between the social conditions of mothers in and leaving care (which I frame as support needs) and their interaction with social structures in addressing these conditions (which I frame as practitioner responses).

Glynn (2023) also employs the use of the concept of liminality to add a temporal dimension to the understanding of young people's transitions from 'looked after child' to 'adult', highlighting the ambiguity of this transition for care leavers and subsequently the implications for their identity formation. I have not included this within the theoretical framework for this study. Whilst the identity formation of mothers in and leaving care is a pertinent issue within the existing literature (Aparicio, 2014) and present within the data gathered in this study, this was beyond the scope of the research aim and questions guiding this study. However, future analysis of the findings and research may consider the applicability of the concept of liminality for gaining new insights into the support needs of mothers in and leaving care and professional responses to these.

4.2.2. Recognition

Recognition theory suggests that recognition is central to both individuals' identity formation and to relationships within the social world (Honneth, 1995). As such recognition is viewed as a reciprocal process that occurs at both an interpersonal level between individuals as well as at a macro level between individuals or groups of individuals and cultural, social and political structures (Fraser & Honneth, 2003; Honneth, 2012). Proponents of recognition theory argue that individuals' sense of self, identity, and positioning within the social world is dependent on how they are recognised by others (Glynn, 2021). It is this relevance of recognition both within the development of self-identity and interactions within the social world that position recognition and misrecognition as issues of social justice.

Within social work theory, recognition theory is increasingly being utilised to understand the relationships between the social justice objectives and values of social work practice and the emphasis on the relational and person-centred ethics of recognition theory (Garrett, 2010). In addition, proponents of recognition theory, view the theory as being in direct conflict with the increasingly neoliberal orientation of social work and as such argue that recognition theory appeals to the social justice values of the social work profession and an opportunity to 'reclaim' social work practice (Collins, 2025). However, Garrett (2010) is critical of social works engagement with recognition theory arguing that the 'psychologization' of micro-level interactions between practitioners and those they are supporting limit its application within social work theory and contribute to an under-theorisation of macro-level factors contributing to individual struggles for recognition. Niemi (2021) counters this critique from Garrett arguing individuals engaging with or being engaged by social services constitutes recognition between the individual and the state and consequently the wider macro-level factors (i.e. culture, politics, resources) interacting with the states approach to delivering social services. Despite these debates on the utility of recognition theory for social work theory, it continues to be utilised for exploring both intersubjective and social relations (Boone et al., 2020; Collins, 2025; Mitchell, 2021). Applying recognition theory to understand youth transitions from care, Paulsen and Thomas (2018) argue that recognition theory can aid in understanding the challenges that young people face when transitioning from care, the implications of misrecognition on them as individuals, and the need for supports for care leavers to prioritise supportive, consistent and ongoing relationships. In addition, Glynn (2023) argues that recognition theory offers a framework for considering the relationship between agency and structure within youth transitions and emphasises the importance of recognition from social institutions and the implications of this recognition on how care leavers experience and interact with social structures. This potential for recognition theory to bring new insights into how the wider system of supports recognise and respond to the support needs of mothers in and leaving care aligned with the overall aims of this study.

The foundations of recognition theory are routed in Hegel's (1979) ideas of 'mutual recognition' presented within his work on the *Phenomenology of Spirit*. Through his work Hegel emphasised the reciprocity of mutual recognition and challenged ideas of agency and individualism. Building on the ideas of 'mutual recognition', Taylor (1994) advances Hegel's emphasis on recognition as a reciprocal process by focusing on the interdependence between the individual and the political and social worlds. Taylor (1994) argues that given the centrality of recognition to human development and self-realisation, societies require a framework through which individuals from diverse backgrounds can be fully recognised within their communities. In this regard Taylor's (1994) *Politics of*

Recognition asserts the need for social and political structures to create the conditions in which all individuals and communities are recognised.

Whilst Taylor (1994) placed emphasis on the reciprocity of recognition, with self-identity dependent on the relationship with others and the social world, Honneth (1995) expanding on this, focusses attention on understandings of recognition in relation to social identities, morality and issues of social justice. In addition, Honneth (1995), introduced the idea of misrecognition as a source of social harm and an issue of social injustice. Whilst Hegel (1979) and Taylor (1994) are recognised for their work to develop the concept of recognition, it is Honneth's (1995) work which is recognised for advancing these ideas into a *theory* of recognition. Honneth (1995) suggests that for individuals to develop a healthy identity and sense of belonging, recognition within three spheres is required: 'love', 'rights', and 'solidarity'. Each of these three spheres are considered distinct yet interconnected and are used by Honneth (1995) to illustrate that recognition is multi-dimensional, and occurs within different aspects of an individual's social world, affecting both the individual and wider society. Within these three dimensions, 'love' refers to the personal domain and the recognition individuals receive through their interpersonal relationships as essential to their sense of self and self-identity; 'rights' is used to refer to the legal and political recognition of individuals and groups in pursuit of equity; and, 'solidarity' refers to the recognition of individuals and groups by society that contributes to a sense of belonging, interdependence and social cohesion. Recognition theory argues that everyone should have an equal right to recognition across these three domains to ensure that all individuals are able to develop their identities with self-confidence, self-respect, self-esteem and a sense of belonging.

Lastly the work of Nancy Fraser (2000) has contributed to overall understandings of recognition theory, particularly in relation to issues of social justice. Building on Honneth's work, Fraser (2000) argues for a theory of justice which attends to 'redistribution' alongside 'recognition'. In essence, Fraser (2000) critiques Honneth's theory for limiting the scope of recognition to issues of social justice relating to inclusion and equity. Instead, Fraser (2000) argues that 'recognition-only' theories fail to address the economic injustices experienced by individuals and communities. As such, a fourth 'material' dimension must accompany the individual, cultural and social dimensions of recognition to realise a socially just society in which individuals and communities are not only recognised but also have access to the resources needed to participate as equals in society.

An important critique of recognition theories comes from Butler's (2013) conceptualisation of 'ambivalence'. In their work on recognition and ambivalence, Butler (Butler & Honneth, 2021) argues that the distinction between those who relate to and resist the social and political norms is ambiguous. Drawing on the example of gender identity, they argue that within power relations, whilst individuals may identify with and 'perform' the norms of society, they may also act in ways which resist these norms (Butler, 2006). It is this relationship between performativity and ambivalence that leads Butler (Butler & Honneth, 2021) to critique the view held by proponents of recognition theory who see these as distinct (i.e. the normative and the othered groups). Whilst recognition is associated with positive self-identity, equity and belonging, *mis*recognition occurs where an individual is not recognised as belonging to the 'normative' group, and through this positioning are devalued and othered, impacting on the individual's own self-identity and their

participation within the social world (Fraser, 2007). The implications of misrecognition also have wider implications for issues of social justice, equality and participation (Fraser, 2007).

Misrecognition has been argued as contributing to pervasive practices whereby the behaviours of those who have been misrecognised are controlled (Fraser, 2007). Examples of this control can be seen in relation to the limitations on the rights of same-sex couples, stigmatising and 'othering' of single mothers, policing of individuals from ethnic minority backgrounds, or the denial of necessary resources for young people in and leaving care transitioning to adulthood (Fraser, 2000). As such, through misrecognition individuals are positioned as less than equal to those who hold the normative identity, and it is this inability for those misrecognised to engage with the normative worlds as equals that positions them as subjects of power, control and injustice. However, this also means that when the misrecognition of individuals or groups is addressed so that they are properly recognised this can act to address the inequalities and injustices that they have faced.

Glynn (2021) highlights that when considering youth transitions from care, recognition theory enables consideration of the interactions and interdependency between the state and young people transitioning from care. Within the context of this study, recognition theory offers a framework for understanding how practitioners (as agents of the state) are recognising the support needs of mothers in and leaving care. Secondly, recognition theory provides a framework for considering the wider cultural and political context within which the support needs of mothers in and leaving care are recognised or misrecognised, and the implications of this on the system response to these needs and care leavers positioning within their social world.

4.2.3. Precarity

Turning attention now to the concept of 'precarity' and the interrelated concepts of 'vulnerability' and 'dependence', Glynn (2023) argues that the concept of precarity contributes to understanding the impact of wider macro cultural, political and economic conditions on the day-to-day experiences of care leavers and their abilities to meet their needs. Within this study, the concept of precarity provides a lens through which both the individual and structural explanations for the support needs of mothers in and leaving care can be explored.

The concept of 'precarity' originates from Bourdieu's (1963) 'précarité', and the shift towards neoliberal economics, and the redistribution of risk away from the market and into everyday life, alongside a reduction in the securities provided by the state (Standing, 2011). This shift towards neoliberal ideologies resulted in what has been argued as "pervasive uncertainty", characterised by insecurity across different domains of life (i.e. civil, social, cultural, political, etc.) (Choonara et al., 2022). Since then, the idea of 'precarity' has been developed and used to understand better the ways in which social structures restrict the lives of vulnerable groups, impacting on their rights (Glynn, 2021; Standing, 2011). Applying the concept of 'precarity' to the housing outcomes of care leavers in Ireland, Glynn and Mayock (2021) highlighted the relationship between social structures and individuals' experiences of having their basic need for housing met. In this context, precarity is understood in relation to the circumstances of individuals, with more vulnerable groups having greater dependence on the state for support with meeting their needs; this positions the individual at greater vulnerability to the social, economic and political conditions within which wider systems are operating. As such, Glynn and Mayock (2021) argue that care leavers' dependence on the state

to meet their basic needs places them in a more precarious and vulnerable position in relation to their experiences of having their needs met. Thus, there exists a relationship between needs, precarity, dependence, and vulnerability; the more insecurely positioned individuals are, the more dependent they are on the securities provided by social structures, and the more vulnerable they are to the changeable social, economic and political influences within these social structures.

In Butler's (2009, p. 2) work on the 'frames of war' they argue in favour of a "new bodily ontology", meaning a renewed focus on the relationship between individuals and the social world, a particular focus on power relations within social structures. Using a 'bodily ontology' Butler (2009) suggests that reconsideration of individuals' precariousness, vulnerability and interdependence is needed to understand better their connectedness to social and political influences, and the ways through which these influences position some individuals more precariously than others.

The concept of 'vulnerability' has been used to describe both individual and situational factors which place a person or group of people at an increased risk of harm. There are divergent views on the utility of a definition of vulnerability, and as such, whilst there are many definitions available, there is no agreed definition of what does and does not position an individual as vulnerable (Levine et al., 2004). In response to this, there has been a shift towards identifying categories of vulnerability, for example, specific communities, experiences, or characteristics which position an individual as more vulnerable to harm. Yet, this categorisation of vulnerability has been critiqued for failing to acknowledge the context of the vulnerability and structural explanations for individual circumstances. Butler (2016, p. 25) argued that vulnerability was not an individual characteristic but rather "a field of objects, forces, and passions that impinge upon or affect us in some way". As such critics of the use of categories of vulnerability have argued that by placing too great an emphasis on the individual, it stigmatises and further marginalises this individual within society. In relation to structural vulnerability, categories of vulnerability have been used as a means through which the state groups, manages, and controls individuals within and through social welfare agendas. This recognition of categories of vulnerability by political and social systems has been criticised for disempowering the individual to strengthen the role of the state in the pursuit of the protection of these groups (Butler, 2016). As such, the concept of vulnerability is understood to be produced by social and political agendas, and this has consequences for the individual agency of those considered to be vulnerable. Butler (2016) suggests that it is this collective vulnerability to the changeable social and political agendas that individuals realise their interdependence to one another, and with that our shared responsibility to pursue a more equitable society for all.

Butler's (2009) bodily ontology argues that interdependence is more than a feature of the social world but rather integral to our way of being as humans, recognising that as humans we are dependent on one another. Relevant to children in care are the competing philosophies within leaving care policy and practice, independence vs interdependence (Stein, 2012). Since the 1980s, the independence philosophy has argued for leaving care services which enabled young people to develop the practical skills necessary to transition into adulthood with limited ongoing support and involvement from services (Stein, 2012). Comparatively, proponents of an interdependence philosophy have advocated for leaving care services which are attuned to the emotional and relational needs of care leavers, with supports available beyond a young person's transition from care (Stein, 2012). Whilst ideas about independence and self-reliance have prevailed within

evidence relating to leaving care, far less attention have been given to the concepts of interdependence (Storø, 2018). Through applying the concept of precarity and the interrelated concepts of vulnerability and dependency, there is an opportunity to add to the discussion.

Figure 2 below, taken from Glynn (2021, p. 5), illustrates recognition and misrecognition being associated with the individual's self-identity and relationship to the social world. Secondly the diagram incorporates the relationship between the psychosocial needs and the material needs, whereby the ways in which the material needs of care leavers are met can indicate how the individual is recognised or misrecognised by those responsible for meeting those material needs and thus influence their own self-identity and positioning within the social world. Finally, the seesaw under the material needs represents the precariousness of this interaction stemming from the dependence of care leavers on services and social structures to provide for their basic needs.

Figure 2 The Integrated Theoretical Framework[1]

Whilst Glynn's (2021) theory provides a lens for understanding the relationship between precarity and recognition within young people's transitions from care, it is limited by its assumption that individuals are situated within a social group. Given this, it is assumed that Glynn's theory is only applicable to conceptualising transitions from care for those young people who view themselves as wanting to be recognised as part of this social group and the associated social norms of the group. As such this does not account for the diversity within the care leaver population and the implications of the different dimensions of care leavers' identities (i.e. ethnicity, citizenship status, religion) within the relationship between precarity and recognition. However, despite this limitation, recognition theory alongside the concept of precarity offers a valuable framework for understanding the transitions for mothers leaving care and the relationship between their support needs, precarity and recognition.

4.3. Theoretical debates within child protection

In this section, I introduce the theoretical debates within child protection, focussing attention the concepts of 'risk' and 'care'. Whilst there are several longstanding and interconnected theoretical debates within child protection, within this section I have chosen to focus in on the broader concepts of care and protection as the overarching functions of social work services. Choosing to focus on these broader concepts provides a framework for considering the legal and moral

[1] This figure has been edited to present the relationship between recognition theories and the concept of precarity without the inclusion of the concept of liminality.

responsibilities of social work services in conjunction with young people's transitions from care. I begin by introducing the concept of 'risk' followed by a discussion of an ethics of care.

Risk

Turning now to the concept of risk in relation to child protection, an examination of the historical context of child protection in the UK illustrates a widening of the focus from children who have been harmed, to pre-empting which children could be harmed.

> "While in the 1960s it was 'battered babies', in the 1970s 'non-accidental injury to children', in the 1980s 'child abuse', and for much of the 1990s 'significant harm and the likelihood of significant harm', the focus of the new millennium is 'safeguarding and promoting the welfare of the child'. (Parton, 2007, p. 9)

This widening of the focus of child protection within the UK is reflective of the wider social shift away from the collective to the individual, shifting the responsibility of the state to managing and addressing risk at an individual level as opposed to addressing the wider social problems contributing to the conditions which lead to risky behaviours (Broadhurst et al., 2009). Beck (1992) and Giddens (1990, 1991) offer sociological perspectives on risk within the context of modernity, with both arguing that risk has become a defining characteristic of modern society. Prior to modernity risk was theorised as 'fate', whereby religious connotations were used to explain misfortune. This was followed by theories of 'determinism' informed by scientific and mathematical thinking from which systems of causation are produced (Green, 1997, p. 144). Considering risk within the context of modernity, both Giddens and Beck distinguish between what they consider 'external risk' and 'manufactured risk' with the latter referring to the product and consequence of modernity (i.e. environmental, technological, procedural, systemic risks derived from human behaviour). Within the context of children's care and protection, the conceptualisation of risk has added to understanding of how system responses contribute to producing new risk, how risk is perpetuated through the systems approach to managing risk, and how risk is used to survey and control individuals (Harnett, 2024).

Beck argues that the move towards technology and away from tradition has resulted in a 'risk society' (Beck, 1992). Related to the theory of a 'risk society', Beck discusses three concepts, 'individualisation', 'systems of risk' and 'reflexive modernity' (Mythen, 2004). The concept of individualism is used to convey the shift from external to manufactured risk and with this the transfer of risk from the collective to the individual, placing responsibility for the consequences with the individual and further away from the state (Mythen, 2004). Beck refers to a departure of social structures resulting in individuals having to make seemingly autonomous decisions about previously taken for granted aspects of an individual's life course (i.e. housing, employment, welfare, social services), taking on increased responsibility of managing risks without the support (or adequate support) from society (Mythen, 2004). With this, the system's responsibility shifts to monitoring risk and, where deemed necessary, removing risk from society. For example, child protection inquiries have been critiqued for their emphasis on scrutinising, evaluating and reforming the systems which are intended to manage risk, as opposed to taking a wider lens which takes account of the social and systemic context in which the risk is occurring.

Giddens (1991) and Beck (1992) both argue that the risk society is one which moves from being preoccupied with past events to focussing on the future. Within this Giddens suggests that 'systems of risk' are produced, whereby through a focus on the future and reflection on the potential risks of current choices on the future, systems of risk are established as a product of current risk, in order to manage future risk (Giddens, 1991). Within these systems there is a reflexive process whereby the information they gather inform our understanding and reconceptualisation of future risk. Giddens (1991) draws on examples of reflexivity to demonstrate that interaction between the 'expert' systems of risk with 'lay' person behaviours can result in issues of trust in the form of too much trust in expert knowledge, particularly where there are high levels of uncertainty, or alternatively, questioning, rejecting or behaving in a contrary manner to the expert knowledge. As such the trust between the expert system and lay persons' behaviour is contingent on trust in the knowledge and relationship between the two (Giddens, 1991). Combined, the ideas of individualism, reflexive modernity and systems of risk help to establish a framework for understanding how individuals navigate complexity and uncertainty within the social world through a reliance on expert systems whilst simultaneously questioning and challenging these systemic understandings of risk.

Responsibilisation

Linked to the ideas of individualisation is the concept of 'responsibilisation'. Kemshall (2002) connects risk with responsibility and the welfare system, arguing that the growing preoccupation with risk now takes precedence over need as the primary interest of social welfare policy and practice. The decline in collective risk as a result of growing economic and environmental stability resulted in a shift of ideology around the function of social policy and welfare. This shift began with the increased privatisation of public services, driven by neoliberal ideologies. Neoliberalism is characterised by the belief in a 'free market', from which society's interests and needs will stem, and the market will be responsive to (Abramovitz, 2012). In the context of social welfare, policy and practice, neoliberal ideology supports a process of deregulation to enable economic growth. This deregulation is replaced by individual responsibility, meaning that individuals are responsible for meeting their own needs and self-regulating their own behaviours in order to maintain the free market (Abramovitz, 2012). Such ideology is predicated on the belief that through the free market, individuals gain increased autonomy and opportunity to respond to their own needs, as opposed to maintaining a social order which peruses society's collective needs at more local, national and community levels. Consequently, neoliberal ideology has been critiqued for diminishing the role of the state, dismantling the welfare system, and increasing bureaucratic monitoring of welfare provisions and the individuals who draw on welfare support (Abramovitz, 2012). The legacy of this shift in ideology about the function and delivery of welfare has increased emphasis on beliefs about responsible citizenship within social policy and welfare (Kemshall, 2002). Consequently, this has led to the distribution of resources based on perceptions of risk, what constitutes the greatest risk and who is at greatest risk (Parton, 1996). Within the context of systems of service delivery, Barry refers to this as the "bifurcation" of risk whereby systems have developed in two parts in which one part of society (typically more privileged) is viewed as self-regulating and the other in need of surveillance and intervention (Barry, 2007, p. 16). As such these shifts in social policy and welfare have resulted in a more concentrated and targeted approach to the delivery of social welfare which in turn has contributed to the further marginalisation of those in receipt of support from the state.

4.3.1. Care and an ethics of care

Over the last 25 years there has been increased emphasis on the ethical obligation of the state to attend to the wellbeing of children and young people in addition to the legal obligation to protect them from harm (Featherstone et al., 2014). Consequently, developments in policy and legislation have increased focus on how the state cares for children and young people who are in its care. Looking at the concept of 'care' within the context of social work practice, in this section I draw on ideas from the body of literature surrounding the 'ethics of care' and its relevance for exploring professional responses to the needs of mothers in and leaving care.

Featherstone et al. (2014) argue that social work is at its core a moral and ethical practice, yet discussions about the ethics underpinning practice have been limited and overshadowed by discussions of techno-rational interventions driven by the discourse around risk and risk prevention. Consequently, discussions of care and what it means for children to be in the care of the state has lacked the focus it warrants.

The beginnings of an ethics of care as a moral theory is attributed to two feminist scholars, Gilligan (1982) and Noddings' (1984), who, critiquing Kant's (1964) 'ethics of justice', argued for a moral theory that recognised the relational and contextual aspects of morality. Kants (1964) work on ethics prioritised universal principles of morality, which proponents argue should be applied both rationally and objectively. Gilligan's (1982) work challenged the idea that moral dilemmas were part of a progression towards a universal moral reasoning of what is deemed right and wrong. Importantly Gilligan's (1982) work is routed in a critique of the gendered bias of proponents of what came to be referred to as an ethic of justice, in particular the view that women could not progress to the most advanced stages of moral development and reasoning. As such, Gilligan (1982) argued in her book *In a different voice,* that rather than viewing ethical dilemmas as debates of right and wrong, that women approach ethical dilemmas through their relationships and the wider context of these relationships. As such, rather than prioritising a duty to universal principles of morality, ethics of care prioritises being responsive to individual needs as a moral act. Whilst Gilligan (1982) introduced the idea of care as a moral act, Noddings (1984), building on this, focused attention to the relational aspect of caregiving between the 'caregiver' and the 'cared for' and the implications of the relational context on the relationship between the two. As such Noddings argues that care is a reciprocal act between the two parties and building on the position that care is a moral act, that the relational context will be dependent on the strength of the commitment between the two parties (McAuliffe, 2023). Whilst Gilligan (1982) and Noddings (1984) are recognised as introducing the ideas of care and its relational context to moral theories, both have been critiqued by subsequent waves of feminist scholars based on the notion of a gendered morality, with females aligned with the actions of care and males aligned to the duty of justice (Diller, 2018).

Tronto (1993), building on these traditional perspectives on ethics of care, proposes a 'political argument for an ethics of care', in which she argues that care is a not a private, inherently female, or family matter, but rather an issue which holds wider social and political relevance. In doing so Tronto (1993) bridges the care and justice debates, arguing instead that the two are interdependent, and that to achieve a socially just society, that society must care for its members, particularly those who are seen as vulnerable. Hence, Tronto (1993) positions the ethics of care as a matter of political and social relevance in which care is viewed as a moral act which is central to

human existence. Tronto identifies five stages of caring: 'caring about', 'caring for', 'caregiving', 'care receiving' and 'caring-with'. Aligned to each of these stages of care are dimensions of care, which include: 'attentiveness', 'responsibility', 'competence', 'responsiveness', and 'solidarity and trust' (Tronto, 1993).

By illuminating these dimensions of care, recognising care as both a practice and disposition, revealing the influence of the social and political context on, for example, which needs are brought to our attention, Tronto positions the practice of care within the wider social and political context:

> "Since caring rests upon the satisfaction of needs for care, the problem of determining *which needs* should be met shows that the care ethic is not individualistic, but must be situated within the broader moral context." (Tronto, 1993, p. 138)

It is in this regard that Tronto (1987, p. 660) poses the questions "what are the appropriate boundaries of our caring?" and "How far should the boundaries of caring be expanded?". Through these questions Tronto seeks to draw attention to what is and isn't included within our care boundaries, and, based on our collective view of morality, what should be included. In so doing, she draws attention to the roles and responsibilities within the caring dynamic, disrupting assumptions around who is responsible for not only providing the care but defining the conditions within which care is provided and to whom.

In the introduction I set out the emphasis on protecting children from risk of harm within UK child protection agendas, further to this within the literature review I outlined existing evidence on child protection responses to the children of mothers in and leaving care (section 3.3.2). Lacking within these discussions is a focus on the 'care' aspect of social work's care and protection remit, as such the ideas held within the ethics of care provide a valuable lens for keeping care in mind when considering practitioner responses to mothers in and leaving care through bringing attention to the 'care' aspect.

Dependable care

In conjunction with the ethics of care, I draw on the concept of dependable care to consider the dependability of the care that mothers in and leaving care receive in response to their support needs. In his foundational text on the developmental needs of children and young people in care, Maier (1979) describes 'dependability' as one of the core components of caring for a person. Maier (1979) illuminates the relationship between dependence and certainty and suggests that greater certainty about the dependability of care, whether in the form of relationships or practical supports, provides a foundation for increased independence. As such secure 'dependency' is seen as foundational to the developmental needs of individuals, their independence and development of new relational dependencies. Yet the idea of 'dependency' on the state for these relationships and supports is typically stigmatised within public discourse and used to marginalise individuals. Whilst Maier (1979) was articulating the importance of dependability at an interpersonal level as essential for supporting the development of children who are looked after away from home, within this study I draw on the concept of dependable care to consider the interactions between the state and young people transitioning from care. In doing so I expand the frame to consider the opportunities for the state to provide the 'dependability' described by Maier (1979).

4.4. The theoretical framework

In a recent publication, drawing on research which looks at the "edgy" dimensions of leaving care, van Breda et al. argue that whilst there has been increased application and development of theory within the leaving care literature there remains a need to "broaden" theoretical understandings (2024, p. 243). They identify three ways in which theories of leaving care could be broadened: through critical reflection of existing theory, through reconceptualisation of existing theory, and through the extension of theoretical understandings. Within this chapter I have extended current theoretical frameworks and concepts and applied new ones to deepen our understanding of the support needs of mothers in and leaving care and practitioner responses to these needs. In doing so I contribute to the reconceptualisation of existing theory and extend our theoretical understanding of professional responses to mothers in and leaving care.

Through approaching this study from a critical perspective, I have sought to understand the broader social structures and norms shaping practitioners' responses to mothers in and leaving care. Through combining a modified version of Glynn's (2021) transition theory alongside an ethics of care I am seeking to bridge between the different dimensions of this study: mothers' support needs, practitioners' responses to these needs, and the wider social, political and practice context shaping these. Recognition theory in conjunction with the concept of precarity enables consideration of the relationship mothers in and leaving care have with the social world and the implications of this relationship on the precarity of their circumstances. Alongside this, given the emphasis on risk within the existing evidence on mothers in and leaving care, the ideas supported within an ethics of care provide a framework for considering the tensions that practitioners encounter between care and protection within their duties to both mothers, as care leavers, and their children. In doing so this study seeks to expand theoretical understandings of youth transitions from care through consideration of an ethics of care for understanding the support needs and professional responses to these needs for mothers in and leaving care.

4.5. Summary

In this chapter, I have outlined theoretical concepts for studying transitions from care alongside an ethics of care perspective as providing a theoretical framework for understanding responses to mothers in and leaving care. With the subsequent three findings chapters (chapter six, seven and eight), I utilise the theoretical concepts of recognition and precarity, alongside an ethics of care perspective. In the next chapter, I present the methodology and research design for this study.

Chapter 5: Methodology

5.1. Overview of the chapter

In this chapter I outline the design of this study. I begin by summarising the gap in knowledge and research presented in the previous chapters and how this informed the research aim and questions which this study sought to address. I then go on to discuss the research framework, and the justification for the qualitative research design. I discuss my use of a critical research paradigm for informing my approach to conducting this research study. I present the research design, the methods used, the consideration of rigor, validity and reliability of the data, and the ethical considerations taken within this study.

5.2. The research aim and questions

In reviewing the existing literature on leaving care and young parenthood, one of my primary critiques was the framing of women in relation to risk and vulnerability, which ran counter to how the evidence described their aspirations for parenthood. This disparity between 'expert' views of young women and the young women's 'lay' views of themselves led me to question if this was reflected in the way that young women were supported to parent. This became a focal point for this study in light of which many of the decisions about the design of this research study have been made. Consequently, the research aim and questions centre around a focus on exploring the current nature of professional responses to women who are in and leaving care in pregnancy and in parenthood. As the assumptions and beliefs underpinning this study have become clearer, this too has informed and shaped the development of the research aims and questions. Accordingly, this study aimed to explore the extent to which young women in and leaving care receive an equitable opportunity to successfully parent. It has specifically sought to:

1. be informed by young women's experiences and perceptions of professionals' responses during their pregnancy and in parenthood.
2. provide a critique of professional responses to young women in and leaving care who are pregnant or parenting.
3. identify further opportunities to improve the experiences of young women in and leaving care as parents and as care leavers, and consequently the experiences of their children too.
4. identify how the learning from this study can be used to contribute towards policies and practices which are supportive of young women in and leaving care who are pregnant or parenting.

The research questions guiding this study are:

1. What are the support needs of mothers in and leaving care in pregnancy and in parenthood?
2. How do professionals currently respond to and support mothers in and leaving care in pregnancy and in parenthood?
3. What are the social, cultural and political contexts within which professionals are responding to mothers in and leaving care in pregnancy and in parenthood?
4. How does learning from this study contribute to research, policy and practice?

Denzin and Lincoln (2011) describe a research methodology as pertaining to how we understand or come to understand the social world. Methodology is derived directly from the research aims and questions. Blaikie (2007) identifies three types of research questions, those which require a descriptive response, 'what' questions, those which require an explanatory answer, 'why' questions, and those where the answer is focused on provoking change, 'how' questions. This study is both explanatory and transformative, it seeks to first explore the nature of professional responses from multiple perspectives; secondly it intends to use the knowledge of the current nature of professional responses to provoke changes at policy and practice levels. To respond to these aims and questions a qualitative research methodology was used.

5.3. The research framework

A research framework brings together the methodologies, philosophies and theories which underpin knowledge. Together these provide a guiding framework, representing the beliefs and assumptions underpinning the design of a research study. I outline the research framework adopted within the design of this study below, beginning with the methodological choices, followed by the philosophical assumptions I brought to the research and the theoretical lens applied to support the exploration and interpretation of the research problem.

5.3.1. Locating the research within a critical paradigm

Payne (2014) defines theory as ideas which provide a way of articulating in an organised way, what is known about the social world. In this study I use critical theory, which contains a set of ideas which focus on social order and the oppression of marginalised groups in society. Critical theory bridges between theory and action, through understanding how the current social order is perpetuating "irrational and dominating relations" from within the social world and identifying through this, transformative opportunities (Thompson, 2017, p. 3). Despite its earlier Marxian roots, Habermas (1971) is best known for proposing the critical theory as it is now known. Habermas (1971) proposed that critical theory should emerge from "communicative action", repositioning critical theories within the then emergent pragmatic epistemology and social action. Thus, critical thinking seeks to explain the social structures and dominant beliefs and emancipate those oppressed by these (Adorno, 1988). Fay (1987, p. 68) proposes a 'critical social science' in which "rational self-clarity" and "collective autonomy" are positioned as central to the ideas of critical thinking. In order for individuals to be empowered they must achieve a 'true' understanding of their lives as opposed to that which has been constructed and told to them through social structures and dominant assumptions. The emphasis on action through empowerment has led to the application of critical thinking within the social justice orientation of social work theory and practice. Critical thinking therefore offered a valuable set of ideas for deconstructing existing social structures and assumptions and identifying opportunities to equip individuals to change these.

The ideological assumptions underpinning critical theory are linked to the growth in qualitative inquiry and the critique of traditional assumptions of knowledge and knowledge production. Denzin, (2002, p. 2) refers to this as the seventh moment of inquiry, in which there is increasing attention given to the "practices of critical, interpretive qualitative research" and it's use for affecting change within the social world. Denzin (2002) argues this had particular relevance to social work research due to its implicit commitment to issues of social justice. Gray & Webb (2009)

distinguish between critical social work which is focused on identifying 'best practice' and critical social work informed by the ideas of critical theory. According to Gray and Webb (2009, p. 77) critical social work, "seeks to explain and transform various circumstances that social workers and service users find themselves in, while connecting this to a structural analysis of those aspects of society that are oppressive, unjust and exploitative". One of the primary critiques of critical thinking, in particular critical social work relates to the use of postmodern thinking alongside Marxist and Frankfurt schools of thought from which critical thinking emerged. Payne (2014) and Gray and Webb (2009) both contest the use of postmodern thinking within critical social work, arguing that there is an incompatibility between the fluidity of postmodern ideas and the deterministic ideas of Marxist and Frankfurt critical thinking. Therefore, within this study I apply a critical social work theory rooted in feminist and anti-oppressive schools of thought offered by Mullaly (2007), and Gray and Webb (2013).

Mullaly (2007), drawing on the work of critical theory developed 'the new structural social work', which focusses its attention on the oppression of groups of individuals. Within a structural social work perspective, the central belief is that the current social order is a result of social structures, not the individual. Therefore, in order to address oppression change must occur within these social structures. Critical social work practice within the structuralism theory either acts to reproduce the social structures and dominant perspectives causing oppression or opposes them (Mullaly, 2007). However, structural social work, as with critical thinking believes in the power of individual agency in enacting change through a "dialectical analysis" where consideration is given to conflicting elements of the social world (Payne, 2014, p. 342). Practitioners, in opposing the dominant perspectives must find ways for individuals to develop the understanding and insight into their circumstances to seek change, positioning practice as a political action. Gray and Webb (2013) call for a 'new politics for social work to challenge injustice and pursue social justice for all. They frame this new politics in relation to critical theories, and pursue an anti-capitalist agenda, and the renewal of radical traditions within social work. Gray and Webb (2013) refer to this as a 'New Social Work Left', which they cautiously hope will galvanise social work professionals and direct their attention to a political agenda for social work.

The aim of critical research is to develop an understanding of the social structures and dominant assumptions, to appraise these with particular consideration to power structures, and to produce knowledge which can be applied for change (Myers & Klein, 2011). Critical researchers adopt a 'value position' within research (Myers & Klein, 2011). Meaning that the researcher is not viewed as an objective bystander, but rather as an active contributor to the research, who alongside the study participants is bringing their own subjective perspective into the research. Anti-oppressive critical social work theories, help to reaffirm this orientation towards social justice whilst also prompting consideration of the role of professionals in challenging the historical, cultural and political agendas within social work systems. The aim of this research is to explore the nature of professional responses, and in doing so identify opportunities to enhance the response to mothers in and leaving care in pregnancy and in parenthood. The ideas within critical social work offer a way of exploring the nature of professional responses, in relation to mothers who are in and leaving care, from multiple perspectives, and with the impetus to interpret this in relation to structural, as opposed to individual, factors. In adopting critical theory, particularly the thinking, which is routed in anti-

oppressive practice, this study used critical theory to engage in the politics of social work practice and pursue social justice.

5.3.2. Axiological, ontological and epistemological assumptions:

Axiology refers to the values of the researcher being brought in to study the nature of society (Greene & Hall, 2010). As identified above, the critical paradigm is concerned with issues relating to axiology. Within the critical paradigm the researcher is beginning from a position of advocating for issues relating to equality and social justice. These values transcend into how the researcher engages with marginalised communities, their attention to issues of power and privilege within their research design and their position as the researcher. I brought into the design of this research a belief that due to their pre and in care experiences many young people transitioning from care are marginalised within society. Through my role at CELCIS I had become aware of the complexities of supporting this group of young people particularly in light of the Children and Young People (Scotland) 2014 Act. This led me to question whether women leaving care receive an equitable opportunity to be successful as parents and, if not, how their needs could be better supported. Therefore, this research was framed around an issue of equity and social justice, whilst also recognising the need to work alongside both women and professionals to identify and respond to injustices in the responses offered to mothers who are in and leaving care.

Guba and Lincoln describe ontology as addressing the question of "what is the form and nature of reality and, therefore, what is there that can be known about it?" (2004, p. 21). Merton asserts that through a transformative lens there are multiple forms of reality and that reality is historically and culturally located (Mertens, 2007). However, through a transformative perspective these realities exist within wider value and belief systems and thus must be considered in relation to these wider influences in order for differences between realities to be understood (Mertens, 2007). Through considering different realities in this way Merten believes that this can develop our understanding of why particular realities come to be promoted over others (2007). Therefore, through the critical worldview ontological questions are not addressed through science or constructed in our day-to-day interactions (Romm, 2015). Instead for ontological questions to be addressed, research must identify the different forms of reality which exist and identify which realities most appropriately align with a social justice and human rights agenda (Mertens et al., 2011). This ontology is reflected in the decision to explore the nature of professional responses from the perspectives of both professionals and mothers with care experience. Through seeking multiple perspectives, this study was able to establish the different realities about the nature of professional responses and the nature of these realities in relation to their context and in relation to each other.

Epistemology refers to a "theory of knowledge", providing an explanation for how we come to have knowledge of the social world in which we exist (Blaikie, 2007, p. 18). The critical paradigm does not support the belief that knowledge can be truly objective, nor does it believe that knowledge becomes known through interactions with others (Mertens, 1999). Instead from a critical perspective knowledge comes to be known through the researchers understanding of the culture of the community (Mertens, 1999). Thus, in order for research to be reliably undertaken through the critical paradigm, the researcher must be sufficiently versed in the nuance of the culture of the community, so as to be able to undertake research which has credibility and value within the community (Mertens et al., 2011). Therefore, to answer epistemological questions the researcher

must acknowledge their own biases within the research whilst also ensuring that participant's viewpoints are represented throughout the study design. This aligns the critical worldview with iterative approaches to data collection, analysis and reflection, for the marginalised community to inform the research process. Romm (2015), considers Merton's response to questions relating to the theory of knowledge within the critical worldview as insufficient. Instead Romm (2015) suggests that the paradigm boundaries between the constructivist and transformative theories of knowledge are permeable and that research can only really respond to questions of epistemology through understanding how realities are constructed. This critique echoes the critique of Biddle and Schafft (2015) that the distinction between the critical worldview and the pragmatic and traditional paradigms is less defined than Mertens (2007) asserts. I would align with these critiques and adopt more of a constructivist stance in relation to questions of epistemology, believing that knowledge is relative, that it arises out of interactions between individuals and that my interpretations of it form part of its construction.

5.4. Research design

Blaikie (2010) describes a research design as comprising of the decisions taken within the planning for a research study, alongside a rationale and defence of these decisions. As discussed above, the intent of the study was to explore professional responses to mothers with care experience in pregnancy and in parenthood. In order to attend to this, a sequential qualitative research design was developed, using semi-structured interviews. The decision to adopt sequential research design within a critical paradigm was taken to address the social justice orientation of the research problem in an inclusive way. In doing so this study ensured that mothers with care experience were not further marginalised from discussions relating to issues effecting their lives; in this instance professional responses to their needs as care leavers and as parents.

The study began by qualitatively examining the experiences and perspectives of mothers with care experience in relation to professional's responses to their needs in pregnancy and in parenthood. Additionally, this strand of data collection was used to seek out women's views on the priority issues relating to professional responses to mothers with care experience. This was then followed by a second strand of semi-structured interviews with professionals to qualitatively explore their views and perspectives of the cultural, contextual and systemic issues which inform their responses to mothers in and leaving care.

Ensuring that research is informed by the lived experiences of mothers in and leaving care, prioritising their voice and participation on matters affecting them, is reflective a wider movement within social research, underpinned by the growth in the children's rights agenda (Dixon et al., 2019). The prioritisation of lived experience within research relating to children and young people ensures that new knowledge is rooted in the views and experiences of those impacted by the issues being researched. Increasingly however emphasis is being placed on research practices which not only seek the views and experiences of those with lived experience, but which provide opportunities for individuals to be active participants in informing and shaping research agendas. Advocates of participatory research methods argue that inclusive approaches lead to research, which is more reciprocal and consequentially ethical, whereby participants, as well as researchers benefit from the process (Dixon et al., 2019; Purtell, 2023).

Thus, the decision to adopt a sequential design was rooted in a desire to allow for the lived experiences and perspectives of mothers with care experience to not only be prioritised within the research design but so that mothers could inform subsequent data collection with professionals. Within my interviews with mothers, I intentionally asked whether or not they had any questions or priority topic areas I should include in my interviews with practitioners. In hindsight these questions, posed at the end of a research interview, were too broad. All four mothers struggled to answer these questions and consequently no questions or topic areas used in my interview guide for practitioners came directly from the mothers I interviewed. However, the sequential research design enabled me to enter into the interviews with practitioners from a more informed position, with the narratives and experiences of the mothers I had interviewed in mind when I was talking to practitioners. Therefore, whilst the sequential design did not fulfil my ambition to create an opportunity for mothers in and leaving care to directly shape the focus of discussions with practitioners, indirectly I used the experiences and perspectives they shared with me to inform these interviews. As such, the sequential research design allowed for the issue of professional responses to be explored from multiple perspectives, facilitating the inclusion of mothers' views and experiences of these responses, thus attending to the individuals most personally affected by the issues raised in this research study.

In the next sections, I justify each strand of data collection and the approaches to data collection.

5.5. Qualitative research methodology

> "Qualitative research is a methodology for scientific inquiry that emphasizes the depth and richness of context and voice in understanding social phenomenon" (Lim, 2024, p. 200).

Qualitative methodology offers the researcher the tools to explore complex human behaviours and social contexts in order to gain new insight and understanding of the social world and subjective experiences of this. Whilst qualitative research allows for research that is contextually situated and in which depth of understanding is prioritised, this limits the overall generalisability of the data gathered (Lim, 2024). However, for the purposes of this study the research aim and questions that this study is seeking to answer require a qualitative methodology through which this study can focus on individual experiences, perspectives and behaviours whilst being able to situate these within the wider social context. As such within this study I apply a qualitative methodology.

5.5.1. Strand one: seeking the views of young mothers with care experience

In strand one, semi-structured interviews with mothers with ongoing entitlement to aftercare were used to explore their experiences and perspectives of professional responses and support in pregnancy and in parenthood; and their perspectives on priority issues which could be addressed in strand two.

Sampling approach and size

This study used a purposeful sampling approach to identifying women that fit specific participant criteria which were informed by the needs of the research aim and questions (Bryman, 2016, p. 408). In order to narrow the scope of this study a decision was taken to focus on professional responses to mothers who through the CYPS Act 2014, have ongoing entitlements to support from statutory services and corporate parents as a care leaver. This group of mothers presented with a

unique practice context within which professionals have a duty to respond to the needs of the woman as a care leaver who is also a mother. This informed the sampling and recruitment approach taken within strand one of data collection. For strand one, this study recruited mothers who were aged 16 to 25, who were looked after on their 16th birthday, but who had since ceased to be looked after, who were mothers and who spoke English. In order to have ongoing entitlements as a care leaver a young person must have been looked after on their 16th birthday but have since ceased to be looked after (Children (Scotland) Act, 1995). For those who have ongoing entitlements as a care leaver these are in place up until the young person's 26th birthday, this informed the decision to focus on recruiting women who were aged between 16 and 25. Finally, the decision to recruit women who were English speakers was informed by my biography, English is my first and only language spoken. As previously outlined, one of the assumptions taken into the design of this study was that knowledge is communicated between the researcher and the participants. Therefore, in applying the ideas of critical thinking to this study it was important that the knowledge produced from these semi-structured interviews was done through the conversation between the researcher and the participant, which meant the interviews would have to be conducted in English.

In addition to these inclusion criteria, given the intent of the research questions and the vulnerability of the participants, women were not included in this study if they were currently looked after, currently pregnant with their first child or their child had a disability. Women who were currently pregnant with their first child were excluded for two reasons, firstly, this group of women may be considered particularly vulnerable with a high level of service involvement in order to meet their health and social needs. This posed particular ethical dilemmas about the women's capacity to make informed voluntary consent, as well as the potential risk of harm to the women through their involvement in a study whilst simultaneously trying to navigate services to meet their needs as a new parent. Secondly, this study was interested in women's experiences across pregnancy and in parenthood, if women were pregnant but had no experience of being a parent, this would have limited their ability to contribute and ultimately only allowed this study to address the research questions in part. Finally, it was recommended by the University of Strathclyde ethics committee that mothers whose child(ren) have disabilities be excluded from this study sample on the basis that the nature of support and service intervention is likely to be different to that typically given to mothers with care experience and therefore would position their experiences outwith the scope of this study.

In order to determine an appropriate sample size for this study a review of existing studies which encompass qualitative interviews with young mothers with care experience was undertaken. Across the studies reviewed sample sizes ranged from four to 15 participants (Aparicio, 2014; Barn & Mantovani, 2007; Coler, 2018; Mantovani & Thomas, 2014; Maxwell et al., 2011; Pryce & Samuels, 2010; Radey et al., 2016; Roberts, 2017); with two studies consisting of larger samples of 29 (Corlyon & McGuire, 1999) and 47 participants (Chase et al., 2006). Consequently, given that the sample sizes reported within the existing literature are relatively small and variable in size data saturation was used to determine whether adequate data has been collected to validate the findings produced. Fusch and Ness (2015) distinguish between depth and volume, arguing that where data has depth it can fulfil data saturation without necessarily being large in volume. Thus, data saturation is determined by the point whereby no new themes are being generated through the inclusion of new data (Guest et al., 1995). Guest et al., (1995) suggest, based on their

application of data saturation, that where research is intended to explore the views and experiences of a group with similar characteristics, 12 participants should allow for data saturation.

The feasibility of achieving data saturation was then determined though establishing an estimate of the population of female care leavers entitled to aftercare in Scotland who may experience teenage pregnancy. At the time, the most recent, reliable, national Children's Social Work Statistics 2016-2017 reported that 2,653 young people aged 16 to 22+ eligible for aftercare support were female (The Scottish Government, 2018). It is unclear what proportion of young women eligible for aftercare support experience pregnancy and parenthood, however, a previous freedom of information enquiry which collected data from 93 local authorities in England estimated that 22% of female care leavers become teenage parents (Centre for Social Justice, 2015). Applying this proportion to the population of females with entitlement to aftercare in Scotland 22% would total 584 women. The proportion of female care leavers who become parents in their early 20's may vary from the teenage population, however, in determining the feasibility of achieving data saturation, this estimate indicated that data saturation was achievable for the purposes of this study. However, despite my attempts to reach data saturation, this was not achieved within this study. A combination of factors contributed to challenges with the recruitment of mothers for this study, including the views of gatekeepers about the vulnerability of mothers, concerns about care leavers being an over consulted population, concurrent research being undertaken by Who Cares? Scotland (2022) but perhaps most notably the interruption to data collection due to the Covid-19 pandemic.

Recruitment

Initially, I sought to recruit participants through third sector and voluntary organisations supporting care experienced individuals. Twenty-two organisations identified as providing support to parents with care experience, were approached between April and October 2019. Organisations were contacted directly, where possible by telephone, followed by email communication. Follow-up communication by email was attempted approximately two weeks following the initial contact. In total, four organisations responded, two declined the invitation to share information about the study with women accessing their services, one organisation following initial interest did not respond to further communications, one organisation agreed to share the information about the study with women accessing their services. Two women participated in research interviews from this initial round of recruitment.

Following this initial approach to recruitment, I made the decision to broaden my sampling criteria and recruitment strategy to increase the number of participants. I sought ethical approval to recruit participants via social media to reach a broader range of organisations and women directly. In November 2019, I submitted these amendments to the University Ethics Committee, which were approved in January 2020. Through this second approach to recruitment, an additional two participants agreed to take part in this study. However, due the changing circumstances relating to COVID-19, these interviews had to be postponed.

In response to the national restrictions on travel and in person contact, in April 2020, I applied to the University Ethics Committee to make further amendments to my ethics application, so that I could undertake interviews by telephone or using the university provided platform, Zoom as well as

convert my interview schedule into an online survey to be distributed via social media. These amendments were approved by the University Ethics committee in April 2020.

Consequently, three approaches to recruitment were taken, outlined below in table 1.

Table 2: Three approaches to recruitment of mothers in and leaving care

	Approach to recruitment	**No. of participants recruited**
1	Third sector and voluntary organisations	2
2	Social media	2
3	Online self-completion survey	0

Overview of participants

Four mothers participated within semi-structured interviews. All four of the mothers experienced the transition to becoming a mother whilst in and leaving care and between them were mothers to a total of eight children. Whilst two of the mothers had ongoing entitlements to aftercare as care leavers, one of the mothers had recently turned 26 years old, and another of the mothers had left care 18 years prior. All four mothers were provided with a pseudonym to protect their anonymity.

Table 3: Overview of mothers

Kirsty (21 years old) Entered care age 11; Left care age 16	1 child (2 years old)
Helen (19 years old) Entered care age 9; left care age 18	2 children (1 year old)
Nicola (26 years old) Entered care age 3; left care age 17	1 child (age 8)
Mary (35 years old) Entered care age 12; left care age 17	4 children (ages 14; 11; 9; and 7 years old)

Semi-structured interview procedure

Semi-structured interviews are one of the most common approaches used in qualitative interviewing. They place emphasis on participants' own explanation and understanding of the research problem (Bryman, 2016, p. 468). Therefore, semi-structured interviews, although guided by a set of questions, allow for flexibility so that participants can elaborate on their experiences and perspectives and introduce new ideas to the conversation (Braun & Clarke, 2013). The decision to adopt the semi-structured interview method was in response to the exploratory focus of the research questions this study is seeking to address. The flexibility afforded by semi-structured

interviews allowed for an inductive exploration of the perspectives of multiple women. Secondly, the depth of the narrative data generated through the semi-structured interview method allows for the critical appraisal of individual perspectives beyond the initial empirical presentation of this.

The interview guide was informed by the review of the literature and covered five areas of interest: women's experiences of parenthood; the journeys of women from being looked after into parenthood; their experiences of leaving care; their experiences of help and support in pregnancy and in parenthood; and, finally their perceptions of priority issues relating to the help and support professionals offer. Interviews were conducted face-to-face in person and virtually via zoom.

5.5.2. Strand two: seeking the views of professionals

In strand two, I undertook 17 online semi-structured interviews with professionals working within front-line practice and with experience of supporting mothers in and leaving care.

Sampling approach and size

As with in strand one, purposeful sampling was used to recruit practitioners for strand two of this study. In order to narrow the scope of this study participant criteria were used to identify practitioners who were:

- a qualified social worker, throughcare and aftercare worker or support worker
- currently involved in or have recently been involved in frontline practice
- have experience of working in Scotland with women who are looked after or have ongoing entitlements to support as care leavers and who are either pregnant or parenting.

These three criteria were used to narrow the focus of the study to responses from practitioners working within children and family services, to ensure that they had relevant and up-to-date practice knowledge and direct experience of supporting mothers in and leaving care in Scotland's policy and legislative context.

In determining the sample size required, I used the concept of data saturation, defined as a point where no new themes are emerging through the inclusion of new data, to determine whether adequate data had been collected in order to produce reliable findings (Guest, Bunce, & Johnson, 1995). It was anticipated that this study would require a sample size of 20 participants for data saturation to be reached. However, due to the implications of Covid-19 on this study, as well as the practitioners I was seeking to recruit into this study, I achieved a sample of 17 participants. Whilst this did not allow me to achieve data saturation, the qualitative nature of the research design, alongside the depth of the data gathered means that the contributions of these 17 practitioners allows me to make a meaningful contribution to knowledge, albeit with caveats.

Recruitment

I approached recruitment in strand 2 in three ways. Firstly, I advertised information about the study via three national organisations, CELCIS, Social Work Scotland and the Scottish Associations of Social Work via their mail list and newsletter. Notices about this study and how to participate were shared twice within each of these networks. These three organisations provide information, support and networking opportunities to professionals working in children and family's social work. They are

national organisations with established mailing lists allowing for information about this study to be easily disseminated by email. Included in the email invitation and advertisement was a link to the participant information sheet, where participants could access further information about the study, access my contact details and leave their contact details should they wish for me to get in touch about taking part in the study. At this point confirmation that participants meet the inclusion criteria for participation in this study was sought.

The second approach to recruitment involved using my informal networks to ask colleagues to share information about my study within the local authorities and organisations they are connected to. Further to this I advertised the study on social media and asked partner organisations to share information about my study on their organisational social media platforms.

The third approach to recruitment was through the participants who took part in this study, at the end of each interview I encouraged participants to ask their colleagues if they would like to participate in the study and if so for them to get in contact with me.

Overview of participants

All the practitioners had direct practice experience of working with mothers in and leaving care either during pregnancy and/or as parents. Whilst practitioners were asked primarily how they were supporting mothers in their current professional role, where participants had similar or contrasting experiences in prior roles, they drew on these within their interviews too. For example, participant fifteen had experience of working in local authorities where throughcare and aftercare was an integrated and a distinct team and so was able to compare the two approaches to delivering support whilst also reflecting on her prior role within the child protection team and the shifting focus from the baby to the mother depending on her role and responsibilities. Of the seventeen participants, fourteen of the participants were female and three were male. In total practitioners were, at the time of the interview, working within eleven of Scotland's thirty-two local authorities, with a mix of urban (n=5), rural (n=5) and one sub-urban local authority represented. In Table 3 I set out the aggregate of the current (at the time of interview) job family and job roles.

Table 4: Participants by job family and role

Leaving care team (n=5):	• One Senior social worker • Four throughcare and aftercare social workers
Children and family's team (n=3):	• Two team manager leaders • One senior social worker
Pre/post birth team (n=2):	• One team manager • One social worker
Criminal justice team (n=2):	• Criminal justice social worker • Woman's justice social worker
Other (n=5)	• Community mental health • Two bespoke local authority service • Practice learning and development • Specialist residential home

Table 3 provides an overview of each participant's job role at the time of interview, as well as their prior relevant practice experience that contributed to the discussion.

Table 5: Overview of practitioner job roles

Participant ID	Current Job Role	Relevant Prior Roles
P01	Social Worker – Practice Learning and Development	Social Worker – Youth Justice
P02	Senior Social Worker – Children and Families	Social Worker – Children and Families
P03	Team Leader – Children and Families	Social Worker – Children and Families
P04	Social Worker – Community Mental Health	Social Worker – Children and Families Family Support Worker
P05	Social Worker – Practice Learning and Development	Social Worker – Child Protection Social Worker – Fostering and Adoption Social Worker – Residential Child Care
P06	Social Worker – Throughcare and Aftercare	Social Worker – Residential Child Care
P07	Team Manager – Throughcare and Aftercare	Social Worker – Throughcare and Aftercare
P08	Senior Social Worker – Throughcare and Aftercare	Social Worker – Children and Families
P09	Social Worker – Children and Families	N/A
P10	Social Worker – Children and Families	School Nursing
P11	Senior Social Worker – Child Protection	Social Worker – Child Protection Social Worker – Children and Families
P12	Social Worker – Throughcare and Aftercare	Social Worker – Drugs and Alcohol Team
P13	Team Manager – Residential Care	Senior Manager – Residential Care Support worker – Residential Care
P14	Social Worker – Criminal Justice	N/A
P15	Social Worker – Throughcare and Aftercare	Social Worker – Child Protection Social Worker – Children and Families
P16	Team Manager – Children and Families	Team Manager – Children and Families

		Social Worker – Children and Families
P17	Social Worker – Child Protection	Social Worker – Children and Families Social Worker – Adult Disabilities and Mental Health

To ensure that the anonymity of participants is protected, where a job role or team name is specific to a particular locality, this has been replaced with the generic area that this individual works in (i.e. 'through care and after care').

Semi-structured interview procedure

Semi-structured interviews were conducted online, lasting between 60-90 minutes. Three of the interviews were conducted in two parts, on one occasion due to technical issues and on the other two occasions due to professional demands which required the practitioner's attention. Consequently, two of the three interviews were conducted over more than one day, however this proved to be a valuable opportunity to engage with the data from the first half of the interviews in preparation for the second half of the interviews.

The sequential nature of this study's design allowed for strand one of data collection with mothers to inform the interview guide for strand 2. The interviews with practitioner were structured around three focus areas: you and your professional background; your experiences of working with mothers in and leaving care; and the wider system responses to mothers in and leaving care (see appendix 5). Whilst none of these focus areas were directly influenced by the contributions with mothers in strand 1, throughout the interviews I was able to raise with practitioner some of the experiences shared with me.

5.6. Data analysis

Data from strand one consisted of both audio and textual data from the semi-structured interviews with women, in strand 2 it consisted of audio data and researcher notes. Data analysis occurred at the earliest opportunity following each interview, beginning within an initial reading of the interview transcript and interview notes.

Lawless and Chen (2018) argue that in order to truly employ the use of critical theory as a guiding framework within social research, this must inform the analysis, as well as the discussion of the findings. Critical thinking focusses attention to connecting shared experiences of groups of individuals and how these relate to social structures and dominant norms. In this study I draw on Lawless and Chen's (2018) two phased approach to analysis.

In the first stage of analysis the data was analysed thematically using an inductive, open coding approach. Braun and Clarke (2006, 2012, 2021) argue that the lack of epistemological alignment allows for the use of thematic analysis across several research frameworks, including research guided by critical theory. Braun and Clarke (2021) define thematic analysis as a systematic method which focusses on identify shared meaning and experiences. More specifically, Braun & Clarke's

(2021) reflexive approach to thematic analysis emphasises the place of the researcher's reflexivity in the development of the research findings.

Operationalising their reflexive approach to thematic analysis, Braun & Clarke (2021) have developed a six-phase process for undertaking analysis:

1. Familiarising yourself with your data
2. Coding
3. Generating initial themes
4. Developing and reviewing themes
5. Refining, defining and naming themes
6. Writing up

Following steps one to five of Braun & Clarke's (2021)six phased approach to data analysis, stage one of data analysis focused on identifying inductive themes within the data from strand one interviews with mothers, followed by strand two interviews with practitioners. As Braun and Clark suggest data analysis is an iterative process that provides new and different insights. It required four iterations of the coding in NVivo for me to identify the themes within the data, with each iteration I became clearer about the four overarching groups of themes: 1) needs, relationships and supports; 2) System intentions and outcomes; 3) The right to family life; and 4) Systems of power and culture.

Braun & Clarke's (2021) argue that thematic analysis as a method of analysis is detached from the theoretical orientation of the research study, means that the approach can be used flexibly combining both inductive and deductive analysis. Utilising this flexibility, in the second stage of data analysis, deductive coding was used, whereby I analysed the data for themes relating to the concepts of power, culture, and rights, repeating phases one to five of Braun and Clarke's approach to thematic analysis. This second stage of deductive coding allowed me to identify themes in the data which connected the shared experiences of mothers and practitioners to the social structures and social norms, in keeping with the critical framework of this research study.

In addition to ensuring that my approach to analysis was aligned with the critical framework guiding this research study, this two staged approach to data analysis enabled me to work with the existing knowledge and theory relating to responses to mothers in and leaving care. For example, before gathering data, I was conscious of the practice emphasis on rights for care leavers within policy and practice in Scotland and recognised that this would be an important dynamic informing practitioners' responses to mothers in and leaving care. Through deductively coding the data for themes relating to rights, in my findings I have been able to bridge between the common experiences of mothers and practitioners when trying to navigate care leavers' rights, whilst connecting these to themes relating to the structure of child protection systems and aftercare delivery in Scotland. As such my approach to data analysis, combining both inductive and deductive thematic analysis, allows my findings to move beyond the experiences of mothers and practitioners, to begin theorising about structural explanations for these experiences.

All analysis was undertaken in NVivo qualitative data analysis software using version 12. Within NVivo I chose to analyse the data from strand 1 and strand 2 separately within two coding frameworks. Table 4 provides the final iteration of the coding tree developed in NVivo.

Table 6: Coding Tree for Strand 2 Data

01 Needs, Relationships and Supports
01 Needs
a. practical needs
b. emotional and relational needs
c. specialist services needs
d. interrelated and competing needs of parents and children
e. comprehension of own experiences of being parented or in care
f. system driven dependencies as vulnerabilities
02 Risks
a. Types of risk
b. Managing risk
03 Relationships
a. Relationships as a source of support
b. Relationships as a facilitator of support
c. Relationships as a risk or concern
d. Dual responsibility to mother and child
e. Care Leavers perceptions and concerns about social work
f. Relationships as a barrier to support
g. Transparency in relationships
h. connection to birth family
04 Supports
a. Described supports for care leaver
b. Described supports for parents
c. Enablers to delivering support
d. Barriers to delivering support
e. Gaps in provision of support
f. Segregated systems of support
g. Receiving 'extra' support
05 Outcomes
a. what made a positive difference
b. what influenced outcomes
c. sustainability of outcomes
02 System intentions and outcomes
a. Policy and Legislation
b. Multi-agency working
perceptions of other professionals
c. Assessments
d. Thresholds
e. Referral
Referral based on care experience
03 The right to family life
a. cultural expectations around parenting
Professional reflections of own parenting experience
b. Perceptions of parenting capacity
c. additional scrutiny
d. How does it feel
b. professional vulnerability

e. Professionals role and function
f. TC&AC as voluntary
04 Systems of power and culture
a. wider culture of practice
b. the state as a parent
c. wider culture

A similar, coding tree was developed for analysing the data gathered in strand one, prioritising the initial category of themes relation to needs, relationships and supports.

5.7. Rigor, validity and reliability

In assessing the quality of this study consideration must be given to its reliability, replicability and validity, which are generally considered to be the three primary measures of quality within social research (Bryman, 2016). The concept of reliability is used to evaluate the extent to which a study's findings would be the same if the study was repeated. Replicability is the evaluation of the extent to which the overall process of the research can be replicated. Finally, validity refers to the credibility of the research findings (Bryman, 2016). These three primary concepts for evaluating quality can be applied across research designs. Within quantitative research in addition to reliability, replicability and validity, attention is often given to the generalisability of the research findings as a measure of quality. Whereas within qualitative research quality is typically evaluated in relation to "credibility, confirmability, transferability, dependability, transparency, relevance to users and reflexivity" (Teddlie & Tashakkori, 2009, p. 534). Below I outline the researcher's reflexivity and how this aided in the assessment of the credibility of the findings presented.

Researcher's reflexivity

Within critical thinking the belief is that reflection and reflexivity is an inherent part of being a human being (Fook, 2016). Within social research, reflexivity is therefore linked to the assumptions of knowledge and the positionality of the researcher within the research process. Within critical thinking, reflexivity reflects the turn away from traditional schools of thought which position the researcher as an objective outsider within the creation of knowledge. The belief within critical thinking is that there is a second theory of knowledge, which recognises the researcher's implicit subjectivity as part of knowledge production due to its inherent human nature (Fook, 2016). Therefore, reflexivity is frequently discussed as a tool for validating qualitative research findings through acknowledgement of the positionality and biography of the researcher within the study.

Pillow (2003) defines reflexivity as contributing to the production of knowledge and to understanding of the process through which this knowledge has become known. Reflexivity is rarely considered in relation to quantitative research designs and there are a limited number of scholars who are considering the contribution that reflexivity can make to mixed methods research. The priority given to positivist epistemology within mixed methods research designs is reflected in the approaches developed to assessing the quality of mixed methods. However, the critical thinking which has underpinned the development of this study and my orientation towards the qualitative, means that I am firmly positioned as part of the production of knowledge and the process through which this knowledge has come to be known.

Popa and Guillermin (2017, p. 20) argue for greater reflexivity within what they refer to as "methodological pluralism", focussing attention towards the context within which the research is being undertaken, and the existing dominant views and theories which exist within the context. Hesse-Biber (2010, p. 213) also advocates for greater use of reflexivity within mixed methods research design to enable researchers to give consideration to the challenges involved in bridging epistemological and methodological boundaries. The risk of not applying reflexivity to research is that a set of existing assumptions are given priority over the research itself, that these are used to gather data which reinforces these existing assumptions, which then feed into a predetermined agenda (Popa & Guillermin, 2017, p. 21). Thus, reflexivity has played an important role within the overall design of this study and contributed to its overall quality.

There are a number of frameworks which have been developed to support and make sense of the use of reflexivity within research, and as a result there is no singular way of engaging in reflexive practices. Traditionally reflexive practices were used to include the impact of the researcher and acknowledgement of their biography within the research process (Lumsden et al., 2019). However, there are others who are now calling for greater emphasis on a collective reflexivity which is more akin to feminist approaches to reflexivity, in which far greater attention is given to the context within which knowledge has been produced (Lumsden et al., 2019). Wilkinson (1988, p. 494) writing from feminist perspective distinguishes between three components to reflexivity: "personal", "functional" and "disciplinary" reflexivity. Personal reflectivity is used to refer to the use of reflexivity for methodological reasons to validate the analysis undertaken and the research findings presented by accounting for any potential bias brought by the researcher. Functional reflexivity refers to the questioning of the approach to the research problem and the effect of the research questions and process on the findings produced. Disciplinary forms of reflexivity refer to the use of reflexivity to identify the ways in which the predominant philosophical assumptions within disciplines have shaped the nature of knowledge. Thus, in addition to the more technical approaches to evaluating quality as found in O'Caithain's (2010) and Sweetman et al.'s (2010) frameworks, reflexivity as conceptualised by Wilkinson (1988) adds an additional layer of consideration to context of the knowledge produced.

In considering reflexivity for methodologically plural studies, Popa and Guillermin (2017, p. 22) focus on two 'dimensions' of reflexivity, critical reflexivity and transformative reflexivity. Within critical reflexivity, Popa and Guillermin (2017) attend to the researcher's self-reflection and awareness of what they are bringing into the research design and process as well as the context which is informing their perspective. Critical reflexivity can also be used to consider the collective norms and beliefs amongst groups of individuals, acknowledging that there are multiple perspectives in any research problem (Popa & Guillermin, 2017). Whereas transformative reflexivity focusses attention beyond the conceptual formation of knowledge in order to identify divergent perspectives and where possible opportunities to find commonalities between perspectives in order for knowledge to be applied in pursuit of social justice (Popa & Guillermin, 2017). Thus, transformative reflexivity emphasises "the transformative potential of social experimentation and learning" (Popa & Guillermin, 2017, p. 26). Together these two interacting domains of reflexivity mean that there is an acknowledgement of the bias within the knowledge produced and that the meaning of this knowledge is made sense of between individuals, including the researcher (Popa & Guillermin,

2017). It is this extension of reflexivity beyond the conceptual to the transformative opportunities for knowledge which is of particular relevance to this study.

5.8. Ethical considerations

In this sections I discuss the ethical considerations addressed when undertaking this research study.

Sensitive research and participant vulnerability

For anyone, being asked to reflect on and talk about our lives and in particular the most challenging aspects of life, can make us vulnerable. However, in strand 1 the added complexity and level of service intervention within the lives of young people in and leaving care means that they are seen to have particularly distinct vulnerabilities. In considering the design of this study and the approach to engagement with mothers with care experience, I was conscious of the vulnerability of my participants as well as the deterministic presentation of this vulnerability within the existing literature. The overall critical framework adopted within this study was used as a means to navigate the vulnerability of mothers with care experience whilst also ensuring that their views and perspectives were not further marginalised.

The UNCRC has brought renewed attention to the efforts taken to include children and young people within the discussions and decisions about issues effecting their lives. This has led some within the research community to re-examine the place given to children and young people within social research, particularly in relation to the conceptualisation of children and young people as vulnerable. In considering conceptualisations of vulnerability within child protection contexts, Tisdall (2017) argues that deterministic interpretations of children and young people's autonomy to participate in decision making about their lives positions them as "human becoming's". Tisdall (2017, p. 64) goes on to argue that existing theories of vulnerability fail to address issues of power; that the presumed innate vulnerability of children and young people negates the relationship between their presumed vulnerability and the role of adults and wider structural and systemic context. Thus, the presumption of risk and vulnerability leads to deterministic views of the position and autonomy of children and young people. Consequently, where particular groups are perceived to be more vulnerable, this can be used to segregate them and inhibit their participation within decision making about issues effecting their life (Tisdall, 2017). The position taken by Tisdale (2017) suggests that even greater consideration needs to be given as to how those perceived as most vulnerable are engaged in issues about their lives.

As discussed above, for pragmatic and ethical reasons, the initial engagement with women was navigated through service providers. This use of gatekeepers limited the extent to which I could ensure that women were given the opportunity to contribute their views, perspectives and experiences relating to professional responses to their needs as mothers in and leaving care. This was particularly apparent where gatekeepers declined the initial invitation to share information about the study with the women, albeit for good reason. Therefore, it could be considered that women's autonomy to choose whether they wished to participate in this particular study could have been undermined by the professional's decision whether or not to share information about the study or not. Additionally, by recruiting mothers through service providers, this meant that perhaps the most vulnerable women were not accessed and offered the opportunity to contribute their perspectives on professional responses to their needs. Thus, in some respects traditional

characterisations of vulnerability and this study's attempt to appropriately navigate these, perhaps failed to facilitate the participation of the most vulnerable mothers in and leaving care.

Given the personally sensitive nature of this study, there was the potential for the mothers to become emotional as a result of being asked to reflect on their lived experiences. Safeguards were put in place to help mediate any potential risk of emotional harm that women may experience as a result of being asked to reflect on their experiences as mothers. The recruitment approach was designed with the intention that if needed, women would have access to ongoing support from within the service setting through which they were recruited or via a service resource sheet I shared at the end of each interview. Whilst I was prepared to respond to any sign of emotion distress this was not needed.

At the end of the interview's participants were encouraged to talk with a trusted member of staff within the service setting if they become upset after their participation in the study.

In strand 2 I also ensured that I had considered the sensitivity of the research topic and was prepared to navigate any emotional distress should this arise. However, given that strand 2 of this study recruited practitioners, who would be accustomed to routinely engaging in reflective discussions about their practice through case management and supervision, the risk of practitioners becoming emotionally distressed was unlikely.

Informed voluntary consent

Emanuel et al. (2000) defines informed voluntary consent as the act of informing participants of the intent of the research study, what participation would involve, the possible risks and benefits to being involved and anything else of significance, in order for individuals to voluntarily determine whether or not they wish to take part. Within both strands of this study, the information about the study was shared with potential participants through information sheets and research advertisements. In addition to this, all participants were given the opportunity to ask me questions about the study and what their participation would involve on a date prior to any data collection occurring. I also shared my contact details through the information sheet and advertisements which potential participants were invited to use in order to seek out more information about the study if they wished. The consideration that had been taken in the sampling process for both sets of participants meant that it was determined that they had the capacity to make an informed decision about whether or not they wanted to take part or not. This was all discussed prior to each interview. For the women with care experience, the use of gatekeepers within service settings required that particular consideration was given to ensuring that voluntary consent was given by participants. As such, to ensure that potential participants had not been pressured into taking part in the study I also outlined to service gatekeepers the principle of informed voluntary consent and asked that they kept these in mind when sharing information about the study with women. As part of the consent process, I also discussed the study with each participant and inform them of the principles of voluntary consent prior to seeking their consent. Participants who agreed to take part in this research study were asked to provide written consent by completing a consent form. As part of seeking voluntary consent, participants were given the choice as to whether they consent to being audio recorded or not. Audio voice recording was presented to participants as optional through the consent form, which I verbally reiterated. All of the participants in strand 1 and strand 2

consented to being audio recorded and were asked to indicate their consent via the participant consent form.

Confidentiality

Research is legally bound by The Data Protection Act 2018, which enshrined the European Union General Data Protection Regulation (GDPR) into UK law, to uphold the confidentiality and anonymity of research participants. Researchers are often granted a privileged position, whereby individuals are willing to share their personal experiences and perspectives in order to contribute the intended aims of the study. Throughout this study I have sought to take a considered approach to ensuring that all the information shared with me by women and professionals has been handled and presented in a respectful manner.

Participants were informed of the boundaries of confidentiality and anonymity through the participant information sheet and verbally during the consent process. All participants were informed that if they disclosed information, which indicates that they or another person is at serious risk of imminent harm, that I would act to ensure that the appropriate services are informed and in doing so break confidentiality. As part of the preparations for undertaking data collection a plan was established for if a disclosure was made that required breaking confidentiality. If a disclosure was made, I would have informed the participant that I had concerns about the information that had been disclosed, that I may need to break confidentiality and how I planned to do this. I would have then informed the named Principal Investigator for this study of the disclosure and seek out their advice. Where it was agreed that action was required, I would have informed the service gatekeeper or the appropriate service of the information disclosed. In strand 2 participants were not asked for any personally identifiable information about individuals they have supported. When reflecting on their experiences of working with mothers in and leaving care, participants were reminded by the researcher to protect the anonymity of any individuals involved in examples discussed. This worked well, and all of the practitioners were able to engage in the discussion, drawing on practice examples, whilst maintaining the confidentiality of the individuals they were referring to.

Liamputtong (2007) suggests that confidentiality and anonymity are particularly important for participant groups who are marginalised and stigmatised. Given the small number of women who were recruited in strand one of this study, it was particularly important that I maintained participant's anonymity when reporting on the findings. A considered approach was taken to the inclusion of participant demographics and in the use of direct quotations from participant's interviews. If there was any concern that anonymity would be compromised, then the decision was taken to not include this data in the thesis.

Data was collected, transferred and stored in line with the University of Strathclyde guidelines which are compliant with The University of Strathclyde *Research data management & sharing policy*. All audio recordings were collected using a password protected and encrypted voice recorder. During transcription recorded interviews were pseudo anonymised. A data management plan was created and maintained throughout the lifespan of the study to ensure that the data was appropriately handled and stored.

5.9. Summary

In this chapter I have outlined and justified the research design employed to address the aims and research questions guiding this study. I began by presenting the research framework, proposing the use of qualitative research with young women in and leaving care who were pregnant or parenting and professionals involved in providing related support on the basis that the research aim warranted data collected from multiple perspectives. I also outlined the justification for and use of semi-structured interviews and the sequential design. I discuss the assumptions underpinning this study, the social justice values that I brought into it, and my active role alongside the research participants in developing and interpretation of the knowledge presented within this thesis. I then introduced my use of critical thinking and the uses of this within the context of social work practice. I argue, critical thinking provides a way of interpreting the current social structures and dominant perspectives interacting with professional response to mothers who are in and leaving care, through which the true knowledge of their circumstances as mothers can be understood. I then outline the approach taken to gathering and analysing the data and present the ethical considerations that were taken, paying particular attention to the conceptualisation of mothers as vulnerable. Overall, this chapter has presented the design decisions taken within the development of this study and a justification of these. In the next chapters I present the findings beginning with a discussion of findings relating to the support needs of mothers in and leaving care and through doing so set out the inequality they encounter.

Chapter 6: The inequalities of motherhood whilst in and leaving care: identifying support needs

6.1. Overview of the chapter

This chapter explores the support needs of mothers in and leaving care from the perspectives of mothers and practitioners. The findings reported in this chapter set out the inequalities experienced by mothers in and leaving care in relation to their support needs so that in subsequent chapters the responses to these needs can be explored. The chapter begins with a discussion of the support needs of mothers categorised as material and psychological needs and latterly summarises the structural inequity experienced by mothers in and leaving care in relation to their support needs.

6.2. The support needs of mothers in and leaving care

The transitional period between being a looked after child to being a care leaver has been referred to as the 'cliff edge of care' (Palmer et al., 2022) characterised by rapidly increased independence coupled with lessoned or lacking supports. Whilst children and young people who are looked after represent a range of life experiences, support needs and family circumstances, decades of research have consistently highlighted the challenges experienced in their transitions to adulthood (Biehal et al., 1995; Mann-Feder & Goyette, 2019; Stein, 2012). As discussed in the literature review, it is widely recognised that whilst many of the support needs of mothers in and leaving care in pregnancy and parenthood are similar to those of any young parent, aspects of being care experienced mean that this group of mothers are considered uniquely vulnerable to having their own or their child(ren)'s needs unmet (Purtell & Morris, 2025; Roberts, 2021b). What remains underexplored is the theoretical exploration of why mothers in and leaving care are more vulnerable to having their own and their child(ren)'s needs unmet. As such, whilst it is acknowledged that there is an existing body of evidence which explores the support needs of mothers in and leaving care, in this section I discuss the needs of mothers in and leaving care in this study, adding to existing knowledge through seeking to better understand what underpins these support needs.

In this chapter, drawing on the narratives of practitioners and mothers interviewed, I discuss the needs of mothers in and leaving care. Within this discussion I draw attention to the material and psychological support needs of mothers in and leaving care, through the findings presented I argue that greater recognition of the psychological needs of mothers is needed.

6.2.1. Material needs

The material needs of mothers in and leaving care are reflective of the needs that any young parent may have, including support with housing, finances, education, employment and life skills (Haydon, 2003). These needs were echoed by professionals and mothers within this study. When asked about the needs they were responding to for mothers in and leaving care, the initial response from practitioners was typically focussed on assessing and referring mothers to resources which would meet their basic needs.

> "We would kind of be working towards the same aims, getting her housed, getting a community care grant would be appropriate, making applications for charities for funding." (Practitioner 4)

All individuals require these basic needs to be met to live, for mothers in and leaving care, there is an entitlement to access resources and supports provided by the state to meet these basic needs. Yet, within the interviews, all of the participants described the uncertainty that many mothers in and leaving care experienced in relation to meeting these basic needs.

Safe, stable, and suitable housing

Support with accessing, furnishing and maintaining housing was described as one of the primary needs of mothers in and leaving care. For young people who are looked after, pregnancy has been identified as leading to accelerated transitions for young people from their in-care placements to independent or supported living arrangements (Nixon, 2015). One practitioner highlighted a similar trend within their caseload whereby an increasing number of young people were experiencing breakdowns within the living arrangements coinciding with their pregnancy and that this was resulting in the need for mothers to quickly transition to an independent tenancy.

> "I think maybe, […] in the 17, 18, 19 age groups that are maybe having babies we're, we're noticing quite a bit that there, their foster placement or through care placement or whatever label we're going to give that they're breaking down when they fall pregnant, emm we've kinda noticed that quite a bit. Uh, and there's then this rush to, to move and transition to independent living at the same time as you're becoming a new parent. (Practitioner 16)

In the examples given by the practitioners interviewed, a range of housing options were sought to meet the needs of mothers including continuing care arrangements with foster carers, supported accommodation, informal arrangements with friends and family, as well as independent tenancies both within the private and public provisions. However, for mothers transitioning into independent living arrangements, practitioners consistently reported that there was a lack of available and suitable housing options, with the options available frequently described as inadequate. This reflects findings from Roberts (2021) study of supports for care experienced parents in Wales, where professionals similarly raised challenges relating to accessing suitable housing and that inappropriate housing can exacerbate the challenges parents face. In this study, one practitioner working within child protection described how for one of the mothers she was supporting a lack of adequate housing was a contributing factor in their decision making about keeping a child on the child protection register.

> "…she was allocated a tendency the few weeks post birth, but it wasn't in a fit state for her to, to move into. She didn't have anything in it em so she was staying with family and we kind of continued, so we continued visiting and I think we reviewed the registration just a bit, a few weeks post birth and we did explain to her that at that point, you know, we felt it was very, it would've been very early to remove registration em, you know, cause baby was only a few weeks old, she was still in her, she wasn't in a tenancy yet." (Practitioner 17)

This practitioner goes on to describe how as a professional they want to be able to respond to the housing needs of mothers, and more specifically prioritise housing for care leavers, but the realities of the resources available mean that this is not possible.

> "You do want to be able to say oh, we'll get you somewhere to live and we don't, we don't have that power right now, and I don't think we will, but I suppose yeah, access to, priority

> access to housing are supposed to be there for care experience young people. It should be a priority rather than probably." (Practitioner 17)

The challenges in accessing suitable housing for care leavers more generally in Scotland is indicative Fraser (2000) argument that recognition without redistribution (i.e. resources) is insufficient for addressing the barriers to social inclusion for marginalised groups. Whilst care leavers may have recognised rights to housing options, the reality of the limited resources mean that these rights cannot always be fully realised.

Practitioners also described how criteria within the housing system was difficult to navigate and not responsive to the needs of mothers in and leaving care. In one example a throughcare and aftercare practitioner described the challenges of accessing supported accommodation for care leavers within their locality. In this example the practitioner is highlighting how the systems requirements take precedence over the individuals needs with young people first having to "fail" before being considered eligible for supported accommodation.

> "So, you've got to make a homeless presentation. So, your flats got to have failed before you can get in to any sort of supported accommodation." (Practitioner 12)

This lack of suitable housing options was described as exacerbating the housing insecurity of mothers as they made multiple transitions between different accommodations. This lack of stability in living arrangements was reflected in the narratives of the mothers interviewed, with all four mothers describing needing assistance with their housing arrangements at various stages within their pregnancies and subsequently as parents. Kirsty described how on leaving residential care she moved into a private tenancy but that there was significant damage to the property from a leak in the roof that, despite receiving support from social work to try and resolve, resulted in her moving in with her partner's gran.

> "when I left care em I was at, I actually got my own house when I was 16, as soon as I left, eh, I wis, I got a rented house so me and [partner] we moved intae there but the, there was something happened wi the landlord and he wasnae fixing the bathroom roof so we had tae move out […] so it all fell through and we went back to his nannas." (Kirsty)

Whilst practitioners described the insecurity of mothers' living arrangement, the mothers described the experience of living in this uncertainty.

> "Like I think I've been threatened to be evicted from my house that I'm currently in 11 times already and I only moved in in March. […] So, it's constantly a battle to survive at the moment because it's so hard, so I think it would be nice if that just wasn't the case anymore." (Mary)

All four mothers described having moved during their pregnancies, and three of the mothers (Kirsty, Nicola, and Mary) had experienced multiple moves during their pregnancies and subsequently since having their children. In addition, all three mothers described periods of homelessness in their transition from being looked after. Whilst describing her transition from foster care, Nicola reflected on several periods of homelessness that she and her child experienced. Nicola described leaving her foster care placement whilst pregnant at 17 to live with her baby's father, following this she described living in nine other places, including: with a friend, a hotel, a hostel, a private tenancy, a

period of homelessness, temporary accommodation, supported accommodation, a hotel, a second supported accommodation, and a council tenancy where she was currently living. During this period Nicola and her daughter experienced homelessness, lived alongside other adults with their own complex support needs, and Nicola was the victim of a sexual assault.

Practitioners also brought attention to the harms that accompanied insecure accommodation for mothers in and leaving care, with periods of homelessness a common feature of the examples shared.

> "I finished a pre-birth just a couple of weeks ago […] That was one where it was a young couple who were care-experienced and were homeless as well. You tend to find that with a lot of the young people […] A lot of young people end up going home at 16 from care. That doesn't work out. They end up in hostels with other young people, and it can be quite a vicious cycle for folk." (Practitioner 03)

Nicola's story, alongside the stories of the other two mothers who faced poor housing or insecure housing, highlight the precarity that mothers in and leaving care can experience in relation to even the most basic of needs.

The needs of mothers extended beyond support with accessing accommodation to maintaining their tenancy and ensuring that it was a safe environment for their child(ren). In one example, the practitioner described how for one mother they had supported, whilst she was managing with some aspects of motherhood and independent living, the layering of responsibilities on this young person meant that they were unable to maintain their flat to an adequate standard.

> "Aye, she got her own flat, that's helped her […] she's bonded with the baby well, she's doing college, doing baby care but she couldn't look after the flat. […] eventually when we got support workers into the flat there was like mouldy plates all over the place, was debris and detritus everywhere […] so she's needed support to keep on top of a tenancy." (Practitioner 12)

This example is indicative of an unrealistic expectation that mothers in and leaving care will be able to make multiple transitions, simultaneously, and without support. In the above example the practitioner goes on to explain that the support was put in place to mitigate the potential harm the condition of the flat posed to the child, not in recognition of the mothers needing additional help with navigating her new independence.

Financial resources, education and employment opportunities

Professionals talked less directly about the implications of financial insecurity and poverty for mothers in and leaving care but did acknowledge that it was an underpinning aspect of all the work that they do with children and families. One practitioner reflected on the implications of financial insecurity on the parenting choices of mothers.

> "I think also poverty cuts across all the work that we do in social work, particularly when we're expecting a 17-year-old girl, woman, to be keeping accommodation, caring for a child, responsive to their needs, but we don't give them enough money to meet all those needs.

> We don't give them enough money to keep their heating on, and that creates an environment where for the mother, it might not be at the forefront of their minds to be responding [to] all the needs of the child, when they've got the constant worry of, have I got enough money to see me through to the weekend? Can I turn the heating on today? Can I boil the kettle for boiling water? Because I don't want to use my electricity up - those sorts of ideas." (Practitioner 01)

Another practitioner reflected on the inequity experienced by care leavers due to the lack of resources and the formality of the arrangements through which supports are delivered, meaning that needs are considered in relation to criteria, thresholds and processes.

> "OK, but if you think about all the other issues that they've got along with mental health, mental health is already really fragile 'cause they've just had a baby and if you've got a young person sitting in the house, it's, just had a baby, very limited support and they get a bill coming through the door that they've no way of paying and, and then services are saying well you're 19 we're no, we're not paying it for, yeah, uhm, it's do you know, trying to help them with the budgeting, rather than just paying it but trying to make sure that they're getting all the support that they can to manage financially as well. And do you know a Friday night […] they've spent all their money, and they've run oot of nappies or run oot of milk and do you know as a parent you would help your child if that situation came up." (Practitioner 15)

The financial pressures of becoming and being parents was a more acute need for the mothers and directly linked to how they spoke about their identities as parents. For Mary, the financial pressure of meeting the needs of her four children whilst also trying to improve her circumstances through higher education was having a significant impact on her mental health and her self-esteem as a mother.

> "Obviously I would really like it where I'm not battling to keep a roof over my head constantly em and not having to count the pennies and have pasta four days a week. I'd really love for that to be the case. I'm constantly fucking battling my economic status." (Mary)

Closely connected to the financial precarity experienced by mothers in and leaving care was their ability to access employment opportunities or further education to improve their economic circumstances and prospects. Whilst all four mothers talked about their employment status, both Helen and Nicola described how pregnancy impacted on their financial circumstances making it more difficult for them to engage in their paid employment.

> "[…] I was cleaner just before I fell pregnant and that was a big carry on, they basically said I couldn't work because I was pregnant because of the type of work, so I left there." (Helen)

For Helen the type of work meant that her employer did not want her to continue working during her pregnancy. Whereas for Nicola, the physical toll of pregnancy on her, and the implications on her reliability as an employee led to her being dismissed by her employer.

> "After college I worked in a nursery for a bit and then that's when I fell, I found out I wis pregnant so I kind of like told the nursery and then after that I got fired, like I think they just

> wanted me gone cause they sacked me really. Cause I wis always taking days off and stuff so I was fired sadly [laughs]" (Nicola)

Conversely, Kirsty spoke about how during her pregnancy, the financial pressures of motherhood motivated her and her partner to seek employment so that they would be in a better position to provide for their child.

> "But like just through my pregnancy everything just fell into place like I was really struggling with thinking about how I'm gonnae get his buggy or like obviously his pram and like his bottles and pay for things and stuff but actually [I] gained a job throughout the months of being pregnant and so did [partner] so we kinda just lived off our wages from that em, we never had a lot of family support, em still is the same actually." (Kirsty)

The mothers interviewed all described disrupted educational experiences, yet they had all remained or reengaged with some form of education following their transition out of care. However, remaining engaged in their education whilst juggling the responsibilities and needs of being a parent was challenging for the mothers.

Independent living skills

Professionals described mothers in and leaving care as being in need of support to develop their independence, particularly in relation to their independent living skills.

> "I think what we don't do well enough as preparing people for independent life, and this is - I'm referring not just to women who become mothers, but just in general, to think of kids who placement broke down. They move into a homeless accommodation. They're in a temporary furnished flat. They're expected to cook, and they don't know how to turn the cooker on, genuinely." (Practitioner 01)

The mothers provided a slightly different perspective, with all four of the mothers interviewed described a sense of independence that they desired. For Kirsty this resulted in them transitioning from residential care to an independent tenancy.

> "I just kinda wanted tae have ma own freedom, I was getting tae that age and, like I've always been quite mature and done everything for myself so I was like when can I just leave." (Kirsty)

Whilst mothers talked about this experience of independence or 'doing it alone', within their narratives they also talked about the interdependence they had with practitioners and services, without always acknowledging how integral this interdependence was to have their needs met. When asked about the help and support she'd had when she first moved into her own tenancy, Helen described her need for financial support alongside her desire to be fully independent.

> "em, so the just really like help if like one week maybe I didn't have like enough money for electricity they'd say here's a top up just use it and don't worry about it but it wasn't really anything big that I needed help with or anything like, I'm just kinda I'm so independent I like doing everything myself." (Helen)

Kirsty talked about the realities of becoming independent, and the unexpected aspects of living independently.

> "Like you know you take these things for advantage but like them having the cars all the time I was total like driven here, driven there, like as and when [I] needed to be or whatever so that was like totally out my hands at one point and that I think that wis a big thing […] you need to get the bus now [Kirsty], you're no allowed to jump in the car to go to the shop." (Kirsty)

One leaving care worker described that whilst young people are often motivated to leave their in-care placement and move into an independent living arrangement, they are often expected to manage this, without support, at a young age.

> "Getting them into tenancies, getting their care and support points, who they're living with, what they did, what the setup of their family is going to be can make can be very complicated process to get a house sorted out. emm and a lot of them want houses until we get a house. Loads of them want out of care 'cause they hate being in care, they're desperate to get out and then they get out of care and some of them in the house by themselves or in the house with a wee baby and single in some cases and oh it can end up being, going really, really wrong for them, do you know what I mean? They're expected to be in tenancy's too young." (Practitioner 12)

One practitioner highlighted that the accelerated transition to independent living arrangements when a mother is pregnant adds to the layering of responsibilities and skills that mothers have to acquire.

> "[…] and then we're stuck with two, two issues of this person doesn't really have independent living skills, but they're going to need to learn quick because they're going to have a baby." (Practitioner 16)

6.2.2. Psychological needs

If the basic needs of individuals are understood as what is needed for individuals to sustain life, the psychological needs are the aspects of life that enable individuals to thrive. The psychological needs of individuals, whilst less tangible than the basic needs, are characterised through our relationships and sense of belonging, as well as our internal sense of self and self-esteem. The existing literature has highlighted that the psychological needs of mothers in and leaving care have been understood in relation to their sense of love and belonging, the stability of their informal and familial relationships, and their identity formation as care experienced, young adults and mothers (Aparicio et al., 2015; Connolly et al., 2012; Knight et al., 2006). These aspects of psychological needs were echoed by participants within this study as unique aspects of the support needs of mothers in and leaving care.

The need for unconditional love and belonging

As discussed in the literature review, existing research on care experienced parenthood has highlighted that the emotional and relational needs of mothers leaving care can be a contributing factor to their decision making about pregnancy and parenthood, with motherhood seen as an

opportunity for unconditional love (Aparicio et al., 2015). All four mothers were asked about how they felt when they learned they were pregnant. Whilst none of the mothers who participated in this study planned their pregnancies, one mother expressed that her decision to continue with her first pregnancy was motivated by an unmet emotional need and desire for belonging.

> "[…] I'm very aware that I had my children to feel connected to something because I felt dead otherwise and not long before my first daughter was born I had attempted suicide, I was, I was pretty much there, I was done kind of thing so I'm very aware of the emotional reasons that I had children and I know they maybe weren't the best reasons cause I wasnae in a good place but, but, yeah they were my reason for living." (Mary)

Purtell et al. (2022), using the concept of ambiguous loss argues that the emotional void that mothers seek through having a child of their own, suggests that there is a need to pay far greater attention to the psychological impact of removing a child into care. Several of the practitioners interviewed echoed the existing evidence base describing a motivating feature of young people's decision making about pregnancy and parenthood as a desire for unconditional love which they did not experience within their own relationships with their parents.

> "I suppose a phrase I always like to use with some young folk that have a desire to be pregnant and have children is, a baby's responsibility is not to love you, it's your responsibility to love the baby. But some of our young people actually just want something, somebody that will love them unconditionally and I suppose I like to try and remind them that that's not a baby's responsibility to love you unconditionally." (Practitioner 07)

Practitioners described mothers as having idealised perspectives of what the realities of motherhood would be like and that often they did not fully comprehend what was involved in providing and caring for a child.

> "It's about kinda educating them about what children need 'cause I think they think that these babies are gonna come along and it's that unconditional love but actually they need a lot more and sometimes just the circumstances that they're in makes that really difficult for them to be able to give the baby what they need." (Practitioner 15)

In a smaller number of examples given, practitioners described the pervasiveness of the desires for unconditional love through motherhood for those with care experience, resulting in some instances in multiple pregnancies leading to compulsory measures. In one example, a practitioner described how despite having had a child removed from her care, the young person she was supporting was talking about having another child, driven by the desire for what was considered the bond of unconditional love between a mother and her child.

> "I think she was too young and vulnerable in the first place and hadn't addressed her own issues. She was hoping that baby would give her that unconditional love that she had been lacking and perhaps didn't acknowledge the impact of her previous trauma on caring for baby. So, the conversations we've had with her have been about focus on yourself for a while. If – because she's already talking about having next babies, et cetera." (Practitioner 2)

The need to understand and make sense of their childhood

Understanding where we came from and how our life experiences have influenced who we are is central to identity formation. Prior research has identified pregnancy and motherhood as an opportunity for mothers to engage with their past experiences, particularly of being parented (Mauri, 2023; Purtell et al., 2022). Similarly, within the interviews practitioners repeatedly talked about the need for mothers to make sense of their care experience as part of the transition into their own identities as young people and as mothers.

> "I think it's really important for young people to know what happened in their lives. I think it's really important for their identity to know a little bit about their family, and a little bit about the reasons why they became looked after and accommodated. I think it's really important that people understand who looked after them and who cared for them, and who looked out for them." (Practitioner 05)

Nicola and Mary described how it wasn't until after they had stopped being looked after that they fully understood their own care experience, and how learning this later on in life made them feel.

> "…when I left foster care like I never really, I never knew I was in foster care until I was quite older. So, I never really understood like I always thought like, like these people were coming in just to talk to like my mum, my mum and dad until I eventually figured out and I was like Oh! Yeah, so obviously that didn't go down well either." (Nicola)

For Mary, it wasn't until they met with other care experienced individuals with similar life experiences, that they felt like they understand their own childhood and what being care experienced meant for them.

> "I didn't know me being in care made a difference to my life, I didn't know yeah I was in foster care, but it was just another part of my shitty life so I didn't know that there was this community out there of care experienced people who I could connect with who just get it." (Mary)

In conjunction with this, practitioners described that for some mothers it was in their transition to becoming a parent that they began to reflect on the experiences that resulted in them becoming looked after, and the impact of these experiences on the person they have become.

> "Sometimes it lets a little penny drop as to, this is why I really struggled with that boundary actually, in relation to my care history." (Practitioner 07)

In another example a practitioner explained that it wasn't until her second pregnancy that one of the mothers she had supported began to recognise the impact of her own experiences of being parented on her own behaviour.

> "I had one mum she was care experience but she was older, […] her first child had been removed and adopted she then had another child about ten years later and she was able to at that point she said […] looking back I can see that it was the right decision that was made em and then when we sat and spoke about what she'd gone through wi her mum and it was almost like lightbulb moments were going off for her that she could see why she'd behaved the way that she had 'cause she was a drug user and, and why she'd taken to drugs because of what she experienced in the care o' her mum" (Practitioner 15)

However, making sense of their own life experiences was also recognised as challenging, particularly where mothers understanding of the circumstances around why they were taken into care are limited or different to what has been recorded by the practitioners involved at the time.

> "Yeah, I mean I think it can be really difficult to go through, to go back through, 'cause you do have to go back through their own, their own chronology and finding out their understanding of what, of what and how they experienced it, em because that can be very different to what is in our records and what's on, what's in the reports em and we have to be quite up front about that sometimes. Sometimes you know you're in situations where you think, do they know this? You know, do they, they actually know what's what has happened? And generally, they do, they'll have, because they've read, generally you know they will have had access to their own reports. (Practitioner 17)

Yet, making sense of their own life experiences was viewed by practitioners as part of the process that mothers needed to be supported through to be able to begin building their own parenting identity and approach. Practitioners distinguished between mothers who, through reflection of their own experiences of being parented, were able to recognise what they would do differently from their own parents, compared to mothers who either lack sufficient understanding of why they were taken into care or were unable to recognise the concerns that practitioners had identified leading to them becoming looked after.

> "[…] I suppose it was trying to make, to see what they had made sense of their experience and you would get different, so you would get some people who could see that was, that wasnae any way to bring up your child and they werenae going to bring their kids up like that but then you would have other parents who thought that was just normal. That was do you know, there was nothing wrong with the way they were brought up, they had a really good childhood, and when you were pointing things out, so trying to help them I suppose to, 'cause I think if they've got that understanding that because that happened to me as a child, that's how I'm like this as an adult, emm it's trying to educate them to then not make these same mistakes with their children. (Practitioner 15)

Where mothers were able to recognise how their own life was progressing in a positive direction, distinguishing them from their own parents, practitioners reflected that this prompted mothers to reflect on their own childhood experiences.

> "So, I think, aye, sometimes you find that once they have become parents, it's almost like that, I'm now proud of how far I've came and actually I've done a lot in my life. […] and they can almost map that separation between actually, I now know that my parents weren't right for me so I'm going to be the better parent and accept the support from some folk that I need to in order to be such a better parent." (Practitioners 07)

The legacy of mothers' own experiences of "poor" parenting was present across many of the practitioner's experiences of the needs of mothers in and leaving care. Mothers' own experiences of parenting were described as adding to the challenge of developing a parenting style and identity, and contributing to the ongoing work that mothers will need to engage in to address their own traumas, meaning that whilst motherhood can offer the opportunity to move forward, in order to do so mothers are expected to look back on and address their past experiences.

> "[…] reflect with them a bit about if they've had poor experiences of parenting themselves we're not, nobody is saying that that means that that's what they are going to provide, but it's, it's help, it's helping them be able to, to reflect on that and and how that might have shaped how they feel and what kind of parent they want to be. em. I think, and I think that's the part that's the looking back part that they, they struggled with 'cause they kind of, they feel that you know something that's happened to me in the past, that I'm pregnant now and I'm looking at things in the future" (Practitioner 17)

Early in the interviews with mothers I asked them to describe what 'good' parenting was, mothers in and leaving care described motherhood as unconditional love, providing a safe and nurturing environment, and to be able to provide a good life for their child.

> "Just to make sure that the boys are happy and loved and they're growing and everything all right" (Helen)

> "What is it to be a really great mum? Feeling safe enough to be able to talk that's it, like I, and never questioning whether you're loved […] You know that kind of love is mirrored both me to them and them to me kind of thing. […]" (Mary)

Two of the mums, Kirsty and Nicola, explicitly referenced that their view and aspirations for motherhood were to provide a different childhood to the one they had.

> "Probably as I said, just being there for him constantly and like just like love, like give him so much love and care and just make sure he's safe and that he's in a safe environment and you know like just make sure he's kinda, well to me like I think I would never put him through anything that I went through like when I was young, like that's always in my head I've always been like to be a great mum I would want tae give him everything that I never had kinda thing and I would say I've succeeded so far, so I hope so anyway […]" (Kirsty)

> "I need to raise my daughter, I want to raise her like how I wasn't raised like she needs to have this family that I never had and have like a best friend that could be her mum and stuff, so." (Nicola)

The need to develop a parenting style and identity

An additional aspect of the legacy of parenting identified by practitioners was the creation of an inaccurate reference point for mothers in relation to what 'good enough' parenting is and thresholds for when services become involved in families' lives. In the example below this practitioner is describing what amounts to injustice that some mothers experience when child protection becomes involved in their child(ren)'s life, particularly where mothers view their own childhood as being worse than the childhood they are providing for their own child(ren).

> "[…] so, I would say that if their parents were using drugs and they're saying you know, well, you know we're not, I'm not using drugs just now, in their eyes I think they see that as like why, why, why is it? Why are the thresholds different? And we have, we do have to kind of try and explain the sort of rationale around us, making sure that we get it right for babies from a very early age because we don't want baby's being removed and, and you know their

> placements, changing and so on we want to make sure the right decisions are made as early as possible." (Practitioner 17)

This example emphasises the impact that mothers own parenting experiences can have on their understanding of adequate parenting, and that without alternatives, their own experiences can provide inaccurate reference points from which to build their own parenting role and identity. Alongside this, mothers were described as have limited role models to demonstrate what good parenting looks like.

> "A lot of the time, in particular with care experience young people, they've not had that role model, so they need to, they, they don't. They don't know how to parent." (Practitioner 11)

and;

> "They've not done enough work pre-birth to really comprehend why so a lot of them just go on to have more children and then it's a cycle and then there's more children in care because they've not fully understood, why they are not fit to look after that child. So, they think, oh well, I'll just have another one and I'll, that will be […] I've had one woman who was on her eighth child that was removed from her care. Em and something wasn't working there. Why, like there was some way along the line where she believed still that she was fit to be a mum. So do you know whether that was her own denial or her own optimism, or like has, has the system really like helped her to comprehend, comprehend where the threshold is to be a safe parent type thing." (Practitioner 14)

Growing understanding of the impact of childhood trauma across the life course has led to increased emphasis on trauma-informed practices. One of the practitioners reflected on their increasing knowledge and understanding relating to trauma, how it had shaped her practice and how she worked with mothers in and leaving care. In the below example she describes how, through greater understanding around trauma, she now saw this as an opportunity to work with mothers in developing their identity as parents, as opposed to viewing this trauma as a potential risk factor for their child(ren).

> "I just feel it is a lot more of an understanding about trauma and how there's, there's work to be done with her in the coming months about, um, like her perception of a parent and how her own experiences are going to shape her, shape, or not, shape her parenting and how she's going to kind of work through that and stuff." (Practitioner 14)

In addition to developing their parenting identity, practitioners discussed the need for mothers to develop their own individual identities as young people. Professionals also cautioned that the sense of purpose that motherhood provided for some mothers meant that they neglected their own needs and sense of individual identity, particularly for younger parents who had children before their peers. Professionals talked about the need to remind mothers about their own identity outside of being a mother and that the need for space to be an individual away from their child was essential to this.

> "It was also kind of trying to, like, let her grow, I guess, like, you're not young person plus baby. Some days of the week, you're a young person with a baby but actually you're allowed your own space and your own time as well and try to kind of link her into services that can

> appreciate that and show her that it's okay to have your own time, you don't constantly need to be carrying baby kind of thing as well and teaching her those skills." (Practitioner 07)

As well as the opportunity to develop their own identity as an individual, professionals talked about the need for mothers to get a break from their responsibilities as a mother. However, it was also acknowledged that for some mothers their lack of support network meant that what is perceived as a need for all parents, was less available to mothers in and leaving care.

> "[…] we were able to kinda em get once a month respite for one of the, the young woman with a foster carer. To allow her to just have a night out with her pals, you know. You know we need to support these young women to have as kinda normal an experience and part of that is, you know, asking grandparents to look after them for a weekend or, you know if they've got something on an afternoon or in, these, these girls don't have it, they just don't have that." (Practitioner 08)

The tension between being a young person and being a parent, meant that mothers aren't always equipped to respond appropriately to their need to have space from the responsibilities of motherhood. This experience is not unique to care experienced mothers, however, their unique care history means that these needs may be harder to meet because in the absence of safe and secure family relationships, mothers are reliant on the state to meet these needs.

> "[…] I don't know if it was an escape, I don't know if somebody offered her, but she started disappearing away to Newcastle. She agreed to meet with me and I'm driving up in [city] this day and the mum's phoning me going where is she and I'm going I don't know. She's just phoned me. She's just phoned me. […] It was a case of trying to get a hold of this mum. I couldn't get hold of her. She promised she'd come back - she didn't come back. The granny who's in her 70s is left with this baby." (Practitioner 04)

Reconnecting, disconnecting, and making sense of complex family relationships

The complexity of wider family dynamics came through strongly within the mother's narratives, particularly in relation to, their sense of belonging, accessing support from family and developing their own parenting identity. Many young people choose to reconnect with their birth family when they are no longer looked after and this is a contributing factor to the national priority to keep families connected where possible, and safe to do so (The Independent Care Review, 2020). This evidence was supported by three of the four mothers (Kirsty, Helen and Mary) who took part in this study and described a period of reconnecting with their birth parents closely after leaving their looked after placement. Yet, this process of reconnecting often brought challenges.

> "You know my children are now a wee bit more aware of my story a wee bit em obviously in a kind of child friendly version because my mother was living with us during lockdown, which was fucking intense, I actually wanted to murder her. Em, I was having to revisit childhood trauma that I thought I had dealt with but actually I hadn't dealt with." (Mary)

Complex family relationships were also viewed as a potential risk factor for the child(ren) of mothers in and leaving care that required addressing.

> "Occasionally we have had to say to parents, young parents or any parents, your own parents are causing concern and actually you need to consider their involvement in your child's life. That can be really difficult especially if they've just reconnected with them if they've been separate from them for a while." (Practitioner 2)

Similarly, there's an acknowledgement from the practitioner below that the 'uniqueness' of the needs of mothers in and leaving care is their lack of informal supports but the practitioner then goes on to state that this doesn't necessarily mean that they want young people to reengage with their family.

> "I don't think they're unique at all to care experience young people, but I think care experience young people have less support. So, where you and I could turn to a family member for our support, that might not be possible. Depending on what was the level of care experience that they had, were they in a unit, were they in foster placement, were they back and forth? We've got a number of young people, particularly if they hit the age of 16, all cards on the table and I'm going home, and I know it's a risky place, but that's where I'm going. That's a real concern and worry for us. They have absolutely every right to come home at 16 if that's what they choose. We wish they didn't, we'd wish to follow a path that we could support." (Practitioner 05)

In addition to being complex relationships to navigate, practitioners also described the family dynamics and relationships of mothers in and leaving care as volatile and unpredictable.

> "I had one that was pregnant and she gave up her flat to move in with her mum because she thought she'd get more support from her mum and then her mom threw her out three weeks afterwards because she was too expensive. She became homeless and pregnant and I was like, oh. That was pretty awful, but we got a flat, we got a house, we got a bungalow in another wee town where she's still wi her boyfriend and it's going great." (Practitioner 12)

Complex family relationships were also described as existing between mothers and carers. Nicola described how despite living in a long term, stable foster placement with siblings prior to becoming pregnant, she could no longer live in this placement after finding out she was pregnant. However, Nicola's foster carers did seek to instigate processes so that they would be able to care for Nicola's child. Following this, Nicola had no ongoing contact with her foster carers despite her younger siblings remaining in their care.

> "[…] my foster mum phoned my social worker not knowing she was like, I work, I was working with them and doing like parenting classes and everything and like she accused me of being like a drug addict and how I'm not able to look after my own child and that she would watch my child for me, she could foster my child for me and then my social worker was like, obviously said to them like we'll look into it, we'll do an investigation but also she knew, cause I was working wi them one on one, doing all these parenting classes, that everything was fine so I done like that in my head, in my eyes like she tried to take my child off me, I just cut contact wi them cause it's just not, I'm not like, I don't want that negativity in my life. So yeah." (Nicola)

A practitioner emphasised that even where young people had developed family relationships with carers, these often didn't translate into ongoing 'grandparenting' type relationships for mothers and their child(ren). As such whilst mothers may have positive relationships with their carers, these can be challenging to maintain.

> "then then we do have situations where we have babies and and the placement breaks, the carers are saying, you know, we we cannae do this, the young person moves on to wherever their going and that's almost it, the the the contact with that carer they may be lived with for four or five years is gone. There's no going […] or you know like come and visit your baby as a grandparent or do you know anything and I feel like that would be nice to see." (Practitioner 16)

These examples identify a conflicting and complex scenario, whereby the need for reconnection with family and developing informal support is highlighted as both a strength and barrier to supporting mothers.

The need to thrive

In the review of the literature, one of my primary critiques of the existing evidence relating to care experienced parents was the focus on risks, vulnerabilities and negative outcomes for their child(ren). Within this, the focus is often on what is needed to mitigate the vulnerabilities, risks and harms of pregnancy and parenthood to the detriment of exploring what it takes for mothers in and leaving care to thrive and realise their full potential. At the outset of this thesis, I aspired to bring greater attention to what enabled mothers in and leaving care to realise their potential. As such, all the practitioners interviewed were asked to describe what it looks like when mothers in and leaving care were doing well and what they thought it took or would take for this to be achieved. Yet, these questions generated very limited responses from practitioners. In many ways this mirrored the existing evidence base, that despite a strong commitment to supporting mothers in and leaving care to be the best parents they could be, the enablers of this were more challenging to articulate than the barriers which would need to be addressed to enable mothers from realising their potential.

> "Em, yeah, so, I'm trying to think of somebody that's gone really well, and I can't think of one. [laughs] […] Yeah, I would probably say that most of them haven't been straightforward. Em, so they've all maybe had difficulties at some point where things have come to a bit of a crisis. I think it's easier for us if the young women are you know measured and em reasonable and you know were open to advice. […] I suppose, I suppose, it's the young woman that really want to do it, they really come through it, and they really want to keep their baby and they have, and they want to put them, put them first." (Practitioner 13)

At the end of the interviews, I closed by asking the mothers about their plans and ambitions for the future. All four mothers had a clear plan for what they wanted their life to look like. Likewise, they were all various stages of working towards these ambitions, pursuing carers within health and social care, with two of the mums in the process of completing their university degrees, one mother in college and the other mum interested in training when her children were older.

> "I don't know, I want to work in like residential care when I'm older, well when I'm older, when I've got like, when they're in school or something and I don't know, maybe when

> they're in nursery but I don't know if I want to go back to college and study or just kinda study while you're working, you know how you can get the qualifications on the job" (Nicola)

All four of the mums described how they were motivated to work in health and social care due to their own life experiences and their experiences of interacting with services and a desire to use these experiences to help others in similar circumstances.

> "so, my goal is to do my three years and my third year I'll be social services, so that's my kinda goal for college. […] so purely because I've been brought up in the care system, it gave me an insight that that's what I wanted to do, is tae share my experience of living there tae the vulnerable young people and like help them through, em the kinda times that they've had or whatever they're going through at the moment or whatever em, aye so it's kinda like feel quite passionate about that, em and having [son] as well I'm just like aw, you know like if I'm giving him the best care why can't everybody else get that and I think so." (Kirsty)

Reflected in these ambitions and desires to work within health and social care was the desire to use their personal experiences to not only help others, but to care for others.

6.3. The inequality of motherhood whilst in and leaving care

Within this study, there was consensus amongst the practitioners that being care experienced positioned mothers as vulnerable. Yet, many of the features of their vulnerability stemmed from the disadvantages that they experienced because of having to have been taken into care, as well as their experiences of care. The overlap between care leavers' vulnerabilities, needs and risks to themselves and to their children is part of what makes this such a complex practice context. It is this complexity that practitioners' responses are located within, trying to support mothers whilst simultaneously protecting their child(ren) in a way which is non-stigmatising and person centred. In this instance, the inequity present is in the disadvantage that mothers in and leaving care experience relating to their needs and how the system frames and responds to these needs. In this section, building on the prior discussion of the needs of mothers in and leaving care, I explore themes relating to the inequality that mothers encounter when trying to meet their needs through systems of support.

6.3.1. Reliance on the 'formal system' to meet 'informal' needs

Practitioners described a lack of available resources within the system to meet the needs of mothers in and leaving care, coupled with mothers having limited personal resources to draw from. As such professionals described the inequity that mothers experienced around meeting their needs in relation to their dependence on the system to help them to meet these.

> "[…] It's about the level of support, that type of support. Em, and particularly for our young mums, em, they don't have a lot of support and it's emotional, it's practical, it's physical, you know. They, they just don't have that throughout their pregnancies and a lot of the times these young mums are in hospital giving birth on their own, you know, no supports there. There's no supports when they get out'a hospital apart from the kind of em nine to five em support from professionals." (Practitioner 08)

Prior literature has described the lack of informal supports available to mothers in and leaving care, and this also came through within the findings of this study. However, rather than describing mothers as lacking informal supports, practitioners described the dependence on formal supports (which stem from a lack of informal supports). The same practitioner as quoted above goes on to describe how for many young people there is no one they can rely on for informal support, not even in emergency situations.

> "[…] you know away you go take some time out for yourself. And these young mums don't have it, it's just constant. I mean we had a young mum who was admitted to hospital and the baby had to go to hospital with her. She didn't want the baby going into foster care, so the hospital agreed for the baby to to be in hospital with mum." (Practitioner 08)

In another example a practitioner described how, after falling ill during her pregnancy, one mother was left completely dependent on practitioners to meet her basic needs in hospital.

> "But what happened was she ended up in hospital in ICU very ill. […] We had to buy her clothes, she'd no knickers, she'd no toothpaste and the midwife got her that. I got her money for a whole lot of new clothes." (Practitioner 04)

Practitioners reflected that they would often rely on the third sector to formally provide informal support where this was needed.

> "Generally speaking, if we know there's a young person who's going to have a baby, and she's not got lots of support around her, we will initially look for a service that can support that. So, whether that be something like Quarriers or Barnardo's or Children 1st, or some of the smaller, more localised services." (Practitioners 05)

This use of the third sector to provide ongoing relational support to individuals is commonplace within social work practice in Scotland. In part, this is due to a perception that family's engagement with services is better where this is not delivered through what is viewed as a social work services. However, another practitioner indicated that whilst services may be able to support mothers with meeting their basic needs, the day-to-day support was often lacking for care-experienced mothers. As such, even where services are in place to meet the informal, relational needs of mothers in and leaving care, this may not be comparable to the informal supports that are provided through pre-existing interpersonal and familial relationships.

> "Yeah and obviously they have the, for care experienced young people if they're willing to engage with the leaving care service, they do have that leaving care worker who can do things, like their, their em their benefits, and all that sort of stuff but I suppose it's about, that's about somebody nipping in and out and, and seeing them maybe twice, thrice a week, maybe once a week, maybe once a month, whatever that looks like. That's not somebody actually being there and being able to guide them through that as regularly as maybe what I sometimes think that that they need."

Practitioners described that whilst services could provide informal support, this still came with the boundaries of professionals' roles and responsibilities, as well as the pressures of resources. In the excerpt below the practitioner describes the need for mothers to have someone that they can rely on for the emotional support whenever this is needed.

> "[…] I think it was just her having somebody to speak to, to, be emotionally there for her em and to try and help them." (Practitioner 15).

One throughcare and aftercare worker, whilst advocating for greater continuity of support between the professionals involved in a young person's life, acknowledged how in practice this was challenging to offer young people due to thresholds and limitations to what could be offered. For example, whilst they described their teams approach as trying to provide the family style of support that is not present for many young people, they also acknowledge that this is constrained by the system, whereby whilst families will continue to provide support throughout a young person's life, for care leavers this stops at the age of 26 (at best).

> "As much as you want to get this kind of having the ethos of em we want to be seen almost as an extended family but the provision, we currently have is generally to they're 26 so what happens after that, generally, most people don't kind of stop having relationships with family members, just because they turned 26." (Practitioner 06)

One practitioner gave an example of how services are trying to improve the involvement of wider networks of support in the care planning for a mother and her child(ren)

> "We are, again in the past […] We didn't go to them [friends and family of mother] and say, well tell us how are you going to support in your, your whoever it is when they become a new parent. That's something that we do now. […] We will be contacting them as well as other agencies will be contacting them to see what are they going to do as part of this plan. Because we're not going to be around forever. Families and friends are. We are not. So anyway, trying to build that from the very beginning." (Practitioner 11)

For some mums, the need for accommodation meant moving away from their informal support networks and communities and rebuilding this through engagement with their new communities. This is yet another example of where mothers have been expected to make multiple transitions simultaneously.

> "It was tricky around that time. If they didn't want to go back to education, actually, we had to look at other ways to engage them and keep them involved in the community. That was tricky, because depending on where they got their accommodation, quite often it would be outwith their area and outwith their family supports and friends' support. So, it was about engaging them in other activities, engaging them in parent and toddler classes, engaging them in recreation and stress release classes, to build up their confidence and their self-esteem." (Practitioner 05)

However, this practitioner goes on to say that if a young person is heavily dependent on a professional network, seeking to build a more informal network through their community, whilst important, isn't the same has having the consistency of family relationships.

> "If you've just got a professional network, and you're trying to build their network by putting them into groups and things to try and build their friendships, as opposed to build their network, that's very different than what it is if you've got somebody who's that kinda consistent person that's family." (Practitioner 11)

In describing the work that has been happening to try and support individuals to think about and develop their support networks, this practitioner goes on to reflect that this, in their view, can make a difference in the outcomes for mothers and their child(ren). This practitioner, provides a case to illustrate this impact, highlighting the difference that family support made for one woman, who was pregnant with their second child having had their first child removed from their care.

> "[…] can you tell me what has changed from your last pregnancy and from when the wee one was first born to what's happened now? And she said, yeah, I feel, I feel loved. […] for her and I think for me what stuck out when she said you know what, I feel loved and I feel supported. This time I'm not talking about agencies, I'm talking about my family and that's the biggest difference for me because I know that, even though I'm gin' to have a really difficult days, 'cause I know I am, they're going to be around to support me during that time." (Practitioner 11)

However, whilst support from family and friends, where this is positive, can be beneficial for mothers, for some mothers in and leaving care this may not be an option, meaning that access to informal support through services is necessary or even preferable. What is important to reflect on is the importance of having this access to emotional and relational support for mothers in and leaving care, both in terms of meeting the needs of mothers but also in reducing the risks to their children.

> "If you ever sit down with a young person and do their networks, it always amazes me who they draw. They'll have themselves at the centre, and if they haven't got a parent, who's standing out massively to them, it tends to be a professional network they draw for you. So, you'll tend to find the teacher, the social worker, the foster carer, and then friends. It's a tricky time, because you don't want to see a child who's just got a professional network round them." (Practitioner 05)

A small number of practitioners reflected that they were often surprised by how young people they had supported viewed them in terms of their support network.

> "One of my young mums that just gave birth the middle of February, when I went down to visit her, she was, like, do you want a haud? I was, like, I would love a haud, ken, because I suppose I always take that stance you kind of don't ask for a haudy kind of thing at the same time, and then she's, like, can I take a photograph of you with her because – because of COVID, I want her to be able to ken – I want to write on it everybody that she's met and the date she met them. It was almost like being viewed as part of that person's network and that you are part of that group that they trust and rely on." (Practitioner 07)

One practitioner acknowledged that a lack of informal networks for young people in care means that when they transition into adulthood, they can become more dependent on the formal supports around them as this provides certainty within the uncertainty of the transition that they are navigating.

> "We have another group of young people I would say leaving care who probably created a dependency on the people around them. But actually, if you look at that in a different way of saying, when you grew up and go to university and leave home, you don't leave home

forever because you know if you finish university, you can come back and return." (Practitioner 05)

6.4. Summary

The findings presented in this chapter demonstrate the range of both material and psychological needs that mothers in and leaving care have. Within this chapter I also presented findings which illustrated the inequality that mothers faced is not just in relation to their needs but also in relation to the routes through which mothers can meet their needs, and their dependence on supports provided through formal systems and services.

Recognition theory argues that it is through emotional, legal and social recognition that individuals' self-identity and belonging is built (Honneth, 1995). As discussed in chapter 2, Scotland has well developed legal framework through which the rights of care leavers are recognised and legal duties are in place to ensure that care leavers are able to access advice, guidance and supports. This legal recognition of care leavers sets out their rights, but as the findings presented in this chapter demonstrate, these rights do not necessarily translate into the advice, guidance and support as intended. As such, Fraser's (2000) view that recognition without redistribution is insufficient, is substantiated by the findings presented in this chapter relating to mothers in and leaving care in Scotland. Legal recognition is important for ensuring that individuals are seen as having equal rights and are enabled as active participants in their lives, yet despite legal recognition of the rights of care leavers, particularly in relation to housing, finances, education and employment, mothers and practitioners reported that many of these needs remained unmet and under resourced. Access to housing was particularly reflective of this, whilst mothers had the right to housing options as care leavers, practitioners described how the options available weren't always aligned to the needs of the mothers they were supporting.

The psychological needs of mothers in and leaving care reflect what the existing literature has highlighted in relation to the desire for love, understanding of their identity, development of a parenting style and identity. Honneth (1995) theorises that individuals need emotional recognition, through loving and caring relationships to build positive relationships through which individuals can achieve appropriate attachments and interdependence. Honneth (1995) purports that without emotional recognition, individuals will struggle to achieve independence, as emotional recognition provides the secure foundations that comes with the certainty that there is a reciprocal and ongoing care for them. Adding to the existing evidence base, the findings of this study further support the view that this desire for emotional recognition is, for some mothers, a motivating factor behind their decision making about motherhood. The desire for children to meet mothers' need for love not only contributed to decision making relating to pregnancy and parenthood but also, at times unrealistic, ideals and aspirations relating to motherhood. Mothers in this study also described how a lack of emotional recognition in their own childhoods was informing their own motherhood identity, with mother's place unconditional love as central to their idea and vision of the 'type' of mother they wanted to be. Therefore, the findings suggest that for some young people in and leaving care, the unresolved implications of family separation can lead to an ongoing struggle for recognition through secure, loving relationships, that some seek to resolve through motherhood. Not only does motherhood present as an opportunity for young people to experience unconditional love, it also presents as a validated identity leading to social acceptance.

Finally, the dependence of mothers in and leaving care on formal systems of support was reflective of mothers' lack of informal resources, positioning mothers as precariously dependent on formal systems of support. As such, this chapter demonstrates the inequity experienced by mothers in and leaving care relates to both circumstances contributing to their profile of needs as well as the resources available to them to meet these needs, with care leavers more likely to be dependent on formal systems of supports to meet both their material and psychological needs.

In the next chapter, I build on this argument through exploration and critique of the current system response to the needs of mothers in and leaving care. I demonstrate that the findings of this study suggest that this dependence on the system to meet their needs is contributing to, not mitigating, the precarity and vulnerability of mothers in and leaving care. I argue that there is a disconnect between the system intentions and system outcomes within the existing structural response to mothers in and leaving care and that this is rooted in the wider cultural and political context of practice relating to child welfare in Scotland.

Chapter 7: Care and Protection – a practice dilemma

7.1. Overview of the chapter

In the prior chapter, themes relating to the support needs of mothers in and leaving care were presented. In this chapter I discuss professional responses to these identified support needs. Within this chapter I present four areas of findings beginning with findings on the nature of the support provided to mothers in and leaving care, and related enablers and barriers to delivering this support. I then move on to the findings on the role of relationships as both a source of support and a facilitator of support. This is followed by a discussion of the complexity of the practice context, roles and responsibilities when providing support to mothers in and leaving care. Finally, I discuss themes relating to the outcomes for mothers in and leaving care and their child(ren). Within this discussion I will highlight that professionals described a support system in which services are designed to meet specific aspects of the support needs of mothers in and leaving care, resulting in their needs being met across a range of support services and often described in a segregated way. Further to this, I argue that there are practice dilemmas associated with responding to the needs of mothers in and leaving care given the duality of needs for mothers and their child(ren) and the duality of professional's role to care and protect.

7.2. Responding to the needs of mothers in and leaving care

In this section I summarise the described supports for care leavers and mothers in and leaving care, the enablers and challenges to delivering this support, and the gaps in the support.

7.2.1. Described supports for mothers in and leaving care

Looking first at the supports for care leavers which were threaded through practitioners' accounts, what was evident was the emphasis on tangible and practical supports for care leavers with fewer examples of practitioners offering relational and psychological support. Practitioners described supports for care leavers that attended to: sorting out benefits, building young people's networks through the third sector, maintaining tenancies, support with processes including, national insurance, bank accounts, employment documents. One practitioner specified the need for supports which equip young people to be resilient.

> "They need to be able to be developing an ability and resilience to actually problem solve on their own and by us fixing things, we're never got to get to that. I suppose that's an approach we've taken with some of our young folk because if they're phoning us in crisis, yes, we will manage that crisis at the same time if it's needed but maybe not responding right away and actually rather saying, oh, but do you think you could try to resolve things? Rather than saying, well, let's go try x, y and z, just giving them the option to think about it first." (Practitioner 07)

Gill et al. (2023) suggest that communities of support for care-experienced mothers, is essential for meeting the holistic needs of mothers in a sustained way. The importance of building their network of supports was also emphasised by practitioners as being a key aspect of the support they provided to mothers as care leavers.

> "If you've just got a professional network, and you're trying to build their network by putting them into groups, and things to try and build their friendships as opposed to build their

network, that's very different than what it is if you've got somebody who's that kinda consistent person, that's family and yeah." (Practitioner 11)

In outlining the types of supports they were using to respond to the needs of mothers, it was clear that social work practitioners viewed the role of health visiting, family nurse partnership and midwifery services, as universal services, as playing a significant role in the support for mothers in and leaving care.

> "We did – I did sessions with her. Her family nurse did sessions with her as well, probably much more intensive than we'd usually do with older parents, but about, what do you think a baby needs? What physical things they need? What about the nurturing side of things? We went through the whole capacity with her at that stage, partly for our assessment, but also partly to build on her confidence, that she did have a lot of information." (Practitioner 02)

Practitioners also highlighted the importance of early years providers for providing mothers with respite whilst their child is in nursery as well as peer supports with the other parents. Stubbs et al. (2023) have advocated for peer support networks to be available to all care leavers in their transition from care, recognising that many care leavers will have limited networks of informal support, making the transition from care and the support provided to young people in care, to independence stark. In the example below the practitioner highlights the importance of services being intentional in creating opportunities for informal networks of support to develop.

> "The nurseries at the moment are more becoming family-centred and family orientated. So, there's so much activity going on there. For example, if I give [name of nursery], they do a number of Triple P classes, they do a number of cookery classes, they do jewellery making classes […] So, bringing those mothers together as peer support, but also giving them a new skill or giving them an interest, to take them away from daily life." (practitioner 05)

However, despite these examples of a more holistic approach to meeting the needs of mothers in and leaving care, professionals described a fragmented, approach to supporting mothers in and leaving care, with multiple professionals involved in meeting different aspects of mother's needs. In the expert below the practitioner describes her role in overseeing that mothers were engaging with the right services during their pregnancy.

> "I suppose initially some of that is obviously making sure, like, have they gone and registered their pregnancy, are they making their appointments with the midwife or are they talking about the [many] vitamins that they need to be taking. The obvious practical things and also having that little bit of conversation with the midwife in the background in terms of – are they just telling me they're going to an appointment or are they actually going to that appointment? Are there any concerns? Have you ever noticed that they've presented maybe differently? Having separate conversations with the young person in terms of their history and things like that, like, their life story work, and that's something we would do with young people whether they're pregnant […]. (Practitioner 07)

7.2.2. Enablers and barriers to delivering support

When asked about the enablers of delivering support to mothers in and leaving care, far fewer practitioners were able to identify factors enabling their responses, with some practitioners choosing inadvertently to respond with more barriers. As such there was less consensus across participants when it came to the enablers of practices. Where there was consensus was in relation to ensuring that practitioners are knowledgeable and skilled and that services are responsive to referrals. Other enablers given by individual practitioners included ensuring that the match between leaving care workers and young people is right, as well as a shift away from criteria-based services to services positioned to respond to need.

> "It's not a case of, oh, they've still got to meet a criteria, the criteria's we think they need it, which is good and actually it ruled out on a lot of paperwork, just like, oh, I'm not having to spend hours filling in a referral form." (Practitioner 07)

Meanwhile practitioners were able to provide examples of the barriers and challenges they encounter when responding to mothers in and leaving care. The primary barrier to responding to the support needs was the lack of resources within the system. Practitioners echoed prior research (McTier et a., 2013) which identified constraints on practitioner's workload, work force wellbeing, retention and turnover as factors contributing to a more challenging service context. These themes were reflected in this study too, demonstrating that these challenges are not specific to a particular aspect or area of services, but a universal challenge within the system that practitioners are having to navigate.

> "I think probably care experience people are more vulnerable. They don't have all the protective factors around them that other people have. They have limited support. Could we do more? Yes, absolutely, 100 per cent, 120 per cent, we could do more if we had the resources, if we had the time." (Practitioner 05)

In particular, practitioners shared concerns about the increasing numbers of care leavers eligible for aftercare provision and the need to plan future proof services in response to policy changes. As well as staff turnover, and the implications of this in relationship based practice and mothers experiences of this. As such, these findings suggest that current approaches to responding to mothers in and leaving care are contributing to the precarity of mothers as the system, whilst required to offer support, isn't able to do so in a dependable way. This lack of dependability suggests implies that the state is not only failing to provide dependable resources, in doing so it is positioning practitioners as lacking in dependability and consequently impacting on mothers access to the dependable interpersonal relationships.

7.2.3. Gaps in the provision of support

When asked about gaps in the provision of support for mothers in and leaving care, by far the most frequently identified gap by practitioners was supported accommodation for mothers and their children. Practitioners had varying perspectives on how these services should be delivered, however the consistent message was that there is a lack of accommodation options in Scotland for care leavers more broadly but almost no options for care leavers if they have a child.

> "[…] residential is 24 hour support. You're actually in. It's almost like a kinda, you're teaching, the young mums getting taught. You know how to bath, when to feed, how to feed, how to

> mix bottles. Em, you know what to do if your baby's fractious, you know someday to step in and let mum go for a bath, you know so that so it's all the wee things that that we as parents and grandparents would do you know if, if someday's struggling, you just you go you respond. You know away you go take some time out for yourself. And these young moms don't have it, it's just constant." (Practitioner 08)

The examples above and below emphasise the opportunity that supported accommodation would offer to provide a more family like dynamic for care leavers and their children whereby mothers can be supported to care for their child, learn new skills and importantly have time to build their own identity separate from their mothering responsibilities.

> "[…] so that they're not actually being separated, but they've got that grandparent figure there to be kinda helping them and to mirror and stuff emm and just even to take the wee one for a night do you know if [they've] been up all night you know let them get a sleep or uhm. So yeah, I think more mother and baby facilities" (Practitioner 15)

In highlighting this gap in the service provision available to them when responding to mothers in and leaving care practitioners voiced their frustration at the lack of consideration that has been given to this, and the needs of this particular group of care leavers.

> Why are we continuously just looking at putting young people in flats, where there's no support around them." (Practitioner 05)

Alongside the need for supported mother and baby accommodation was a gap in services who can provide practical parenting supports to mothers in their homes to enable mothers to learn the parenting knowledge and skills to care for their child. Linked to this practitioners also described a gap in the services which support young people transitioning from care to learn the life skills they will need.

> "I think we want the kids to leave residential childcare as late as possible, go into a planned destination with the skills of knowing how to budget, knowing how to sew something, how to change a plug, how to set up a direct debit. All these things that you need as you enter adulthood." (Practitioner 01)

Practitioners also raised a number of gaps in the opportunities for mothers in and leaving care to participate in their communities. Practitioners advocated for more community services which offer recreational opportunities (i.e. art classes, cooking classes, toddler classes). With one practitioner advocating for the return of family centres where multiple supports and services can be located and accessed with minimal stigma. What is apparent across the gaps within the current landscape of services for supporting mothers in and leaving care, is the recognition of practitioners that there is need for supports which attend to young people's needs across the different spheres of recognition: love, rights and belonging.

7.2.4. Just enough engagement

Prior research has highlighted non-engagement with services as an indicator of risk for professionals seeking to support parents with care experience (Prendergast et al., 2024). The engagement or non-engagement with services, supports and in particular 'social work' was a recurring theme within the

interviews with mothers and professionals. Professionals highlighted their awareness of mother's reluctance to engage with services, emphasising the negative views that care experienced parents have about social work, and the professional skill and role required to navigate this.

Three of the mothers interviewed (Helen, Nicola and Mary) discussed having social work involvement for a time-limited period due to concerns about their child, however at the point of interview none of the mothers had social work involvement. A fear of social work stemming from a concern that they may remove their child from their care was expressed by three (Kirsty, Nicola and Mary) of the four mothers. This fear was expressed as a barrier to the mothers seeking or accepting support from professionals or services.

> "I didn't want to let her go because in my head I was always scared in case somebody took her from me. I know they wouldn't, but I think in the back of my head maybe because that I was in care, there is that, like, my like, people just presume because you were in care your kid will get tooken off you, so I refused to let her go for like a good six months." (Nicola)

Mary described the conflict of wanting help and support whilst simultaneously expressing the challenge of engaging with this. In response to being asked if any support had been offered to her, whilst she would like support, her childhood experiences of having had social work involvement prevented her from accessing this.

> "[…] they just said if I needed anything to call them and I wasn't going to call them because they, well, I know social work, I know social work are not bad but there's still that reluctance to access them. I know that that there, I know that they're doing a job and I liked my social worker when I was younger, but I still can't get past that you're gonna tell me I'm a shite mum because I've got this core belief that I am just shite, I've not value and no-one cares about me so I still have that reluctance to reach out for help." (Mary)

and;

> "I'm really guilty of, well fuck everyone I'll do it myself. That's been my entire life, because if I ask anyone for help, they will use it against me or they'll let me down or I don't ask for help so everything I do, I do it on my own so I'm probably more guilty of even with [partner] probably shutting him out, it's alight I'll get it." (Mary)

For Kirsty, their own experiences of being taken into care had informed their view of social work as a looked-after young person and as a result they never felt that they were able to form a relationship with their social workers.

> "I just hated social work I dunno why I was just like, like I just always felt like yous were in control yous put me in care and you know you just either blame cause like obviously growing up I didnae realise the circumstances that I was going through with family so I wis just pinpointing the person that took me to that care home which was like social work [...] so I've never really had relationships wi any of them to be honest." (Kirsty)

However, Kirsty spoke positively throughout their interview about the relationships they did form with staff members within their children's home. Professionals echoed this experience, that because

of their experiences of being taken into care, mothers were often more willing to engage with services where they weren't badged as social work.

> "I think quite often we find young parents turn around and say, like, I'll do anything, I'll work with anybody to not have a social worker in my life, because I think for a lot of our young parents it's the title of, social worker, that really prevents and puts up a lot of barriers. Even just little things like, oh, I'll work with a family aid that still works in the social work team. I'm not able to work with a social worker but I'll work with a family aid worker. It's, like, well, they sit next to each other." (Practitioner 07)

Further to this, professionals also highlighted that mother's relationships with their social workers whilst they were in care would, in some instances, impact on their future engagement with professionals as a parent.

> **"**I think a lot of it depends on the young person and their willingness to work with services. If they've had a fairly positive experience with social work, they're more likely to work with you. A lot of it depends on who the worker is as well. I think that's got a lot to do with it." (Practitioner 03)

Nicola also described how her foster carer held a negative and distrustful view of social work which influenced her engagement with social work whilst growing up.

> "Yeah so at first I didn't, so eh, I never wanted anything to do with social work so my foster parent, foster mum always portrayed social work as to be like kind of like bad people so I never really trusted social workers until I became homeless and then I was like right I need support." (Nicola)

Whilst professionals described navigating mother's concerns about social work, by describing their role, being transparent, and trying to develop a relationship with the mothers, ultimately some professionals acknowledged that the mother's own experiences of having been taken into care by social work may mean that there would always be an anxiety about the power that social work have to remove their child from their care.

> "They're always going to be wary of social work. We have some really good instances where although young people have been in the system for a lot years, they still have a trust in who's giving them support, but there's lots of misgivings as well of what is your ultimate purpose." (Practitioner 05)

Several professionals discussed the need to build trust with mothers to create opportunities for mothers to be transparent with professionals about the challenges they are facing so that professionals can help them to manage these.

> "How well would those people raise an issue if they thought they'd seen one? That's really important, because what we don't want is somebody scared to tell us what's going on. [...]. What we find from our young people is when they make mistakes, they're too scared. They think they're going to be judged. Actually, as parents, young people, as individuals, we're not perfect in any way. We make mistakes, we forget things, we get things wrong. We forget the iron is on the side of the table, and if it falls, it's burned the carpet, and that's a

> bit of a disaster, but actually, we took the safeguards before it, baby was well out of the way, he was in his chair, he was in his pram. It's okay, just tell us." (Practitioner 05)

One professional shared an example of where they had supported a mother to be more transparent about a relapse in their drug use and how this ultimately led to better engagement with professionals.

> "She started to trust that we weren't, we weren't just going to, we didn't just want to catch her out and remove her baby like we were, we were saying like we know, we're not, you need to not think that, you need to know that if you use cannabis because things have gotten too much and that's happened that doesn't mean that we're going to come in and take him away, it means that we need, we want, we just want you to tell us so that we can talk to you about how to, how to avoid doing that and once she really, once that, it seemed like that clicked with her and she started to think ok right now, well, no actually they can see that I'm a good mum and that I want to be a good mum." (Practitioner 17)

The need for professionals to also be transparent, about their role and the processes involved in taking a child into care, was particularly important for mothers' with care experience who may have preconceived ideas about this based on how they experienced becoming looked after.

> "we're very upfront when we start working with any parent that you know if when they're saying then they come to us and say you're going to take my baby are you going to take my baby away? You know, we immediately have to say, bring it back to we don't have authority to just come and remove your baby […] So I think that, but once you, once we kind of explained that at different points that they were like right here, you really can't just come in and say right that's it we're taking, we're taking the baby 'cause obviously, probably if they've been young people involved, if they've been removed, that's probably what it felt like to them at that, at that point […] that can be frightened to talk about something like that, especially the first time you meet somebody and you know they've, they've only just come to terms with being pregnant but sometimes it's kind of the only way, or sometimes it's the best way to sort of try and make it just make it clear, […] that's not your goal. Your goal is not, is to avoid getting to that point. (Practitioner 17)

In one professional's reflections about supporting a mother to engage and participate in multi-agency meetings, they describe the anxiety that mothers' hold around trying to both not appear as though they aren't engaging with services, whilst also not wanting to participate in a way that could negatively affect professionals views of their ability to parent.

> "it was really difficult to try and empower her to have her voice and join in and participate […] I think there was a bit of anxiety in mum that if she, if she said what she thought, or you know this is how she was feeling, that that might increase peoples worries because she might appear she wasnae working with services […]." (Practitioner 16)

Whilst challenges with engaging mothers with support was primarily discussed, some professionals also reflected that whilst they wanted to support mothers' engagement with supports and services, there were concerns about an over-dependence on supports. One professional reflected on a mother she had been supporting to engage with services, and how the judgement of other

professionals, that this support was too enabling, resulted in the mother feeling judged and disengaging from the support of professionals.

> "When I start working wi a young person I suppose I do, do quite a bit of lifting and laying, so doing that kinda picking them up for stuff and, and the hope is, and I always say to them at the beginning, I will take you, I'll come and get your take ye but the hope would be that eventually I can sit in the car when you're in at the appointment and then eventually you'll be able to go in your own. em and that was that was not allowed because she was going to be a parent, she had to show responsibility to be able to get to appointments and stuff. Um, and by doing that lifting and laying, we, it was felt that we wouldn't be evidencing her ability to look after a child. Uhm, and very much that she would need to do you know to look after this child, she needed to do things on her own. And my view, I had quite a few challenging conversations with that case em my view is that we all need help and kids that have come through the system probably need more help and is that a bad thing […] if it means that she could keep the care of her baby? And what happened was that we ended up, we then got into this battle, it was like a kind of loggerheads em to the point that she was actively ignoring advice that we were given her em, because, she just felt judged, she felt that it didn't matter what she's done it wouldn't be good enough em, and she actively then ignored the advice and would go against the advice, because it then became a battle between her and the service rather than about her child and ultimately her child ended up coming in to care because she'd went against the advice and we were seeing developmental delays and stuff in the wee boy. But she was scared to ask for help because if she asked for help she felt that was used against her, so she struggled and didn't ask anybody and would make out that everything was OK and she was managing OK where she wasn't. She wasnae managing." (Practitioner 15)

Another professional talked to the different responses that professionals' might have to a mother's non-engagement with supports and how this felt in conflict to how they had been trained to respond to and support individuals struggling to engage with services. Professionals' experiences of multi-agency working in relation to mothers in and leaving care are explored in subsequent chapters, however, here the differing perspectives of professionals demonstrates how the combination of a mother's care experience, the known history of their behaviours before and during care, and their subsequent non-engagement with professionals inform professionals' judgements of them as mothers.

> "One of the mums I felt she was quite harshly treated emm 'cause right from the start there was a focus on she's been in care [...] I think there was a lot of focus on the fact that she'd been in care. Um, so she was really difficult to engage, emm and, I suppose my starting point is always been, I remembered doing training once and being told that em, non-engagement is you know, it's not looking at non-engagement as putting that blame on the person that's about looking at yourself. So, what do you need to do differently to help that person to kind of engage, and I, I've started working wi her from that point and trying to get her to engage." (Practitioner 13)

The risk that professionals must assess and manage was also at the forefront of their minds, so whilst they were aware of the reasons behind why mothers may be reluctant to engage with

support, for some mothers an unwillingness to engage with professionals increased concerns for their child(ren).

> "And so we've had a few in in the past […]. They don't have any trust in social work whatsoever. You could maybe argue that they would say that social worker failed them because I've had several placement moves all that sort of stuff. They ones are the more complex […] we just can't break down the barriers, and that means that I would, our assessment's not accurate because if we can't break down the barriers and we can't build a safety plan for, for this young person and for this baby, then unfortunately it does sometimes lead to decisions […] (Practitioner 11)

Practitioners also raised the changing nature of interactions with practitioners and services as young people become adults and parents, particularly where services are engaging with mothers about concerns for their child.

> "I absolutely get where she was coming from. Suddenly she'd had all this support around her and then all of a sudden it was about this baby. She spoke of feeling jealous of the baby. That obviously impacted on her moods as well." (Practitioner 02)

In addition to needing the understanding of practitioners to adapt to the changing nature of services, women had to recognise and demonstrate the right level of engagement to not come across as disengaged from services. Practitioners also described mothers as needing a 'broker' who would support them to access the services which they needed to engage with to meet their needs.

> "In terms of support, we live in such a vast geographical area that em the members of the team have actually driven the young mums to appointments."

Conversely, practitioners also described mothers as being too independent and not engaging with support when professionals viewed that they would benefit from this.

> "The other one had children and families. We always had worries about her, her capacity to bond with people as well, again, […] and she would never seek support, she would just go, go and do her own thing, you would never see her for months at a time. You would have to chase her to give her any kind of support at all, but because of just the way she interacted with everybody we were like, I don't know if she's going to really bond with this baby, you know, because she didn't ever bond with anybody else, that we could see. So, we put a referral in for her as well." (Practitioner 12).

7.3. Relationships

In the existing evidence the relationships that mothers in and leaving care have are categorised as either formal or informal. With attention being given to, the lack of, suitability, or stability of, the informal supports available to many mothers in and leaving care. In more recent studies relationships as a protective factor and priority focus when considering how best to support mothers in and leaving care (Mauri, 2023; Purtell et al., 2022; Usher et al., 2025). These themes were echoed by both practitioners and mothers in this research study. In addition, when considering relationships through the lens of professional responses to the needs of mothers in and

leaving care, practitioners consistently referred to relationships as a source of support, a facilitator of support, and source of risk which needed to be accounted for. In this section I explore the role that relationships have within responses to the support needs of mothers in and leaving care.

7.3.1. Relationships as a source of concern and risk

Several practitioners described the risk that informal sources of support could introduce to cases involving mothers in and leaving care. This presents as a conflict for practitioners, whereby they want to both expand the informal support networks of mothers whilst also viewing these as a source of risk to mothers and their child. Birth family members and partners were viewed as particularly risky.

> "[…] quite often if we have children and young people who are on permanent orders there's maybe been more of a separation from their birth families and more of a separation. This quite often will lead to them being more curious or being drawn back to those families when they reach that age, and I think there can be a conflict of interests, mixed loyalty at that stage about, do I keep getting support from this service, even though it's provided to me whereas my family are still there and they hate the service, because they took me away in the first place?" (Practitioner 02)

> "Who's around that mum and baby to offer support and influence? Because that's a huge thing. It's great to have friends and family around you. But actually, when their influence may go two ways, it can either be really supportive, or it can be quite damaging at times." (Practitioner 05)

Some practitioners described the risk that wider family members posed to the mother and her child and the potential implications of this.

> "But because there was quite significant concerns about her mum so her mum was a substance user and also suspected dealer em so I had made the argument to managers that we actually needed to support her to get out of mums because if we didnnae we were going to have a baby on the Child Protection Register and not because their mum because of Gran which I just thought was really unfair for, do you know, a baby to start its life when there was no concerns about mum" (Practitioner 15)

The influence of partners was viewed as particularly risky to mothers and their decision making about the safety and well-being of their children because of the influence they can have over the behaviour of the mother.

> "It's usually if they've abstained from substances or they go back to using and that's often because a male partner, that influence, that pressure." (Practitioner 04)

One practitioner, describing a case she had been involved with were there were concerns about domestic violence, reflects that given her experience of this case her practice around managing the relationship between mothers and their partners has evolved. In the excerpt below she highlights

how attempts to reduce the risk by separating the mother from her partner, had the opposite effect of increasing the risk.

> "I supported her with domestic abuse, from the start [she said] we want to separate, and so we got women shelter involved […] then she kept letting him in and then she got thrown out of there, um, it was chaos to be honest […] so it went to child protection pre-birth because of the concerns for her offending and the father sexual offending and, and, the domestic abuse within the relationship that was, that was a category em on the child protection register and... It was difficult for me I suppose because I could see that without this the abusive relationship, she could be a good mum. […] the outcome might have been a lot different, because there was a huge push on separating them and they just, they just ended up back together every time em and the separation in my eyes caused more risk because they were concealing it." (Practitioner 14)

7.3.2. Relationships as a source of support

Almost all of the practitioner interviewed provided examples where they viewed relationships as the source of support. There were a range of approaches through which practitioners viewed mothers' relationships, whether these be informal or formal as a source of support for them.

In one example a practitioner describes how transformative it can be for a family when those informal supports are available and identified for them.

> "We have just done one recently, and she's down in [local authority]. She moved out of her carers, but stayed in the same community, and had a wee boy. But she's also got a job in a care home, which she was able to facilitate. So, the nursery place dried up because of the pandemic, and she thought she was going to have to give it up, and she was getting a bit worried, a bit stressed, and people were recognising that. We used a family group decision making model to look at it, and straightaway her old carer, her ex-carer said, I'm just round the corner, I'll look after him. […] Actually, we watched that relationship just be incredible now. That carer has still got her other sister. So, that baby is now being looked after with family and friends who really care about him. His mum is able to go to work, and earn a living, and also have a bit of downtime. He's embraced into that community again." (Practitioner 05)

Building mothers' relationships within their community was viewed as a form of support that practitioners provided to mothers in and leaving care, in one example the practitioner describes how they used formal support groups as a route through which to build the community and relationship with mothers. However, within this there was another agenda to educate them on parenting skills, whilst this might be positive and welcomed by the mother, it negates the idea that the relationship in and of itself is enough. Other examples given reiterated the notion that formal relationships are never solely about the relationship. With the underpinning need for the practitioner to be assessing the young person's circumstances and parenting abilities relationships can become a route through which professionals achieve engagement with services rather than as the support in and of itself.

> "I do generally sometimes think as social workers in various different teams, there is always that barrier and folk are like, no, I'm holding myself from you, I'm the social worker, you're the client and I work with you, and can be really reluctant to build that relationship and make yourself seem like a human [laughs]." (Practitioner 07)

As such, whilst practitioners spoke to the importance of relationships, it was less clear how they engaged in what Tronto (2013) referred to as the physical and mental labour involved in care giving relationships. In part this may be explained by the resource implications of developing reliable relationships with young people. Two practitioners described how young people would test the dependability of the new relationship that they were forming with leaving care services and the need for services to create that dependability but also just how much resource it takes to form these new relationships.

> "I think well and what I'm seeing quite blatantly is I think there's an underestimation of how much work and effort needs to go into making that relationship with the young people, so it's having that consistency, if you say you're going to do something, you do it, you're constantly chasing them down so you know it's if they miss, if they missed appointments or whatever, then you're you're chasing them, and through that they kinda see your reliability and that you actually care about them when you're keeping phoning them. I don't think you get the time and the space to do that when you're in a generic team and I know what we're kind of seeing with [local authority]. UM, is the workers that are getting the throughcare cases are also holding child protection and child protection will always trump any other work." (Practitioner 15)

7.3.3. The importance of transparency within relationships

Two thirds of the practitioners interviewed talked about the importance of transparency in their relationships with mothers as well as their approach to working with mothers.

> "I try and get out early and build a relationship with people. I think it helps to be direct in a respectful way and just set everything out so that there's a level playing field. There isn't really, you know that, because you're in that position of power, if you like. So, it's about telling people this is - the worst thing is we could remove your child. That's the worst thing. However, we don't want to do that. We want to support you." (Practitioner 03)

Talking about engaging with mothers prebirth one practitioner described how being transparent was important for ensuring that mothers understand what role services had in their baby's life.

> "[…] and as part of building that relationship is being open and honest with them, making it clear what we're there to do and asking them what their goal is. So what is their goal? What do they want to achieve? Em, do they want, do they want to care for their baby? Because I know, I know that I can seem like a bit of a patronizing question, but there are a lot of young people who might not feel ready to be parents and feel that they they can't parent their baby so so that's something that we want to be very open and upfront with. If their goal is to parent their baby, then we would try [can't hear] try in that first stage try and achieve that goal. We can't make a promise that that will happen depending on what the assessment shows us, but that will always be our goal to achieve that and it's about making that clear to

> the young people that, that is is what we're trying to achieve. We're trying to achieve the same goal as you, but we need to agree what we need to do. Make sure that ultimately that baby is safe. And that we are confident and reassured that that baby will be well looked after. […] If that person or that parent doesn't feel that they have a relationship with their social worker or their social work assistant who is completing that report it often will have an impact on how things look moving forward." (Practitioner 11)

Practitioners also described the importance of transparency for preserving their relationship with mothers particularly where they are having to have challenging conversations.

> "And for me, I think it was a real kind of learning curve just to, how important it is to be so transparent as soon as kind of this question is raised em, even if it's just for really kind of things that you take for granted,[…] because, ultimately, you could have a lot of really positive relationships just undone by kind of poor practice, you know, and it can happen really quickly, and you know from a young person's perspective, If I was in their shoes I'd probably feel exactly the same […] you know if you've built a really kind of close nurturing relationship, but if you then have to be the person that shares that information which wasn't directly a risk to them at this point, but now, because babies coming into their life, it is more of a relevant situation em that can be difficult." (Practitioner 06)

The importance of a strong preexisting relationship to engage in these challenging conversations transparently with mothers was also expressed.

> "I suppose for the young folk I've seen that it really has worked for is that we've got that relationship where we can actually be honest with them and say to them, actually if we cannot really see the evidence of you being able to manage this, we will need to take that further, but also saying, actually – aye, just that relationship, I guess." (Practitioner 07)

One practitioner working within child protection highlighted the importance of transparency around her role, particularly when working with parents with care experience, due to the understandable anxieties that parents have about child protection involvement and wider social views that child protection can remove a child from the care of its parents without any input from other professionals.

> "I mean, and we're very upfront when we start working with any parent that you know if when they're saying then they come to us and say you're going to take my baby are you going to take my baby away? You know, we immediately have to say, bring it back to we don't have authority to just come and remove your baby, the only way so that that would be a last resort that we would do at any at any point for anybody. We would only do it if, if we felt there was no other option because the baby wasn't going to be safe." (Practitioner 17)

7.4. The Practice Dilemma

Prior literature has discussed the duality of the responsibility that professionals have when supporting mothers in and leaving care and the challenges this presents when forming relationships and working with mothers (Roberts, 2021). Through the interviews, professionals were asked about how they navigated balancing both the needs of the mother and their child(ren) within their

professional role. Themes relating to the tensions between professional's care and protection roles, balancing the rights of both mothers and their child(ren), and the impact of this on relationships with mothers in and leaving care were all highlighted. Within this section I explore these themes and the practice dilemma this poses for the practitioners responding to mothers in and leaving care.

7.4.1. Care and Protection

The UK child welfare system's orientation towards risk management and the protection of children from harm has been widely critiqued for the lack of care this then affords to the those it is protecting (Kemshall, 2010). Increasingly, there has been recognition that it is not sufficient to solely protect children from harm if this is not accompanied by care and nurture. Professionals participating in this study recognised that the mothers in and leaving care had their own rights to care and protection, but that at times the needs of mothers could conflict with the needs of their child(ren). Balancing the rights of both mothers in and leaving care with those of their child(ren) reflected the duality of responsibilities that practitioners hold within this practice context not just in relation to their responsibilities to both care and protect, but also in relation to their responsibilities to mothers as young people with their own rights alongside the needs and rights of their child(ren).

Prior to undertaking data collection, I was unable to find any practice guidance for working with parents who are looked after or care leavers. Within the interviews I asked participants if they were aware of any local protocols or guidance for working with mothers who were in or leaving care, none of the participants within this study were aware of any local guidance or protocols at the time of the interviews. Instead, this study found that practice relating to mothers in and leaving care varied within and across local authorities and that this added to a lack of clarity relating to professional's roles and responsibilities when responding to mothers in and leaving care. One of the most notable aspects of variability in local approaches related to the process of allocating social workers for the children of mothers in and leaving care. In some local authorities a new worker would be allocated to the child of a mother in and leaving care where there were concerns for this child's wellbeing, whilst other local authorities choose to allocate or retain the same worker for both the mother and child.

Practitioners had mixed views on whether the child of a mother in and leaving care should have the same or different worker to their mother. However, most practitioners agreed that where resources would allow, it was preferable for two workers to be allocated. These challenges were thought to be more complex where mothers were looked after, in a continuing care placement, or where the local authority did not have a designated throughcare and aftercare provision and instead these supports were provided by the children and families team.

> "Where if you had a young person on a compulsory supervision order who had their own children and families social worker, I would still be saying that they would need to be another worker that would take on responsibility for doing that assessment of the child, and for exactly the same reasons em that I said that that's a huge conflict cause you've still that young person has still got a right to a service and is legally on an order which we have, they have to engage with and we have to offer the service too. […]" (Practitioner 11)

Reflecting on one case in which they were the allocated worker for both a mother and child, the practitioner described the challenges this presented in relation to representing both sets of needs accurately at the Children's Panel meetings.

> "I felt really conflicted and actually at a couple of panels we went to for her, I had to say, I am also the social worker for her baby, or [for the baby]. I am also social worker for the mum, and I realise I am in an awkward position. One panel we had for her – no, sorry, for the baby, they asked me what my view, what was best for baby and what was best for mum? I was, like, I have two different answers depending on which hat I'm wearing. I think it's best for baby that she remains in her foster care placement long term and mum cannot manage it. However, for mum, that contact with baby means so much to her. She can do some of it [caring for her child] really well when she's in a good place and it will be detrimental to her to end that, but you've got to weigh up I suppose baby's needs because they were so vulnerable ahead of mum's needs." (Practitioner 02)

This practitioner went on to describe how this duality of responsibility to both a mother and their child resulted in the objectivity of their decision making and assessment being called into question by other professionals present at the panel meeting.

> "There was also that worry that perhaps mum's legal team would – and they did bring it up as a conflict and, would consider or worry that my assessment was perhaps biased one way or the other." (Practitioner 02)

However, one practitioner reflected that despite the complexity of navigating the dual responsibilities for mothers and their child(ren) having one social worker allowed for the continuation of existing relationships, and where these were positive, the opportunity to engage with mothers transparently.

> "[…] if you have a baby, [you] tend to have the same social worker, because we recognise that there's an importance of relationships. Not always, because it can get tricky because how do you support a young person when there are child protection concerns as well? When I'm not working in leaving care, if I'm just in child protection, my client becomes the child, it doesn't become the mother. So, it becomes very tricky. But I think in terms of relationship-based practice, I still think we're better having one social worker, because actually your relationships are about building, and if you've got an honest and open relationship, and you've been good communication, you should be able to honestly say, I've got worries about your baby, I've got worries about how you're caring for your baby, how can we change that?" (Practitioner 05)

Another practitioner highlighted that professionals could have preconceived ideas about mothers based on what is already known about them as looked after young people. Prior research also found that practitioners have more access to information about parents who are care experienced either through access to their care records or institutional memory, and that this can prevent practitioners from being able to recognise mothers change (Chase & Knight, 2006). One of the practitioners echoed this sentiment and used it as that rationale for perhaps why having a new worker was not necessarily the best approach when working with mothers in and leaving care.

> “Aye, in [local authority] it’s a case of, like, the unborn baby or baby would have a different social worker to the care leaver. […] it has always been that set-up that it needs to be the different social worker that does that assessment and I don’t necessarily think that’s something I would agree with because as I say, I think there’s elements where we’ve found with young folk that actually we can notice the growth and development and the changes that they’ve made but other teams necessarily are just taking it at face value and saying, this is the here and now.” (Practitioner 07)

Balancing the rights of both mothers and their child(ren) was viewed as leading to instances where one set of rights was considered to take priority over another’s. This isn’t uncommon within child and family welfare, a child’s right to protection from harm takes priority over parental rights. However, the added complexity of the state holding parental rights and responsibilities for young people who are looked after or care leavers means that additional considerations may need to be given to the supports around that mother to ensure that they are able to care for their child and protect them from harm. Within the interviews practitioners talked about the complexity of balancing these rights. In several instances professionals described the segregation of responsibilities to uphold the rights of mothers and their child(ren) to ensure that each set of rights were being upheld. However, underpinning this segregated approach to navigating the complexity of the practice context was the implied assumption that whilst they were attending to the rights of one party, someone else would be attending to the other party.

> “It can be really tricky, because there's lots of rights at play. Also, we have lots of duties and responsibilities. Actually, it would depend on which part of the case you also hold. If you’re the social worker holding the leaving carer’s case, that’s great. If you're the social worker responsible for the baby, so you have the rights of the young person, and you've got the rights of the baby, and sometimes they can be really competing.” (Practitioner 05)

However, practitioners also emphasised that regardless of their role and who they held responsibility for, it was every agencies’ responsibility to ensure the safety of the child.

> “'cause I suppose that's the next thing they have a right to leaving care service. They don't as a parent have a right to children and families. Their child has a right, to make sure that that child is, I suppose we're doing our job to make sure that that child is safe and that child is being looked after. That contradicts slightly, because you've obviously got parents that have got rights too, obviously, to care for their children so and that that can sometimes clash if you're making difficult decisions for children. […] We have to prioritise that child's rights and that's where the difference is […] ultimately children and family’s role has to be the priority of that child over everything else and even though, it is the responsibility of every other agency as well. So, suppose that the child, the child's safety has to be paramount to every agency em, including leaving care.” (Practitioner 11)

Whilst this is true, within the context of mothers in and leaving care, this viewpoint fails to recognise the mothers as the young people for whom the state is the corporate parent (Roberts, 2021; Usher et al., 2025). As discussed above one of the findings of this study was the division of needs and supports of mothers by professionals or services responsible for meeting these. This transpired both in how some professionals talked about the supports that are available to mothers

as well as in how they viewed their professional responsibility. Whilst some practitioners described this approach to responding to need as status quo, other practitioners described working against this system to try and take a more holistic approach to supporting women and their children.

Prior research has discussed the transition in perceptions of young people who become parents whilst in and leaving care, whereby they are no longer seen as the young person at the centre of the support (Chase & Knight, 2006). In the excerpt below the practitioner describes how challenging this transition can be for the mothers to navigate, particularly in relation to the shift in expectations around their engagement with services and how services engage with them.

> "The relationship that they have with the through care worker is very different to the relationship that they have with us, and sometimes that can be a big, can be really hard for them because they've had a worker who will kind of I suppose is their worker and is there to purely support them all of a sudden they've got this, there's this worker involved who's wanting to see them a lot, and be regularly involved, but they're, our priority is the baby. You know we're the baby's worker, we're not really, their worker we're there to support them, of course, but em, so […]. I think that can it can probably be quite frightening, quite scary for them to just all of a sudden be put into sort of adult services, almost like where they are no longer the child, they're the adult, and they're the parent, and they're being expected to be the parent even, even though they're still just pregnant, have not had the baby yet, so." (Practitioner 17)

A second practitioner described how their perception of how best to respond to a mother in and leaving care is different to if they were just a care leaver. This example characterises the practice dilemma that professionals encounter when responding to mothers in and leaving care.

> "I suppose as the mum's social worker, the young person's social worker, the focus would be on meeting her needs and how her needs would best be met. There wouldn't be a conflict there about, okay, well, maybe it would be best for you if you had more independence in the local community and went out and about. I could think for her, we need to build her independent living skills and think about where she's going to be in a few years. Whereas as a young mum, we're thinking, well, actually it's not safe for you to be out and about in the community with baby because we're worried about you not being able to care for baby independently. That would be baby's social worker's role. If that makes sense." (Practitioner 02).

This perspective that either the mothers or the child's needs would be forgotten if there was only one worker involved was echoed by other practitioners.

> "I think for young parents, they [other professionals] almost disregard that fact that you're still a corporate parent to them as a care leaver and they automatically just think as, oh, we just need to house this person because they've got a baby, say, or, we just need to meet this need because they've got a baby. It's like they forget their responsibility that they've not got responsibility for just the baby now, they've got a responsibility to the care leaver as well and I think that's probably the one big thing I've noticed in terms of corporate parenting is,

> as soon as there is a pregnancy or baby that comes along, it's like they've disregarded that responsibility to the care leaver as well." (Practitioner 07)

Contrasting the perspective that the mother's needs can get lost when the focus is on the child's needs, this residential manager reflected that where there is only one worker this can mean that the baby's needs can be overlooked.

> "Em, I suppose the ideal for me is when baby has a social worker, mum has a throughcare and aftercare worker, so that both their needs are getting eh looked at em, em, we've had it where young women, eh have a social worker, so they're 'cause they're under 16. They have a social worker, um, but sometimes baby's needs can get lost in there in there, in that sometimes the social workers, sort of advocating on behalf of the young person so much that they lose sight of the baby's needs. So, I think it's always quite good to have, em somebody representing both, but more recently it's just been babies that have had." (Practitioner 13)

Often the variability in practice regarding whether or not the mother and child had a same or different worker was driven by resource constraints. In the example below the practitioner is highlighting how, due to resource constraints, themselves and their colleagues had been asked to take on an additional assessment role for the child of a mother they were supporting.

> "[…] Obviously you're going to be aware of child protection stuff and pass some information back if needed but I think there was one point that there was a girl in the team they had asked to do the child protection, the child protection assessment on the baby and also be the throughcare social worker for the mum. Em and I don't think that can work because that's a complete conflict of interest and the baby gets lost in that if you've got a really good relationship with your young person. Do you know, it's, I don't know how you could maintain, you could maintain that relationship. […]" (Practitioner 15)

A similar example was given by another practitioner working within throughcare and aftercare they described their discomfort about being asked to undertake additional duties relating to the child of a mother they were supporting.

> "I think, so the children and families team felt that the throughcare and aftercare worker could kind of do the child social worker bit but again that's not our skill set I suppose you know. So, they were trying to ask us to do both and I was like, I don't have the skills or the experience to really know what this baby needs, you know, other than that kind of obvious stuff." (Practitioner 12)

Here a team manager describes that despite having clear boundaries for her team, she has to reiterate these as the pressures on services mean that where there are opportunities to manage caseloads, the system will allow it.

> "No, and do you know Emma because I have to remind staff constantly that you are not the child's social worker. You are not. They have a social worker, children and family social workers. You are there to support the care leaver. […] I have to say Emma that sometimes the area teams are quite naughty in that if we say oh, we'll do that, then they would just let you do it because they're so stretched. So, it's a bit about, you know, understanding your

> remits in the responsibilities of the team and the responsibility is to the young care leaver." (Practitioner 08)

Where professionals had a clearly defined role and responsibility towards the child, for example those within pre-birth and child protection roles, the dilemma between caring for the mother whilst protecting their child(ren) whilst still present, appeared to be less of a conflict. In part this was related to the presence of a pre-existing relationship between a practitioner and young person. For example, professionals with existing relationships with mothers spoke about how their responsibilities to report any concerns about their child(ren) could impact on this relationship and the young person's engagement with their services.

One professional described a case example where they were supporting a young person with entitlements to leaving care support, but who was also engaging in offending behaviour. They discussed the tension of wanting to provide ongoing support to a young person whilst simultaneously having a responsibility to protect their child and the impact that this had on the relationship with the mother.

> "…at that point we didn't feel that she would be in a position to care for the child at the point of birth and then presenting that information at the immediate post-birth child protection. Eventually, the child entered the Children's Hearing System and was adopted a short while after - fostered and then adopted. But I remained her leaving care worker, her criminal justice worker. I was still helping her. She had an addiction worker, but I was still involved there. So, I really felt as if it wasn't as appropriate for me to be involved, when she'd not - there was no chance of her turning up for probation next week, when this week I've went and made a case for her firstborn child to be placed outwith her care. So, the dynamics of supporting someone, yeah, it's great that we should have the young person's worker who can do everything, but in that instance, I felt it was counterproductive for it to be me, because the things I was saying was causing her harm. Then I was expecting her to come back the very next week to try and address her addiction issues. She was - why would she want to tell me about her addiction issues, when I was the person that's probably driving her towards using heroin the week prior to that?" (Practitioner 01)

The impact of this dual and changing responsibility to the relationship between mothers and professionals was a core concern, in particular how this changing dynamic could impact on the longer-term outcomes for the mothers and their engagement with supports.

> "So, unfortunately at that stage we applied for a child protection order, [it] was granted. I think, to be honest since that time her relationship with me really broke down. She viewed me – so we hadn't, due to staff in our team we hadn't been able to allocate a new worker to baby. Retrospectively that was one of the huge things we should have done. I had worked with her for over five years at this point. She knew me as her worker, I – she had always been my priority. I think she really struggled with baby now being everybody's priority. I mean it's how it had to be. We couldn't have done it differently unless there was somebody else in there, it had to be about baby. I absolutely get where she was coming from. Suddenly she'd had all this support around her and then all of a sudden it was about this baby. She spoke of feeling jealous of the baby." (Practitioner 02)

The tension between care and protection was more acute for leaving care professionals who had a preexisting relationship with mothers as young people and a desire for this to be maintained despite the professional raising concerns about their parenting.

> "[…] The leaving care worker has to try and maintain that relationship with the young person because once children and families are no longer involved, the leaving care worker still has to go in and continue to work with that young person. So, there's a bit about having to recognize em the processes for children and families, while maintaining the relationship with the young person for the leaving care worker. Em, we've had I mean, we've recently had one and this is one of [colleague's name] where the children were removed from the young care leaver and of course she blamed [colleague] for for her involvement and having to tell, but I said to them right at the start, you have to be absolutely clear with these young mums that if there's any concerns you have to pass it on to children and families you cannot be colluding, you cannot be ignoring concerns, they have to be brought to the attention of children and families. So, it causes a lot of kind of conflict for the workers themselves in terms of their relationship." (Practitioner 08)

In this example a children and families social worker, reflected on a case where she was the mothers allocated social worker as well as responsible for doing a prebirth assessment for their child and the impact of her dual role on the pre-existing relationship she had with the mother and implications for how she was able to engage with and support the mother.

> "I think I would have been more emotionally supportive for mum if I was there just as her worker. I think a lot of her anxieties and worries, she would have come back and spoken to me about. I felt that a lot of our information and concerns came from other people. I don't know if perhaps did that limit her engagement with social work? We always have that non-engaging family side of things, that dynamic of our relationship perhaps impacted on her feeling that she could be open and honest with me. Because she was automatically worried if she shared with me, for example, that she'd self-harmed she knew it went into her assessment for baby." (Practitioner 02)

In turn a smaller number of professionals talked about the impact the duality of their responsibilities could have on the relationships between professionals, particularly where a professional was viewed as disregarding the need to keep both the mother and their child(ren)s needs in mind regardless of the outcome of any decisions.

> "So we've tried to hae that message of, well, actually, we wanted to continue that relationship, could they manage it, but also once that midwife leaves, we've still got – and once you leave as children's maternity social work – we still have to remain for the next potentially 10 years and have that relationship so actually we're maybe not best placed to be seen as the people who are trying to get their baby taken from them, is how the young people would view it. So maternity social work have really been like, no, you need to agree with our assessment, you should be letting us know really early on. It's like, it's not that we're deliberately concealing this information from you and if we were concerned about the young people's pregnancy, we would be still be having that conversation about how I think this needs to go further. So it's not that we're avoiding it but that it's that we're mindful of that relationship that we need to continue to maintain."

7.5. Outcomes for mothers in and leaving care and their children

Outcome driven practices, often determined by political goals and objectives, have been an underpinning focus of Social Work policy in Scotland. The systems which evaluate the state of children and families services drive measurement of narrow, quantifiable, markers of perceived progress. As such discourse around 'outcome' driven practice, which drives better or worse outcomes, and indicators of better and worse outcomes, have dominated discussions about the effectiveness of child and family services in Scotland. Over the course of the last 5 years this narrative has begun to shift, with the Promise (The Independent Care Review, 2020) challenging the sector to consider the effectiveness of children's services through the lens of experiences and quality, both less quantifiable measures of effectiveness. Within this final section of findings, I discuss themes relating to the outcomes, recognising the limitations of this discussion based on the focus on outcomes and not experiences. Timing, relationships and the ability to have open and honest conversations with mothers were consistently cited by professionals as being key components of practice which contributed to 'positive' outcomes for mothers and their child(ren). Conversely, poor relationships, a lack of support networks, and returning to behaviours which negatively impacted on their child(ren) were all described as contributing to poorer outcomes for mothers and their child(ren).

Factors viewed as contributing to better and/or poorer outcomes

Whilst understanding of the factors contributing to better outcomes for mothers in and leaving care remains limited, research has shown that mothers interpersonal relationships and resilience are related to better outcomes (Purtell et al., 2022; 127, 2021a; Usher et al., 2025). However, the literature relating to the outcomes for mothers in and leaving care continues to emphasise the increased risk that the children of care experienced parents with subject to recurrent care proceedings, permanence planning and an intergenerational cycle of care (Broadhurst et al., 2017; Cusworth et al., 2022; Roberts, 2017). When asked about what contributed to better or worse outcomes for mothers in and leaving care professionals were unsure.

> "Sometimes I think maybe I've just been lucky. You don't know […] sometimes you do look back and you question, how was that a success, or why was that not a success? I think it's just about getting in quick, building relationships, having open and honest conversations about things." (Practitioner 03)

One practitioner described a case where a mother had had at least five children removed from her care, her first when she was a teenager and looked after, but who had recently had a child who she was able to care for. When asked 'what made the difference', the practitioner described how being 'settled' both physically and emotionally where notable factors. This example highlights how the stability of accommodation and a supportive partner, alongside time to mature, had a positive impact on the wellbeing of the mother, and ultimately her ability to care for her child.

> "I think she was settled. She had been in a homeless tenancy for a couple of years, and she had met this partner […] she sort of matured a wee bit in some regards. She was in a better relationship, because I think the previous partner wasn't ideal at all. So, she was a bit more settled, I supposed, and a bit more ready to have a child. Whereas I think before she was really chaotic, and she'd had addiction issues in the past as well, whereas that wasn't an issue anymore." (Practitioner 03)

In addition to ongoing support, having the right support available at the right time, in the right level of intensity was also needed. One professional, reflecting on a case from several years ago, highlighted that supports available to a mother in the right intensity allowed the mother to care for her children.

> "We had a, a, young mum and I'm going back to way back into my early days in children and families and we were, she'd learning disabilities, the mum, and she'd been groomed by a schedule-one offender, and we were at the point of permanence for this baby. And they, we came up with a placement and it was almost like a kind of a foster, an adult foster placement. And this young woman went there with her baby and I see her 'cause she's local, she's now got two babies and she's living in her own and she's doing great […] I think if we had more of that kind of model of service then I think we would have far better outcomes." (Practitioner 08)

The sustainability of outcomes

Professionals talked about the lengths they would go to try and ensure a positive outcome for mothers and their child(ren) and yet, for some mothers, regardless of the level of support in place, they were unable to adequately care for their child long-term. Several professionals also described cases in which mothers initially were able to care for their newborn child, but the child ultimately was taken into care. When queried about what changed, professionals often described mothers' inability to sustain the positive behaviours that they had been supported to adopt in pregnancy and the earlier stages of parenthood.

> "…and we got her previous leaving-care worker back on board to be giving her those practical supports that she was needing, housing managed to get her into a lovely house, but it just wasn't enough, Emma, she just reverted to previous kind of patterns of behaviour, em you know and, and it wasn't conducive to having a new baby in the house." (Practitioner 08)

Whilst professionals talked primarily about the lack of sustainability of behaviours on the part of the mothers, fewer acknowledged that there was a lack of sustainability of support to maintain positive behaviours. In one case, a professional supporting a mother in a residential placement for mothers and babies described how, whilst the mother appeared to be doing well at adjusting to parenthood and meeting the needs of her baby, when they moved away from the home and the support was no longer available, their child was taken into care. Reflecting on how this case compared to others,

this professional went on to explain that this was a pattern she had experienced across several cases, highlighting the need for ongoing support.

> "…some of them, you see, some of them I did, the time I was working with them, it was well, it was positive. It's then as it starts to get more challenging and your baby is easy once those first few weeks are over. Up to 12 months, 15 months it's okay. They're really in a well-established routine, but it's thereafter I think they need that family support going in and giving them that parent advice guidance, talking about rules, routines, boundaries, just things, everyday expectations, Emma, would make a huge difference." (Practitioner 04)

The findings here suggest a lack of systems acknowledgement that mothers in and leaving care might need ongoing support from services over a longer period, and that rather than this being a negative, this should be viewed as part of the responsibilities of any good corporate parent or grandparent.

7.6. Summary

The findings presented in this chapter bring attention to the challenges faced by practitioners responding to the support needs of mothers in and leaving care in Scotland. Through the discussion of professional responses this study has highlighted the enablers and barriers of responding to needs, the importance and risks associated with relationships for mothers in and leaving care and the practice dilemma that practitioners face when seeking to balance the rights of both mothers and their child(ren).

Overall, the findings presented in this chapter suggest that responses to mothers in and leaving care are prioritising material needs above, and at times to the detriment, of their psychological needs. Practitioners highlighted key gaps in the supports available to mothers in and leaving care including a lack of day-to-day support, skill building and respite from parenting responsibilities that most mothers receive through their informal networks of support. Whilst professionals may adopt the role of offering informal support to mothers the findings highlighted the implications of professionals' boundaries and responsibilities on the extent to which professionals can replicate the informal sources of support that are in many instances missing for care leavers. Given this, and the findings presented within this chapter, I suggest that a core objective of the supports for mothers in and leaving care should be to strengthen the informal networks of mothers in and leaving care to ensure that they have access to relational supports outside of the constraints of the system.

Further to this, the findings presented highlighted that concerns about risk and risk management were a driving feature of professionals practice when responding to mothers in and leaving care. Where mothers had relationships with wider family network, some practitioners viewed this as a source of risk and concern rather than a source of support for mothers. Additionally, the emphasis on risk management was apparent in professionals' discussions of mothers' engagements with available supports. Mothers were expected to demonstrate just enough engagement. Where mothers were viewed as overly dependent on supports, professionals expressed concerns about their ability to assess and evidence mothers' capacity to parent, conversely where mothers disengaged from services, this increased concerns about limitations this placed on professionals' oversight of the case. This links to increased responsibilisation of social work practitioners to manage and avert risks and whereby professionals are being asked to make defensible rather than

right decisions (Parton, 1998). Consequently, professionals' responses to mothers in and leaving care were found in this study to be driven by risk and risk management more than need.

Finally, the findings here also bring to light the complexity of practice relating to mothers in and leaving care. Practitioners described a tension between their roles to both care and protect when responding to the needs of mothers in and leaving care. They highlighted that where there was competing needs between mothers and their children, the emphasis would be placed on the discourse around rights, and in particular a child's right to protection from harm but that this often neglected the rights of mothers as care leavers, and the states responsibility to meet these. Whilst children's rights to be protected from harm is paramount, the findings presented in this chapter suggest that the emphasis on rights, opposed to need, puts mothers and their child(ren) in competition with each other when their needs are not in alignment, rather than seeing the needs of mothers and their child(ren) as interdependent.

In the next chapter, I explore themes relating to the wider context of professional responses to mothers in and leaving care to better understand the mechanisms underpinning views and experiences of professionals. Based on the findings presented, I argue that the wider cultural and political context of practice relating to mothers in and leaving care calls into question the effectiveness of the state as a corporate parent.

Chapter 8: The context of practitioner responses

8.1. Overview of the chapter

In chapter six I set out the inequality relating to the support needs of mothers in and leaving care. In chapter seven I explored practitioners' responses to the needs of mothers in and leaving care. In this chapter, I build on these prior discussions through an exploration of the wider social, political and practice context within which mothers' experiences of their needs and practitioner's responses to these needs are located. These findings highlight that the wider context of practice, cultural expectations of motherhood, and bureaucratic parameters for throughcare and aftercare provisions, are creating conditions which contribute to a lack of clarity about how best to respond to the needs of mothers in and leaving care, and what resource this will require.

Through this discussion of the wider context within which the support needs and responses to these needs are set, I will discuss the culture of practice, the wider cultural expectations of mothers in and leaving care, and the role of the state as a corporate parent. Finally, I conclude the chapter by summarising how the current social, political and practice context impacts on how the support needs of mothers in and leaving care are responded to.

8.2. The culture of practice

In this section I explore the culture underpinning practice within children and families social work and the impact of this on professionals' responses to mothers in and leaving care. I report on themes relating to the culture of practice, multi-agency working, as well as the vulnerability practitioners experience when navigating their responses to mothers in and leaving care. In discussing these findings, I explore the relationship between the wider culture of practice and its implications on how the support needs of mothers in and leaving care are identified and responded to.

8.2.1. The culture of professional practice

In the previous chapter, I highlighted how the tensions between risk and protection impacted on responses relating to mothers in and leaving care. Expanding on this discussion, it becomes clear that within practitioners' narratives, aspects of the wider culture of practice were impacting on how they were responding to mothers in and leaving care.

Segregated systems of support

It became apparent through interviews with practitioners that there was a culture of needs assessment and referral to bespoke services in response to these needs. This led me to question, what is practice; and what are the implications of this referral-based approach to responding to the needs of mothers in and leaving care? Within referral-based approaches to responding to needs, individual needs are categorised into areas of specialism (i.e. mental health, housing, welfare). Social work services become a gatekeeper for accessing these specialist services and individuals take on the responsibility for navigating the different processes within each. This has led some to argue that with the increase of individual responsibility, the role of social work has reduced, along with the direct support offered to families (Broadhurst et al., 2010). This is where the caring dimension of social work practice is brought into question: where needs are being responded to by

multiple specialist services, who holds responsibility for the interpersonal and relational dimension of caring for and being cared for within this?

In one example a practitioner described the different supports surrounding a mother during her pregnancy and that the young person didn't necessarily experience this as supportive.

> "[…] She had her leaving care worker. She wasn't in the process of leaving care, but that worker was around to support her as well. She had her key workers at the residential unit. She had a children's rights worker in place as well. She had ongoing support from psychology services. So, there's a lot of people around for her. I suppose going forward though she was always of the view that she wasn't getting enough support. She wasn't able to identify what additional support she needed though. I mean we tried to pull that out from her, what aren't we giving you? In an ideal world, what would you have? You've got your magic wand, what would it look like? She wasn't able to identify anything more so we struggled to identify anything more for her as well." (Practitioner 02)

This example suggests that whist many supports and resources might surround a young person, this doesn't necessarily translate into the young person feeling supported. In another example a practitioner similarly listed off three professionals working to support a mother with different aspects of need, and that this practitioner was considering referring this mother on to an additional service but on reflection decided not to.

> "I was thinking about putting in another service, and then I thought to myself, you need to be careful you don't overload people as well. You don't want duplication of roles, because that's just annoying for people having to repeat everything all the time. She feels quite happy, so I was clear with her, is there anything else you need? But she was like, no, everything is going well, I'm getting on fine." (Practitioner 03)

Whilst the practitioner reflects here that the mother was happy with the level of support in place, the emphasis here is on services responding to discrete needs. Further to this, in asking the young person if there was any addition supports they needed, it implies that a particular type of support in the form of an additional 'service' is available to young people. The perspectives included in this subsection of findings suggest that the referral-based approach to responding to needs had implications for what was and was not identified as need. Where needs could be categorised and clearly referred on to a particular service practitioners appeared to take on the responsibility for identifying and engaging supports to meet this need. What is lacking in this referral-based approach is the responses to the more nebulous psychological needs of love and community. Whilst it is unclear what support the mother in the first example felt she was lacking, she was clear that the resources in place were not fully meeting her needs. This suggests that access to resources in and of itself isn't sufficient for meeting the needs of this mother and I suggest that what is perhaps lacking is the moral and practical activity of caregiving.

Managing within constrained resources

In the last section of findings, I discussed the referral-based culture surrounding practitioner responses to the needs of mothers in and leaving care and critiqued this for lacking in 'care'. Prior to this I highlighted that whilst legal recognition of care leaver and their needs was prominent with the policy landscape in Scotland this wasn't necessarily accompanied by the resources necessary to fulfil these rights. Whilst I maintain that this critique is warranted, I also recognise that there is an ongoing crisis within children's services within Scotland which is impacting on the capacity of the system to be 'caring' (McTier et al., 2023). Practitioners drew attention to the implications of the current constraints on resources and the implications of this on how practitioners respond to children, young people and families.

The volume of children, young people and families interacting with social work services meant that practitioners were having to prioritise who received their focus based on the level of risk present.

> "[…] When you're on the front line, it feels as if you're trying to bat everything away. It's a really difficult position, it really is." (Practitioner 03)

Additionally, the constraints on resources meant that there were wider systemic pressures placed on practitioners to move young people on from the children and families social work team when they turn 16.

> "When you're 16-plus you will normally move on to a different social worker. It just depends. I try and keep a hold of my young people because I know them, but after a while your boss is like, you need to pass these cases on because there's 20 million at the door needing allocated." (Practitioner 03)

I highlighted early on in this thesis (see section 2.4) the changes introduced within policy and legislation to try and address practices like these which accelerate the transitions for young people in care, however, 10 years on from the introduction of the CYPS Act 2014, the continued pressures on services at a local level mean that the aspirations of this policy and legislation has been impeded (Lough Dennell et al., 2022). Practitioners in this study described the pressure they felt from the wider system to remove young people from their caseloads.

> "The biggest change for care-experienced young people was the 2014 law that came in around continuing care and after-care. I think it's really good, because just turfing folk out of care when they're 16 or 18 is a nightmare. […] That is quite difficult within itself as a social worker because as soon as your young person is 16 you start getting harassing emails from people all about money, money, money. That's quite - I just ignore them for ages. Then they start to email you more. Then you think, what can I do to bat these people off? You're up against all these grey areas at times where I think, I'm not doing anything about that young person's placement, because they're happy and settled." (Practitioner 03)

These examples highlight a tension between the national aspirations and local realities of support for young people transitioning from care. The implications of these constraints mean that practitioners are being asked to do more with less. In one example a team manager when describing a particularly complex case, reflected on both her concern and acceptance that a newly qualified social worker was being asked to manage the case.

> "The worker is newly qualified, which is terrifying, a newly qualified worker, managing those kind of cases. But that's just the way it is now." (Practitioner 03)

This context provides further insight into the constraints that practitioners are navigating when trying to respond to the needs of mothers in and leaving care. As well as the implications for both practitioners, and their wellbeing at work, but also the resources available to respond to the needs of mothers in and leaving care. In keeping with Fraser's (2003) critique of recognition theory, one practitioner, when reflecting on the policy context relating to care leavers in Scotland, highlighted that without adequate resourcing the policy will only ever remain aspirational.

> "[…] It's almost like, yeah, we've got, we've got loads of policies we've got loads of national policies, but it's actually having the resources on the ground to be able to deliver on, on the policy em. It's about having the funding the, the, the budgets to do it, and I think that needs to come from Government. Government needs to recognize that to do everything that that that we're being asked to do or that we would like to do, you know it takes a lot of financial commitment to do that. (Practitioner 08)

The lack of funding for continuing care and youth transitioning from care, mean that local authorities are under pressure to find funding elsewhere to meet the wider national agendas set out in policy and legislation.

> "I think for the local authorities it's difficult, because they always argue they don't get the money to provide a lot of these services." (Practitioner 03)

Reflecting on a family support service that supported mothers pre and post birth, a lot of whom had themselves had social work involvement, one practitioner reflects on the sense of frustration they had about this service having its funding removed and the dispute between health and social care about who should be responsible for funding these family support services.

> "Policymakers need to think - I mean, I sat at a budget meeting with health and social work, senior managers within the team, as to why they were disbanding the support because health couldn't afford it either. So, it was very much political and it was just two managers arguing, well, we paid this for the last whatever, you know, and health had no money. So you know, it's not just local policies, it's national policies while the government, what they need to put in and spend, what's a priority. I don't - has the looked after legislation made that much of a difference? I don't think for parenting, I don't think […] (Practitioner 04)

This example reflects the relationship that exists between need, precarity, dependence, and the translation of recognition into resources. Whilst the needs of the mothers did not change or go away, wider influences, as opposed to the presence of need, determined the extent to which the local authority and health board recognised and resourced a service to meet these needs. This illustrates how mothers, and their needs, are vulnerable to the changing priorities both locally and nationally. Glynn (2021) suggests that the dependency of care leavers on support from the state positions them precariously to the changing social, political and economic context. Consequently, the distinction between system driven vulnerabilities and personal vulnerabilities becomes important when determining how to begin identifying and responding to the vulnerabilities of

mothers in and leaving care to ensure that individuals are not made personally responsible for mitigating vulnerabilities being driven by systemic factors.

8.2.2. The culture of multi-agency working

In this sub-section I look at the culture of multi-agency working within children services. It was clear that across interviews there were tensions between practitioners both within aspects of children's social work services (i.e. throughcare and children and, children and families teams) and between different agencies within children services (i.e. social work and health). This study only included practitioners working within children's social work services and this is one of the limitations of the findings presented. However, within this section I present the implications of the tensions between different service areas in relation to the culture of multi-agency working from the perspective of professionals working within children's social work services. However prior research, involving practitioners from different service areas, has highlighted the impact of lack of understanding of other service areas roles and responsibilities, alongside disparities in "funding, pay, working conditions, employment stability and esteem" on the culture and power dynamics within multi-agency working within children's services (McTier et al., 2023, p.49). Within this discussion, I illustrate the implications of the current context of multi-agency working on the perceptions of who is and is not responsible for recognising mothers in and leaving care.

> "I think as services, not just in social work but like health, police, education or whatever, are still not very good at communicating with each other, which amazes me that I remember going into uni in 2010 and being told this was an issue and we're now 10 years on and it's still an issue." (Practitioner 07)

As discussed in chapter seven there were challenges for practitioners in identifying and navigating their own roles and responsibilities when responding to the needs of mothers in and leaving care. This extended to perceptions of the roles and responsibilities of other professional groups, in particular the role and responsibilities of health practitioners whilst responding to mothers in and leaving care. Whilst there was a consensus amongst the practitioners that relationships with health have improved over time, there remained concerns about their thresholds and their willingness to hold onto cases involving mothers who were care leavers without the need to refer these into social work.

> "And, and I suppose, from my experience, would be that care-experienced young people do need that wee bit more of additional support in relation to parenting, but that doesn't need to come from social work […] that would be coming from a [local service name] midwife, I would suggest." (Practitioner 11)

Different styles and approaches to working with individuals were also observed and one practitioner shared a view that midwifery services sometimes fail to try and relate to the young person and to build the relationship with them.

> "I would say their style is actually, they're much more just – immediately delved into the really deep things as opposed to having that little bit of a chat to begin with, just a general

> catch up, how are things going? Every phone call that they maybe make has got a purpose behind it rather than just, I'm just phoning to see how you are. […]
> Just showing them that they're not a case, they're not a bit of paper […] they kind of take that stance of, baby's in assessment, I need to find out if it's the best option, is going home with you the best option or does baby need to come into care? It's not about that in terms of, I'm treating you like a person." (Practitioner 07)

Yet, this may stem from a lack of understanding of the roles, responsibilities and constraints which each professional service is navigating (McTier, 2023). Some of the professionals interviewed who were working in roles that were not either child protection or children and family's teams, felt that their assessments were not always taken as seriously within decision making spaces, with a perceived hierarchy of professionals when working around a child or young person. This was felt to be particularly challenging when a practitioner had an established relationship with a young person but felt that this held little weight in relation to decision making about the response to the needs of this young person. Whilst this hierarchy of practitioners was more prominent within practitioners' discussions about multi-agency decision making, there was one practitioner whose remarks would indicate that this hierarchy may also be present within the wider culture of practice.

Reflecting on the changes to the delivery of throughcare and aftercare supports within their local authority, one practitioner described the dynamics between qualified social workers and family support workers.

> "You see that's the difference, that's probably the difference, Emma. At that time it was another social worker. Now they don't have social workers. They're paid a grade more than a family support worker but a grade less than a social worker because they don't have that professional qualification. They tend to shy away from things whereas [colleague] was a social worker, he'd obviously worked with children and families, so he wasn't shy of things like that and him and I worked quite closely together[…]." (Practitioner 04)

This practitioner holds a negative view of support workers, arguing that because they have not received the same training as social workers, their knowledge and understanding was more limited. This practitioner goes on to share that they would be less likely to engage with support workers where she didn't feel that they had the necessary knowledge and understanding.

> "I think another thing too, Emma, is I was just going to say, if you have people that feel confident about their knowledge and understanding of children, babies, they will maybe have a view, whereas some of these throughcare aftercare workers like, one lady came from the rent office, so her experience of working with children and families is quite restricted, so I didn't really liaise with her other than if it was maybe looking for a property trying to get them sorted." (Practitioner 04)

Whilst these quotations come from only one practitioner, existing evidence suggests that these hierarchies within multi-agency spaces are prevalent. Research undertaken by McTier et al. (2023) in which practitioners working across children's services (i.e. education, health, police, third sector)

felt that their views were not regarded with the same weight as those of social work, and that there were power imbalances and attitudes of authority. Conversely, this study found that social workers felt unsupported by colleagues within other service areas and a lack of shared responsibility.

8.2.3. Professional Vulnerability

Another dimension of the wider practice culture that practitioners reflected on within interviews was their own sense of vulnerability when trying to act in the best interests of mothers and their children within the constraints and expectations of the system. In all of the interviews with practitioners, I asked them the question: 'how does it feel to hold these cases involving mothers in and leaving care'? I initially began asking this question within another project I was involved in that looked at early help for families on the edges of care and found it a useful question for bridging both the professional and personal implications of the role and responsibilities that practitioners navigate. Within this study this question garnered a range of responses, with a minority of practitioners choosing to reiterate their function as a professional. However, most of the practitioners reflected on the mix of emotions they have when working with mothers in and leaving care.

Practitioners spoke about the privilege of the work that they do and the relationships they form, particularly with young people who are not obligated to engage with their support (i.e. throughcare and aftercare services or pre-birth).

> "I actually feel it is a privilege actually, like, for a lot of our young folk now at the age that they are, it's a privilege that we're part of their life really and that they're allowing us to continue to be a part of their life." (Practitioner 07)

However, practitioners often followed this with an acknowledgement of the responsibility, and at times anxiety that comes with supporting, what are often complex cases.

> It's a big sense of responsibility. You can make big decisions about people's lives. I think that's quite daunting at times. […] Now that I'm doing a team leader job, I've got five people's cases to worry about. I've got cases that keep me awake at night and kids living with really scary risk, and you know that you can't go in and do anything about it because people have rights and there are legal processes. You almost feel like you're waiting for something to happen, and that's quite a horrible place to be. But you have to learn to manage uncertainty in this job. It's really important." (Practitioner 03)

The emotional impact of holding cases involving care experienced parents and their child(ren) was expressed by several practitioners.

> "It's actually quite, it's quite sad, at times Emma cause you can see the journey that some of these young women have been on, and for many of them it doesn't end well. It ends in permanence. And a lot of them I have previous knowledge of from they were just 12, 13, you know, really young kids and it's quite sad to think that you know they've gone through that trauma em so early on and you know they're almost perpetuating the cycle because we're not able to break that cycle for them." (Practitioner 08)

Another practitioner reflected on a specific experience of driving a mother they were supporting home after their baby had just been removed from their care, and how their human instinct took over and the emotion of the experience for the mother but also the practitioner.

> ""It's really difficult, especially when the girls are so young em you have to be obviously very reflective and very clear boundaries in your approach because nine times out of ten, well you're human, like you just want to give them a hug and it's horrible. I was at the, for the first one [case] that I spoke about I was […] [at] the discharge meeting where the baby was actually removed and I was left with her and took her home, the mum. So she was absolutely devastated, and I had, I don't think that my social work skills came into play there at all. I think it was more just human like response really cause she was just like broken. Em, but that's hard going home at night after that as and you go in and how was your day? […]" (Practitioner 14)

Practitioners also expressed a sense of loss when young people transition out of their service and practitioners don't know what the longer-term outcomes and experiences are for the young person or their child are.

> "You know, it's like you watch this little kid, their kid grow up a wee bit. But you don't get to see that all the way through, obviously, so that's quite, that's quite hard actually, some of it cause you're not gonna see that kid beyond one or beyond nine months or something like that unless they come back for something." (Practitioner 12)

The vulnerability of professionals at the direct interface of supporting mothers in and leaving care talks to the physical and emotional labour involved in caregiving. The ethics of care, highlights this labour is an often under recognised and undervalued aspect of care (Tronto, 1993). As such the ethics of care argues that we must bring the labour of caregiving from the private into the public and political sphere and in doing so fully recognise, validate and support caregivers. The findings from this study suggest that whilst professionals viewed their role in supporting mothers in and leaving care as a privilege, this also came with the emotional burden as a caregiver which the system could do better to recognise.

8.3. Cultural expectations of parents

In this section I explore the role of wider cultural expectations of young people and mothers, and the interaction of these with practitioners' perceptions of the parenting capacity of mothers in and leaving care. In Robert's (2021) exploration of supports for care experienced parents, she found that there is an expectation that mothers in and leaving care are proactive in demonstrating their parenting capacity, and as such an underpinning assumption that the parenting outcomes are within the control of mothers, negating the influence and role of the state as a corporate parent. In this study, threaded through practitioners' narratives were reflections of the expectations being placed on mothers in and leaving care, including the need to demonstrate: stability, maturity and responsibility, parenting competency, a willingness to prioritise their child and sacrifice their own wants and needs, participation in opportunities to improve their life circumstances, as well as with their wider communities.

Stability, maturity and responsibility

One practitioner reflected a more critical viewpoint of current expectation of young people, demonstrating that whilst the majority of practitioners recognised the value of extended supports for care leavers up until their 26th birthday, that whilst in the minority there is still the perspective that young people should be encouraged to transition to independence as early as possible.

> "But equally we live in a very, you know, the very fact that young people are now designated up to 26 and I saw it with my own kids. Way back in my generation. They weren't as mature. They [my kids] were much more dependent on me. Like the bank of mum can still be open when it suits them and I still want to help with that, so if you give them a bit of lesson in life, if you can't afford it, I'm not giving it you kind of thing." (Practitioner 04)

A second example of this emphasis on responsibility and independence was provided by a practitioner reflecting on their involvement in developing an education-based service that provided childcare for young parents whilst mothers remained engaged in secondary education, in her reflection the practitioner emphasised the importance of ensuring that mothers retained their parental "duties" during the school day.

> "[…] We looked at setting up a unit [name] as well so that young mothers would be able to continue their education in that unit and there would be creche facilities. So, they didn't escape all of their parental duties, they still had to spend their lunch times and their interval time and things like that with their children […]" (Practitioner 05)

This practitioner goes on to express that giving a young person too much support can negatively impact on their ability to develop and demonstrate what skills they do have to live and parent independently. Whilst the language and views of this practitioner were slightly less nuanced than that used by other practitioners interviewed, the sentiment that too much support could negatively impact on the abilities of the young person to develop the skills needed was shared by several practitioners.

> "[…] you don't want to put too much support in where you're absolutely drowning the young person and actually they're not being given the opportunity to develop their skills and be independent, or you're not putting enough in. Or you get that, 'I can do this on my own', which they should be." (Practitioner 05)

The view that mothers had to demonstrate that they were taking responsibility for their child and their needs was evident.

> "The feeling was she was taking advantage of the support too much so she can do her own thing rather than she really needed it. We tried to get the children's home to back off a bit to make her more responsible for the young one. Some of the staff were able to do that. Some of the staff weren't able to do that." (Practitioner 12)

These examples suggest that there is a cultural expectation for mothers to demonstrate that they are competent, responsible and independent before they have had the time to try, and even fail, at developing these skills.

Prioritise and sacrifice

One practitioner gave the example of the stigma that young parents sometimes experience around their behaviour and a focus on eliminating behaviours as opposed to a more realistic approach to how to engage with them in a safe and positive way.

> "[…] I suppose the kind of perception that a lot of people have is the message that you almost need to completely extinguish all these behaviours. Which I don't think it's realistic and so to me it just kind of promotes more young people, just encourages more young people to kind of hide the things that they're involved in." (Practitioner 07)

In this example the practitioner is describing an expectation that mothers will sacrifice drinking with their friends and going to parties now that they are a parent. In giving this example the practitioner reflects that in their experience these expectations of mothers often only encourage young people to hide behaviours that they may be judged harshly for.

Similarly, there was an expectation that mothers understand what to prioritise to demonstrate their parenting capacity. In the example below, the practitioner outlines her expectation that the mother would prioritise spending time with their children over letting them play on the games consol.

> "I got them new bedding and we went shopping one day. I was - she just wasn't attuned because I went back up to her house that day. The sheets are all still in the wrappers, there was no bedding on the bed. The kids all had X-Box things though. So I think they were kind of like, rather than spend time with their children, they would go and play your games or whatever." (Practitioner 04)

The overwhelm of being a mother alongside navigating these wider expectations of them as a parent was recognised by most of the practitioners as an overwhelming combination of factors for mothers to navigate.

8.3.1. Perceptions of the parenting capacity of mothers in and leaving care

Whilst practitioners reflected in their values a resounding desire to help individuals, throughout the interviews' practitioners expressed a somewhat fatalistic view of some of the mothers they were supporting. This was expressed through a lack of belief in some of the mother's capacity to change either their circumstances or behaviours, so that they would be able to parent their child(ren). As such, whilst there was an overall sense of resolve that practitioners wanted to support mothers to succeed as parents, there was a realism too that for some mothers their own experiences and circumstances would mean that their capacity to adequately meet their child(ren)s needs would be challenging. Practitioners expressed concerns that the parenting skills needed would not be innate to mothers in and leaving care in the same way that they are perceived to be for other groups of mothers.

> "As I say, some of our young people who become young mothers, particular our care leavers, are amazing parents. It's about having the understanding. What's the very basic needs our young people need to give their own children, and then we build on that." (Practitioner 05)

Whilst this lack of innate parenting experience was not necessarily viewed as being unique to young mothers who are care experienced, it is the compounding of the different adversities that care-

experienced mothers encounter alongside having children at a young age which brought into question their parenting capacity.

> "[…] a lot of it can be put down to inexperience in young mothers as well though, and then that is a risk in itself being a young mother so. Regardless of your upbringing, you know just inexperience. So, but that combined with you know this young mother had been in care almost all her life so there was concerns around whether she was going to bond, eh what the attachment was going to be like." (Practitioner 12)

Two of the practitioners described being conflicted when finding out that a young person they were working with was pregnant, and the judgments they made about the outcomes.

> "So I think for me that's the frustrating thing is that you know, you know when you hear so and so's pregnant. You think, oh God, that's not going to have a good outcome, you know." (Practitioner 08)

The practitioner below also highlights the sense of failure on the part of the state to adequately support the young person, and the responsibility they carried for this.

> "When I heard she was pregnant I cried because I knew that it is a horrendous thing and you should never prejudge anybody, and you should never have the assessment done in your head. It's just that gut feeling, I knew she would really, really struggle and that in turn would be devastating to her and that just really hurt me. That we had tried to support her, and we had tried to keep her safe and it felt like we'd failed her somehow. Then were all the imminent fears for the baby." (Practitioner 02)

As discussed in the literature review, Rutman et al. (2002) found that social workers prejudged mothers based on their middle-class values. Whilst this was not explicit within the data, there were indications that practitioners where predetermining mothers parenting capacity in relation to criteria that they may never be able to meet.

> "We do learn from our parents our values and that et cetera but if it's not been a good experience, I always say and I've said this to my mums as well, Emma, that those early years that you give your baby the nurturing, that's the foundation. If you were building a house, that's the foundation that keeps that house standing for years and years." (Practitioner 04)

Whilst this lack of belief in mothers' capacity to change may be attributed to the stigma of practitioners and their often middle class perceptions of adequate and inadequate parenting (Rutman et al., 2002), practitioners in this study expressed that they wanted to believe that mothers could change but that it was their professional experience that proved otherwise.

> "we have to believe in the capacity for people to change, especially if they're having a baby like that, you know at that period, if we, and generally what we're you know what we were saying is we wouldn't if we, If we didn't believe in your capacity to change, we wouldn't be doing it. We wouldn't be assessing, if we didn't think that you could, that there was possibility here for things to be OK." (Practitioner 17)

Professionals' perceptions of the parenting capacity of mothers in and leaving care reflect the tensions that exist within the ideas and ideals of 'good mothering' constructs. Early on in this thesis

I discussed how social constructs of good mothering 'other' mothers who do not conform to these norms (Phoenix & Woollett, 1991). Present within the professionals' discussions were the tensions between unrealistic expectations of mothers and the realities of the circumstances of mothers in and leaving care which make these 'norm' unattainable.

8.4. The state as a corporate parent

In the final part of this chapter, building on the prior discussion, I explore practitioners' perspectives of the state as a corporate parent. In Scotland the ongoing role and responsibility of the state to support, care and protect care-experienced young people into adulthood is articulated extensively within policy and legislation (see section 2.3). Yet, this articulation of the corporate parenting and aftercare responsibilities of the state and public bodies leaves interpretation of these rights and entitlements open to local authorities and corporate parents. Locating practitioners' responses to mothers in and leaving care in this policy context, I demonstrate that the lack of clarity and consistency relation to ongoing help and support for young people transitioning from care and into adulthood, calls into question the state as a 'good enough' corporate parent. This raises long-standing questions about the intention and ethics of state intervention in the lives of children and families interacting with Scotland's care and protection system.

8.4.1. Throughcare and aftercare provision

Two-thirds of the practitioners interviewed described the challenges of throughcare and aftercare provision within Scotland. Within the interviews practitioners raised the voluntary nature of engagement with throughcare and aftercare services, the 'eligibility' threshold for accessing or providing supports, and the national variability in interpretations of the legislative and policy framework and resourcing of this.

Whilst throughcare and aftercare services were positively described by the practitioners in this study, only one of the mothers chose to engage with this support on a long-term basis, with two of the mothers opting not to engage once settled in their new homes.

> "[…] when you've got leaving-care workers, they're, they're key to young people moving forward and it is obviously, as you know, it's a, it's a voluntary service so they [care leavers] don't have to engage with it […]." (Practitioner 11)

Practitioners described an overall view that most young people don't want ongoing service involvement in their lives when they leave care and as a result, there is a reluctance to engage with the supports offered by throughcare and aftercare teams.

> "It's a real skill in engaging the voluntary client part of it. If you just want to get on with your life and you're now 23-24, you've got one or two kids of your own, and actually you're doing okay and you think you're doing okay, it's difficult to keep using it." (Practitioner 05)

The guidance for corporate parents sets out the responsibility to be alert and responsive to the issues that may affect children and young people who are looked after and care leavers. However, as children and young people grow older there is a dependence on young people being aware of their rights and entitlements, and having the ability to self-identify that they have a need that they require support with, and then knowing where to go to access support with this.

> "Say because the 2014 Act came in a couple of years ago there, there'll be young people who were closed to social work at age 18. They were closed, but I don't know whether those young people would necessarily know that they could come back and ask for a service. Sometimes people move on. They just want to forget all about their time being care experienced." (Practitioner 03)

The bureaucracy of the system was reflected within the language used around the supports available, for example practitioners talked about young people as 'cases' and the need to open and close cases based on whether or not a young person is in receipt of support or not.

> "I suppose we take that view of if, as a young parent or a young person in general, if we think your welfare is well met, then aye, we're not going to be hounding you, phoning you every day we'll let you come to us kind of thing, whether we close you at 21 and then at 25, we need to re-open you for a few months because you're struggling with something. We'll do that." (Practitioner 07)

Whilst the CYPS Act 2014 sets out criteria for assessing whether a young person is eligible for Aftercare services, eligibility for different aspects of support are also based on assessed needs and eligibility. This is a form of legal recognition where care leavers' entitlements to supports are contingent on meeting criteria as opposed to need. An example of this given by practitioners was the supports given to young people who are engaged with further or higher education which were considered as less stigmatising, in part because of the positive association with continuing to engage in education, influencing young people's willingness to seek accept these supports.

> "There's loads of support through education for kinship and foster care in terms of education. I don't know that people - I think some people have a bit more pride in that. That's my experience - I'm going to take the help and support." (Practitioner 03)

Further to this, consultation around the Promise Bill added to the debate about the applicability of the use of age criteria and the use of 'care leaver' as opposed to 'care experienced' as criteria for receiving support. Within this study practitioners described the challenges of navigating the criteria for support, and in particular that the upper age limit of 26 is somewhat arbitrary and unresponsive to needs.

> "I think we've seen both sides of it. We've got young people that want the support longer than 26, and actually just this week, we've had a young person email top management saying, why should my support end at 26? I've still care experienced whether I'm 26 or 46 […] It's like, yeah, yes, you are and then there's that balance between, well, how can we still consider you under childcare legislation when you do reach 46 at the same time, and finding that balance but we've got some young folk that say, oh, no, I'm wanting rid of you at the point I turn 18." (Practitioner 07)

Kirsty and Helen, who are earlier in their transition from being looked after, talked about their decision not to have ongoing input from their throughcare and aftercare workers once they were in their new tenancies. Both mothers expressed the desire for independence and a disinclination to develop a relationship with a new professional as the reasoning for not wanting ongoing support

from throughcare and aftercare workers. Similarly, for Nicola when she was first offered support from throughcare and aftercare she had rejected this support and indicated that it wasn't until she was older (age 20), and had experienced a period of homelessness, that she then was accepting of the support. Nicola, then went on to describe how the relationship she has formed with her aftercare worker is ongoing despite her no longer being eligible for the support.

> "Yeah so I got her [aftercare worker] after, so I got her after my period of homelessness because she helped me, they helped me find a tenancy. I got offered, I remember getting offered them when we were younger but we rejected it and then eh then I got a throughcare worker when I was homeless, so my, the children and families social worker then kind of like my throughcare worker, so then they, that's been it and she's still in my life to this day." (Nicola)

For Nicola she described the loss of turning 27 and no longer being formally eligible for aftercare support from her local authority.

> "I am now 27, so I've just finished aftercare which is quite sad" (Nicola)

These examples highlight the complexity of aftercare provision being based on both voluntary engagement and eligibility criteria. Whilst the two younger mothers may initially relish the independence and not wish to establish a new relationship, the need for this support to remain available and accessible to young people is illustrated in the experiences of Nicola and was echoed by some of the practitioners.

> "I think if you ask the 16-year-olds, they're definitely like, absolutely not, no way, but once you ask them at the 24, 25 age mark, they're like, oh, no, I kind of need you in my life, what am I going to do?" (Practitioner 07)

Throughcare and aftercare practitioners echoed this complexity of both wanting to allow young people to separate themselves from services whilst also wanting to ensure that young people are aware of the ongoing supports available to them.

> "So, that set of young people tend to just want to get on with it. Okay, you've given me the resource, you've given me a house and you've given me my leaving care money and you've tapped me into benefits, but actually, I'll do my own thing from here. That's the trickier one because we don't want to walk away and just leave people on their own. But equally, if they're asking for their independence and we've assessed there's no risk, you need to let them get on with it." (Practitioner 05)

I highlighted early on in this thesis (see section 2.4) the changes introduced within policy and legislation to try and address practices like these which accelerate the transitions for young people in care, however, 10 years on from the introduction of the CYPS Act 2014, the continued pressures on services at a local level mean that the aspirations of this policy and legislation has been impeded (Lough Dennell et al., 2022). Practitioners in this study described the pressure they felt from the wider system to remove young people from their caseloads.

> "[…] a lot of the young people - what throughcare aftercare told me was that they really didn't see them […] they want social work out their hair. You see it particularly when they've

> been in the unit, they just want to - and we move them on […] So they would often find they don't want throughcare [and] aftercare. They want the money but just give me the money and go and I don't want to speak, so they tend not to have a huge support from their throughcare [and] aftercare worker." (Practitioner 04).

However, even where young people had approached services for support and met the eligibility criteria this did not always mean that they received support with their needs.

> "[…] towards the beginning of lockdown we got a referral from a 25 year old. Well not from the 25-year-old, the 25 year old had two young children who were open to children and families, […]. So she was known to the team but hadn't been heard of for several years. So the children and families worker got in touch with us saying that the mom needs support. […] I went out and I spoke to her [the mum] and she told me all her issues. Which is quite a lot of issues. And I said right, OK, I'll go and get this allocated. Or, I'll go and find out if we can get this allocated because you're still within, you're still under 26. […] then the senior said, well, she's nearly 26. I don't know if we really need to be providing a great bit of service other than a very small, time-limited piece of work. But the young person seemed to want quite a lot of work, so eventually one of the seniors went out but by that point, the young person couldn't actually define what it was she wanted anymore. So it ended up no service was provided." (Practitioner 12)

Despite no support being put in place for this young person, the practitioner recalled the types of supports that the mother was asking for, which included support with: financing driving lessons, managing historical council tax debt, navigating ongoing disputes with neighbours, and managing her medication routine for her mental health. This practitioner goes on to explain how the mother's identity as both an older care leaver and a mother meant that services were unsure who was responsible for offering her support. The practitioner outlined how both members of the throughcare and aftercare team as well as the children and families team met with the mother but ultimately no service was made available to her, highlighting how a lack of crisis and the criteria for an 'assessed' need to be identified by services acted as a barrier to this mother accessing supports.

Conversely, one practitioner gave an example where the local authority, despite the young person not being eligible for a leaving care services, provided one based on her level of need, yet the practitioner goes on to say that a change in service structure and management means that this sort of flexibility is no longer possible.

> "UM, where I've supported one of the young girls actually who had a baby, we, um, she got a full through care service with [local authority] and she had went home prior to being 16, but she got the full entitlement. emm because the manager at the time assessed things very much on need rather than entitlement but I think we're losing that I think that's gonna go now [that service is changing], they're much more focused on entitlement." (Practitioner 15)

These examples demonstrate that even where policy is in place, recognising the benefits of a young person remaining in their care placement or having access to ongoing support does not always result in these needs being met.

> "We also take that effort of, if we have closed a young person or we've got somebody that is reluctant to engage with services, as I say, we'll not hound them but we'll maybe send you a Christmas card every year or still send you a birthday card just as, like, we're showing you that we're still keeping in touch but it's up to you if you want to touch base with us." (Practitioner 07)

One practitioner described how their practice had changed in response to the Covid 19 pandemic and described how their local authority began to reach out to care leavers to check-in on them.

> "[…] I think previously there was more just a people had to opt in to get a service, they had to call you or text you or email you and say I need help with but you know since covid last year we've sort of changed that model and you know […] every sort of month or every few months or every week em and we we are starting the contact so it's maybe just a text you know saying hi how are you em but we're instigating that rather than waiting on them coming to us em because I suppose we've kind of adopted the view of you know if that was your own child you wouldnae just wait for them to phone you, you would send a wee message and say how are you doing or so we've kinda changed our model." (Practitioner 16)

However, this practitioner goes on to describe how this was negatively received by some of the young people in the local authority.

> "[…] people are kept on someone's case load if you like but I don't know that necessarily that that's what the young person wants I don't know if they understand that there name and details appear on a system allocated to a named worker I think we have had some young people saying I don't want you to phone me every month and I don't want you to be keeping checking in on me and I don't want to be open on your system and so I think there's still needs to be a right to choice in that as long as it's an informed choice em and and sometimes I think there is a view from some people in [local authority] where they would say again if that was your own child and they said don't phone me would you not phone them and I suppose there is that bit, there is a bit of a conflict where the expectation is now that every young person is kept as an open case until they are 26." (Practitioner 16)

This practitioner, having just moved to a new local authority, reflected on the fear surrounding having higher case load of young people eligible for a leaving care service due to the increase in the number of children in kinship care.

> "[…] where they've maybe had maybe 25 cases they've now got 35 to 40 cases and a lot of those are care experienced young people that don't really need a huge amount of input but they maybe get their texts or emails every so often so it's no, you know maybe they're texting once a month or once every two months or whatever it, it's no a huge amount of work but there's a general fear in the practitioners I think of what if we miss somebody what if we don't check in with somebody and something has happened and we don't know, just because their name is on a system there's almost that anxiety if we're responsible for them em so I, I, when you look at a caseload of 35 your anxiety is probably much more than when it was at 25." (Practitioner 16)

Unlike with children and families social workers, non-engagement with throughcare and aftercare services ultimately can result in a young person being removed from their allocated workers caseload.

> "Again, this young person won't let us near her. [She says] I don't want throughcare and after involved and again we could have maybe helped a bit more, but I think she's also, the mental health issues. She took an overdose six weeks ago or something and ended up in the hospital while her baby was in care, in the care of paternal grandmother and dad so she didn't do it when she had care of the baby, yeah she's got depression, she's on mental health medication now em, still doesn't want anything to do wi us, so we're going to go around and try and do a pathway, she won't come to meetings and she won't answer the phone and I'm going to close her case. I'll leave her open to a support worker. Again, the support worker em can't get hardly in about, and there's the same support worker she had in the children's home." (Practitioner 12).

Linked to the above, practitioners also spoke about not wanting to create a dependency on supports. Throughcare and aftercare services were viewed as a key aspect of support for young people, and particularly for recognising and meeting the needs of mothers in and leaving care in the context of services navigating the rights and entitlements of both mothers and their child(ren). Yet, there were mixed views on the ongoing role of services in the lives of young people and a discomfort with the idea of balancing the ongoing need for support with concerns about young people becoming dependent on supports.

> "Actually social workers are always about empowering people. We should only be with people for a short periods of their life, not long periods of their life. It's that support vs dependency part isn't it? Equally so, we don't want everybody to see us as an enemy. We want to be there to say, if you need support, we're here." (Practitioner 05)

This aligns with the independence vs interdependence debates within the transitions from care literature. Whereby those who support the belief that young people should be supported to transition to interdependence view dependency on supports as a more realistic approach to supporting young people successfully transition from care (Storø, 2018). The practitioner above goes on to question the role of throughcare and aftercare supports and whilst they did not advocate for young people to transition to independence, they did pose the question of whether or not the existing approach to supporting young people from leaving care was enabling them to transition into adulthood and without the involvement of services.

> "It comes back to […] seeing them as an adult in their own life now, seeing them as their own agent. Do we need to stop seeing them as care leavers? Do we need to stop seeing them as care experience and see them as a parent, an adult they're becoming? Actually, are they any different from anybody else who comes to you really and asks for support, other than the fact that we have vast details sometimes on their background?" (Practitioner 05)

However, other practitioners were clear that there was an ongoing role for services to provide support to young people.

> "So whatever you think would be realistic that children would get from their families, then that continues from the state."

Variability in throughcare and after care

This particular practitioner, having worked in local authorities who do and do not have a dedicated throughcare and aftercare team, highlighted the variability they observed in the service this created for young people living within different local authorities.

> "I've only worked in the one through care team, but when I worked in [local authority] it was different so there was a standalone through care team. UM, we, so we worked with the young people up to they were 18 'cause if there were statutory orders in place and then it transferred over to the through care team […] so we would have the 17 - 18 year olds and if you had an appointment set up to go and see like one of your kinda older kids and a child protection investigation came in and the manager will come through, who's got space, and you would guarantee it would be the person that was going to see the 17-18 year old that, well you need to cancel that you need to go and see the CP em and cancelling on them is just letting them down again so you're no givin them, I don't think they'll get the same standard of support and service." (Practitioner 15)

Other practitioners made reference to the prioritisation of child protection cases over other cases where there is no dedicated through care and aftercare service to provide this.

> "the the difficulty being if you've maybe got a 20 year old phoning in for some financial assistance and you've got a three year old that there is a child protection concern for the three year old is gonna take priority and the 20 year old is going to have to wait and actually might then end up in crisis because they've no got their financial assistance or whatever but if they were maybe going to their own team of support they wouldn't be dealing with the three year old that was in crisis so they would get that support at the time they needed it." (Practitioner 16)

These debates between whether a specialised service or a centralised service which maintains the relationship that young people have with their social worker in care and beyond has been debated for decades (McGhee et al., 2014; Stein, 2012). These debates have highlighted the advantages and disadvantages associated with both delivery models. Without a consistent approach in Scotland, local authorities can use this flexibility to adapt the provision depending on the resources available. However, this creates inequity in the supports available based on the local authority within which young people reside. Similarly, workforce changes often mean that young people's relationships within individual practitioners can end up being disrupted regardless.

8.4.2. The state as a 'good enough' corporate parent

The African proverb 'it takes a village to raise a child' has become a colloquial phrase shared across cultures to acknowledge and assert that for children to develop and thrive it takes the resolve of communities of people, not just parents. Whilst for many the proverb is passed on to expecting and new parents as a reminder that they are not alone, for those parents who are in and leaving care, whose village may be interwoven with the boundaries of professionalism, responsibilities, systemic pressures and expectations, it calls into question is the state a 'good enough' corporate parent? The

findings presented in Chapter 5 and Chapter 6 of this thesis highlighted the importance of networks of support in enabling parents to thrive as individuals and to meet the needs of their child(ren). Winnicott (1957) first introduced the concept of the 'good enough' parent in the 1950's. Building on this concept Winnicott developed the concept of 'holding environments', the idea that the mother provides a holding environment for meeting their child(ren)'s fundamental needs for healthy childhood development, and in turn, a holding environment comprised of family, community, and society is necessary to enable her to hold her baby. Thus, laying down the foundations for healthy childhood development fall not only to the mother but to the wider family and society. Knowing that healthy childhood development stems from the 'holding' of one another, it is perhaps no surprise that throughout this study, the lack of networks of support experienced by many care leavers was viewed as a need and risk; as well as a focus and gap within services and supports. The introduction of additional supports for young people leaving care in Scotland was the basis from which this thesis was developed and has led to this final theme of the data gathered, is the state a 'good enough' corporate parent?

Comparing and contrasting

In half of the interviews with professionals, participants shared reflections from their own experiences of becoming parents or supporting family members to care for their chid(ren). In their reflections, professionals shared examples from their own lives where they had needed help and support or where they had made mistakes as parents – where they themselves needed the empathy and 'holding'. In sharing these examples, they acknowledged the inequity that care experienced mothers may experience as a result of the contradictions in the responses to their needs and the cultural expectations of them as parents.

> "um. So I suppose seeing our role is almost just kind of the ethos is we almost try and see ourselves as an extended family support to young people […] but then I suppose the issue right, if there's a duty of care situations, and there's that obligation to share information which, I suppose a young person if it was say a biological family member, they would probably not necessarily feel that their family member was kind of obliged to share certain information." (Practitioner 06)

Professionals repeatedly highlighted that all parents need support, and queried an implied systemic assumption that care-experienced parents wouldn't or shouldn't need support.

> "I mean, I don't know any mums that don't need that level of family support, you know, it was very difficult to do it without some kind of family support em or you know […] You know, even mums that haven't been through some of the things that care experienced young people have been through." (Practitioner 17)

Other professionals reflected on how their practice had changed since becoming a mother themselves and the empathy and understanding that this had given them.

> "I think personally just my own sort of personal experience. I have had a lot more empathy for, for mums since I became a parent. I think in the early days I, it was almost like well this is what the textbook says parenting is but I have become a parent and you sort of know the demands, the physical demands, the mental demands and I think of all the supports and

> resources I use round about me to navigate parenthood. I have a lot more empathy for, for people that don't have those supports and, how do you do that without those supports." (Practitioner 16)

That unrelatability of having to parent without a wider network of support was reflected in several professionals' reflections of their own experiences of becoming a parent and how this contrasted with the experiences of the women they have supported. These reflections of their own personal experiences throughout the interviews provided insight into the internal conflict that some practitioners experienced when their professional values and the realities of the support they could provide within their practice with mothers were not in alignment.

> "we can only ever really be the corporate parent. We're not going to be involved for that. You know that that child's whole life and and, but but absolutely, I mean, I really feel we have a, there's a responsibility for us to, to provide for and make sure that that they that they have, that that the baby has, you know the baby has the best chance to be with their parent em in spite of what their parents, what adversities they might have experienced and and you know, being in and out of care, but…" (Practitioner 17)

When considering the question, is the state a 'good enough' parent, the reflections of practitioners would suggest that the wider context of practice is making it challenging to adequately meet the needs of mothers in and leaving care. Across the three findings chapters, themes relating to the lack of resources to support practice have been discussed as challenges and barriers to the system responding effectively to meet the needs of mothers in and leaving care. In particular, the lack of and or complexity of the informal supports that many young people leaving care experience is indicative of one of the key areas in which the state fails as a corporate parent to ensure that when young people leave care have access to ongoing and supportive relationships and supports into adulthood.

8.5. Summary

In this chapter, building on the prior two chapters, the findings discussed the wider context influencing practitioner responses to mothers in and leaving care. Within this discussion I draw attention to the culture of practice shaping responses to mothers in and leaving care, highlighting that the current context of practice, which prioritises expert specialist knowledge, has resulted in the needs of mothers in and leaving care being responded to through segregated systems of support. This systemic approach to managing and responding to need reflects the responsibilisation concept outlined within a risk society, whereby individuals are responsible for engaging with and navigating different systems of supports, essentially taking on the responsibility for having their needs met. The implications of this for mothers in and leaving care are that whilst significant resources may have been allocated to meeting their needs, this was not necessarily experienced as supportive.

In chapter 6, I argue that this study has reiterated the view that recognition without resources is insufficient. In this chapter I go further to suggest that recognition without resources and the labour of caregiving is insufficient for meeting the needs of mothers in and leaving care. This is not to say that the professionals participating in this study did not care for the mothers they supported, but rather that the context within which they reported working, with constrained resources, and

conflicting roles and responsibilities, meant that their ability to participate in the acts of caregiving as both a practical and moral activity were constrained. The findings demonstrated the implications these constraints had on the experiences of professionals and their own sense of vulnerability when supporting mothers in and leaving care. The ethics of care recognises the needs of caregivers as central to care as a moral activity and as such the vulnerability expressed by practitioners within this study add further emphasis to the opportunity that a reorientation towards an ethics of care presents in relation to meeting the needs of both mothers and the professionals supporting them.

In this chapter the findings also brought attention to the wider societal and professional expectations of mothers and negative views of their parenting capacity, highlighting the subconscious bias that practitioners hold in relation to the parenting capacity of mothers in and leaving care. The concept of 'good mothering' came through within both practitioner and mothers' narratives. In this chapter, I report on findings relating to professional's perceptions of the parenting capacity of mother in and leaving care. Prior research has shown that professionals can hold a subconscious bias towards the parenting capacity of mothers in and leaving care (Purtell et al., 2021; Rutman et al., 2002). This raises the questions of whether mothers in and leaving care are being judged fairly against a realistic idea of motherhood and the implications of this on the cultural expectations of mothers in and leaving care. The findings presented in this chapter indicate that whilst some practitioners indicated a subconscious bias relating to the expectations placed on mothers in and leaving care, professionals were also vocal about the unrealistic expectations being placed on mothers. Nevertheless, the fact that mothers in and leaving care are more likely to be engaging with services positions them as outwith the social norms of a 'good mother', as such by the very nature of been looked after, mothers in and leaving care are positioned outwith the social norms of the 'good mother' regardless of their parenting.

Comparatively, far less consideration has been given to the effectiveness of the state as a 'good enough' corporate parent. The findings presented in this study highlight that whilst mothers in and leaving care may be eligible for aftercare supports as care leavers, this does not necessitate that they will be provided with supports. The eligibility-based approach to aftercare in Scotland, highlights a significant discord between the policy ambitions and the realities experienced by care leavers in Scotland. In this chapter, I present findings which indicate that criteria and resources are driving responses to mothers in and leaving care, not need. Consequently, eligibility based throughcare and aftercare provision without adequate resources, is not guaranteed to translate into supports which begin to address the inequalities mothers in and leaving care face. Furthermore, the emphasis on voluntary nature with aftercare services, whilst enabling care leavers the autonomy to choose whether or not they wish to have ongoing input from services as care leavers, places the onus of responsibility onto care leavers to recognised if they have a need they require support with, know that they are eligible for support from their local authority, and then to seek out this support. The findings presented within this chapter add further weight to the argument that the discourse around the support needs of parents in and leaving care places disproportionate emphasis on individual explanations and in doing so negates the role of the state in both producing these needs and responding to them (Roberts, 2021).

Overall, the findings presented in this chapter suggest that the wider social, political and practice context is negatively impacting on how the support needs of mothers in and leaving care are both

recognised and responded to. In the next chapter, concluding chapter of this thesis, I bring together the findings presented in chapters six, seven and eight to discussion the contribution this study makes to knowledge relating to mothers in and leaving care and answer the research questions set out at the outset of this thesis.

Chapter 9: Discussion and conclusion

9.1. Overview of the chapter

At the outset of this thesis, on the back of the CYPS Act 2014 coming into law, I discussed how I became curious about the extent to which young women in and leaving care were receiving an equitable opportunity to successfully parent. This curiosity about equity became the overarching aim of this thesis and guided this research study. In this final chapter, I explore this issue of equity, however, I argue that the findings I have made also address a slightly different question: what is getting in the way of mothers in and leaving care having equitable opportunity to successfully parent?

This chapter begins by bringing together the findings presented in chapters six, seven and eight to discuss their original contribution to our understanding of responses to mothers in and leaving care and, more broadly, our understanding of youth transitions from care. I argue that the use of recognition theory and an ethics of care framework brings into clearer view the structural and political dimensions within which practitioners' responses to the needs of mothers in and leaving care are recognised and responded to. In doing so, I demonstrate that whilst professionals may be doing their best to meet the needs of mothers in and leaving care, this is often lacking in dependability and care. These limitations are shaped by the above-mentioned structural and political factors and, in turn, shape mothers' ability to successfully parent. Following this discussion, I return to the research aim and questions, highlighting how the findings help answer these and discuss the implications for research, policy and practice. I then discuss the limitations.

9.2. Contribution to knowledge

As discussed above, this thesis set out to make a unique contribution to knowledge relating to mothers in and leaving care. In this section I bring together the theoretical framework, discussed in chapter four, with the research findings presented in chapters six, seven and eight to provide deeper analysis and understanding of factors which shape professional responses to mothers in and leaving care who are pregnant or parenting. In doing so I outline the empirical, theoretical and methodological contributions this study makes to knowledge.

9.2.1. Empirical and theoretical contributions

Being a mother in and leaving care within a risk society

The concepts of risk, risk management, and risk prevention have become synonymous with social work systems and practice. In Chapter four, I outlined the concept of the risk society and the shift towards increased individualism, responsibilisation and risk management. The concept of risk was threaded throughout the existing literature with particular emphasis in relation to, risk of pregnancy, risk in pregnancy and the risk to the children of care experienced mothers. What transpired from the findings I presented was the relationship between the risk society and how the system viewed the support needs of mothers in and leaving care and subsequently responded to these. For example, in chapter six, I demonstrated how the reliance on professional support was viewed as a risk for the child, exacerbating the precarity of care-experienced mothers (Glynn & Mayock, 2021). Likewise, in chapter eight, I discussed how the young women's status as a care leaver meant that they were often viewed from a risk-based lens, increasing the likelihood of

misrecognition (Glynn, 2021). Giddens (1990) proposes that the abstract systems of risk within modern society, through their focus on the management of risk, generate and redistribute risk within society. The findings presented in this study thus highlight that mothers' dependence of formal supports and practitioners' assessment and referral practices contributed to increased risk relating to mothers in and leaving care. Consequently, the focus and management of risks surrounding mothers in and leaving care are demonstrating the generative nature of systems of risk whereby mothers' own care experience, which is the systems' response to their need for care and protection, becomes a source of concern and perceived risk relating to their parenting capacity. Whilst the need to care for and protect children is indisputable, if the consequences of this care and protection from risk lead to additional risks for young people when they themselves choose to become parents, this practice example of mothers in and leaving care exemplifies Giddens' theory that systems of risk, and their focus on risk management, work to generate new risk.

A further example of how the management of risk becomes central to the function of social structures relates to the theme discussed within the findings that indicated that mothers needed to demonstrate 'just enough' engagement with services and supports so as not to raise concerns. Mothers' dependence on services risked being perceived by practitioners as indicating an overreliance on supports and a lack of demonstration of individual capacity and responsibility for parenting. Conversely, if mothers chose not to engage with practitioners, even where there were no specific concerns for their child, this was discussed as of concern to practitioners as it prevented them from gathering more insight into the circumstances of the family. Underpinning both of these positions is the prevention of practitioners from being able to observe and subsequently manage the risk present. The implications of this need for mothers to demonstrate just enough engagement is the assumption that this is inherently explicit. Where mothers are not able to take on the personal responsibility of navigating just enough engagement with services, they find themselves at risk of being perceived as riskier. This illustrates how risk is not solely situated within the personal lives of mothers and children, but rather through their somewhat unavoidable interactions with the systems of risk and risk management that mothers in and leaving care are expected to understand and navigate.

As discussed in chapter eight, the shift towards emphasis on the 'expert' practitioner who manages and pre-empts potential risk positions practitioners as vulnerable too. Associated with Giddens (1991) risk society is the responsibilisation of individuals to manage risk; for practitioners, as agents of the state, they are therefore positioned as responsible for managing risk within their caseloads. Consequently, this places additional emphasis on risk adverse practices, for fear of being held personally responsible for potential future failures of risk management. This further demonstrates how the individual responsibilisation for risk management contributes to the generation of new risks – the risk of getting it wrong. Across all three findings chapters I demonstrated practitioners' awareness of the constraint on resources and the tensions between aspirational national policy agendas and the realities of front-line practice and the implications of these contextual factors on how they were responding to mothers in and leaving care. However, the shift from the collective to the individual within modernity means that whilst these factors are undoubtedly contributing to the vulnerability of both mothers and practitioners, little is done to address these with focus remaining on individual responsibilisation.

The misrecognition of mothers in and leaving care

From the outset of this thesis I highlighted how the existing evidence has demonstrated that mothers in and leaving care have been marginalised, 'othered' and characterised in relation to increased risk, vulnerability and subsequently state intervention in the lives of their child(ren). In discussing the policy agenda in Scotland I highlighted the extension to the entitlements of mothers in and leaving care recognising their need for ongoing supports and services to help them transition from care in a more gradual and supported way. Yet the findings discussed in this study echo Fraser's (2000) acknowledgement that recognition alone is insufficient for alleviating the social injustice of misrecognition, and that resources are needed to address the inequalities contributing to the misrecognition of individuals. Across the finding chapters I discussed how the current constraints on practice were preventing the realisation of the aspirations for care leavers set out in policy and legislation. Consequently, the misrecognition of mothers in and leaving care, along with insufficient resources, came at the expense of the aspirations of mothers. Whilst mothers spoke of wanting to provide a stable and loving family life for their child, and in many respects were achieving this, the wider challenges of meeting their basic and psychological needs posed continuous obstacles to be overcome – so much so that practitioners struggled to maintain optimism for this aspiration.

The basic and psychological needs of mothers in and leaving care identified in this study were reflective of those identified within the wider literature. Yet what was apparent within the practitioners' responses to these was the focus on, and use of, resources on recognising the basic needs of mothers in and leaving care, of which they are legally entitled to. This emphasis on entitlement and criteria-based support suggested that whilst mothers were recognised in terms of their basic needs and entitlements as care leavers (i.e. rights), this was to the detriment of their wider needs for love and solidarity (Honneth, 1995). Consequently, the systems approach to responding to mothers in and leaving care often prioritised recognition of one aspect of mothers' identities above and beyond that of other aspects of their identities. For example, where mothers were seeking help and support with housing or finances, recognition of their care experience was at the forefront of practitioner responses. Likewise, when mothers were engaging with services related to their pregnancy or parenting, recognition of their care experience was emphasised over their identity and associated needs as mothers. Alternatively, as parents, practitioners' responses prioritised recognising mothers as parents over seeing them as young people. This recognition of one aspect of mothers' identities over and above that of another aspect of their identities resulted in what might be viewed as a juxtaposition between recognition and misrecognition, whereby some aspects of mothers' identity and relation to the social world is being recognised whilst another aspect is simultaneously being misrecognised. Ultimately, mothers in and leaving care, regardless of how the system fragments their identity in order to manage and respond to their needs, are whole, complex and multifaceted human beings who are more than one thing at any one time. An example of this within the findings was the view by some practitioners that mothers need time and space to be young people, to develop their own individual identities, away from their child(ren), yet this was not frequently prioritised in professional responses. This speaks to the need for recognition which is not only entitlement based (legal) but also recognition through our interpersonal relationships (i.e. having the support of immediate family to enable space away from parenting) and recognition from wider society (i.e. acceptance within cultural expectations that mothers are also individuals who

belong in society). It was these two latter aspects of recognition which were lacking for mothers in and leaving care and consequentially contributed to their marginalisation in relation to their support needs.

An ethics of care for youth transitions from care

The findings chapters also reflect something missing from a system that purports to care. Expanding on the idea that care is both a practice and a disposition, Tronto argues that the practice of care is more than a relationship, that care is the "physical and mental work of taking care of, cleaning up after, and maintaining bodies"(2013, p. 2). She identifies a moral boundary between the private and public domains in western societies, with care being firmly located in the former. The transition of care from the private to the public domain in many areas of society has necessitated regulation of care practices, yet care continues to be individualised and marginalised within society (Tronto, 2013). Tronto makes visible the marginalisation of those who directly give and require public care. She argues for the reconceptualising of politics so that care, and the responsibility of care, is positioned at the centre of democratic society. Within this study, care was positioned as both a private and public matter. In chapter seven I discussed the public nature of responses to the material needs of mothers in and leaving care. Practitioners similarly positioned relationships built on trust and transparency as central to engaging with mothers in and leaving care. However, as stated above, the practice of care-giving, whilst relational, also requires physical and mental labour, and these physical acts of care-giving were somewhat missing from practitioners' responses to mothers in and leaving care. In some respects, this may reflect the fragmentation of care identified by Tronto's (1993) four elements of care. For example, in chapter seven I discuss the practice dilemma that practitioners described when balancing the rights of mothers with those of their children, particularly where there are concerns about their parenting. This practice dilemma prioritised a rights approach, in which the child's right to be protected from risk trumped the mother's right to support with caring for their child. Rather than understanding the dilemma in terms of competing rights, a care ethics approach sees responsibilities, sometimes in tension, but embedded within relationships and other contextual factors (Gilligan, 1982; Noddings, 1984). Such a perspective offers more space considering mothers' and children's needs as intertwined, potentially leading to more effective support.

Moreover, I suggest that in prioritising rights, care, the physical and mental act of caregiving, is marginalised. This marginalisation of care within the dynamic of being a care experienced parent blurs the boundaries between the public and private, with the state taking on the care of children at risk of harm whilst simultaneously positioning the care of these children, when they grow up to be mothers in and leaving care, within the private. I suggest that there is scope for the state to take on responsibility for not just preserving the rights and wellbeing of mothers and their children but also to care for them long term, in a dependable way.

Adding weight to the argument for a more dependable and caring response to mothers in and leaving care in chapter seven and eight, I discussed the variable, segregated and risk-based nature of responses to the support needs of mothers. In chapter three I outlined the existing evidence relating to mothers in and leaving care and the accepted view that mothers in and leaving care are positioned as more vulnerable to poorer outcomes for themselves and their children. This widely accepted understanding that care experienced mothers may need additional support and services

to navigate the challenges of motherhood, that any parent can experience, but can be made more acute as a result of having been in care, provides sufficient justification for providing a more dependable and caring response to mothers in and leaving care. However, despite vulnerability being a core human experience (Engster, 2019), within practitioners' responses to mothers in and leaving care the vulnerability of being a mother in and leaving care impacted on practitioners' perceptions of their parenting capacity as discussed in chapter eight. Further to this, mothers' need for care, and not just resources to meet their basic needs, was perceived as a vulnerability and risk, not an inherent human need. Therefore, whilst legislation and policy set out ambitions for care leavers to have support and gradual transitions to interdependence, in reality this entitlement overlooks the relational and human need for both recognition and care. It may be that the marginalisation of care is the exerting force behind the lack of recognition for love, something which recent social policy in Scotland is aiming to correct, but without adequate resources, will simply reinforce.

9.2.2. Methodological contributions

In designing this study, I applied a critical framework to understanding responses to mothers in and leaving care to bring new insights into the debates about individual agency and the role of social structures when seeking to understand youth transitions from care. As can be seen across the finding's chapters and in the discussion above, this approach provided a bridge between the individual experiences of help and support, and wider structural factors shaping the help and support given to them as mothers in and leaving care. In doing so I have sought to reposition the discussion of experiences, outcomes and supports within the context of the wider social, political and cultural context they are located in. Thus, applying a critical framework this study has added to the existing knowledge base, by seeking to understand the wider contexts within which the needs and responses to these needs for mothers in and leaving care are located.

In chapter four I brought attention to need for more theory-informed research on youth transitions from care. This study has contributed to addressing the lack of theory within literature on youth transitions from care by bringing together recognition theory and an ethics of care to provide a theoretical framework for understanding professional responses to mothers in and leaving care. In bringing together these two theoretical lenses, this study not only contributes to enhancing our explanatory understanding of the experiences of youth transitions but also addresses a gap in our understanding of structural factors informing the individual experiences and outcomes within youth transitions from care.

In designing this research study, I was critical of the existing literature for its framing of mothers' experiences in relation to risks and vulnerabilities. As discussed in the methodology chapter, I therefore sought to foreground my understanding of professional responses by understanding how these responses are experienced by mothers. In adopting a sequential design for this study, I was able to engage initially with mothers' experiences of becoming and being parents, their support needs, and their experiences of receiving help and support with these needs. I then used these interviews to inform the direction of the study and the interview guide for professionals, allowing me to contextualise both mothers' experiences of help and support and practitioners' approaches to responding to mothers in and leaving care. It is this focus on the relationship between the individuals' experience and the systemic response, with attention to the context of this relationship,

that this study contributes to the existing methodological approaches to understanding of the literature on parents in and leaving care.

9.3. Answering the research questions

At the outset of this thesis, I set out the research aim and questions guiding this study. The aim of this study was to explore the extent to which young women in and leaving care receive an equitable opportunity to successfully parent. To achieve this aim, this study set out to answer the following research questions:

1. What are the support needs of mothers in and leaving care in pregnancy and in parenthood?
2. How do professionals currently respond to and support mothers in and leaving care in pregnancy and in parenthood?
3. What are the social, cultural and political contexts within which professionals are responding to mothers in and leaving care in pregnancy and in parenthood?
4. How does learning from this study contribute to research, policy and practice?

In the following sections, I directly respond to the research questions, demonstrating the ways in which they have been addressed.

9.3.1. Research question 1: What are the support needs of mothers in and leaving care in pregnancy and in parenthood?

Whilst existing evidence has attended to the factors contributing to better and worse outcomes for mothers in and leaving care, this study sought to understand these factors through the lens of support needs.

- Echoing the existing evidence, this study highlighted that whilst many of the material and psychological needs of mothers in and leaving care are similar to those of any young parent, the experience of being in or leaving care means that mothers are likely to require supports provided formally. As such this study argues that the support needs of mothers in and leaving care need to be understood in relation to the wider social context informing these structural responses to need.
- The findings highlighted the uncertainty that many of the mother's experience relating to both their material and psychological needs, with insecure housing and complex family relationships being two prominent sources of uncertainty.
- The dependency of mothers on formal systems of support to meet informal support needs speaks directly to the inequality that mothers in and leaving care experience in relation to their support needs. Recognition theory would argue that this dependency on the formal systems of support positions and maintains mothers as vulnerable to the changeable social, economic and political context. Consequently, there is a need to consider the extent to which the system is driving and maintaining mothers as vulnerable through failing to respond to their support needs in a dependable way.

9.3.2. Research questions 2: How do professionals currently respond to and support mothers in and leaving care in pregnancy and in parenthood?

Within a critical framework this study sought to understand how practitioners were responding to the support needs of mothers in and leaving care within their professional role. The critical framework provided a guide for considering the relationship between structure and agency within practitioner responses in pursuit of understanding the structural mechanisms which were underpinning the agency of practitioners. Consequently, the findings suggest that:

- Responses are directed more at meeting the material needs of mothers rather than (and at the detriment of) their psychological needs.
- Whilst practitioners emphasised the importance of relationships these came with professional boundaries and processes, and the need to 'assess and intervene'.
- There is a practice dilemma that exists between care and protection and as a result focus is drawn to rights (whose rights take priority) and away from need and wellbeing.
- Outcomes for mothers can be challenging to sustain and so this suggests that the time limited responses might be insufficient and that support might be needed for longer to prioritise keeping mothers and children together.

9.3.3. Research question 3: What are the social, cultural and political contexts within which professionals are responding to mothers in and leaving care in pregnancy and in parenthood?

Locating professional responses to mothers in and leaving care within their wider social, cultural and political context has allowed this study to move beyond a descriptive account of these responses, to consider the explanatory mechanisms shaping these responses. My findings suggest that:

- The wider context of practice means that practitioners' responses are being shaped by siloed and 'expert/specialist' support services, which not only disaggregate the individual into aspects of need but also places responsibility on the individual to navigate the different expectations of these supports. This shift towards individualised responsibility moves responsibility away from the state and positions the risk associated with unmet needs with mothers and the practitioners directly responding to these.
- The constraints on resources within child and family services means that the policy ambitions for children, young people and families are not being realised. These constraints are impacting not only on the practical resources available to practitioners but also the time needed to build and maintain relationships and holistically address mothers' support needs.
- Subconscious stigma, based on prior experiences, meant that practitioners have a negative bias relating to their perceptions of mothers' parenting capacity, this acts as a form of 'othering' mothers.
- The voluntary and variable nature of throughcare and aftercare, whilst it enables young people to live their lives outside of social structures, also has implications for the accountability of the state to recognise and respond to the needs of care leavers into adulthood. Further to this, where after care services are provided in response to an eligible and assessed need, reinforcing the perception that children and family services are responsive to issues of concern rather than through acts of care.

9.3.4. Research question 4: How does learning from this study contribute to research, policy and practice?

Within this section I respond to research questions 4, beginning with this study's contribution to research, policy and practice in succession.

Implications and recommendations for future research

The findings presented within this thesis raise several questions which warrant further enquiry. As such there are a number of considerations for future research:

- The experiences of mothers and practitioners presented within this thesis whilst valuable and informative in their own right, represent a relatively homogenous demographic. The challenges I encountered with recruiting mothers for this study are not unique. Children and young people in Scotland, through the Independent Care Review (2020) have asked professionals across all aspects of the system to move beyond discussions of outcomes in order to engage more meaningfully and actively with children and young people's experiences of care. Whilst this study's aspirations in this regard were not met, I continue to advocate for future research which positions the experiences of children and young people with care experience at the forefront. Likewise future research, which attends to the diversity of knowledge and experiences across practitioners is needed.
- Whilst this study focused on the responses to mothers in and leaving care where the state and corporate parents have an ongoing responsibility to assess and where deemed necessary respond to their needs up until their 26th birthday, further research into the evolving support needs of mothers beyond age 26, as their children age would be beneficial for understanding the longer term support needs of care experienced mothers beyond the early years.
- Whilst this study has focused on professional responses to mothers in and leaving care, there is a need to understand how practitioners are recognising, responding to and caring for fathers in and leaving care too.
- This study identified that mothers' level of engagement with supports could position them as 'risky' and consequently the need for mothers to engage with supports and services 'just enough'. Implied within this is that there is an appropriate and inappropriate level of dependence on supports. Yet, all mothers will require both informal and formal supports with parenting. Within the theoretical framework I outlined the potential for this study to add to our understanding of the dependability of the state in supporting mothers in and leaving care. Given the broader implications of discussions around dependence and dependability for services and those engaging with them, further enquiry into the dependability of services for youth transitioning from care is warranted.

Implications and recommendations for policy

At the outset of this thesis, I set out the policy landscape relevant to the focus on mothers in and leaving care, highlighting that over the last decade there have been substantial developments in the rights and entitlements for care leavers in Scotland. Ongoing work as part of the Promise (The Independent Care Review, 2020) is considering the wider implications and potential resolutions to

these. However, recent research has highlighted the "cluttered" policy landscape relating to children's services in Scotland and the challenges this poses for local authorities and practitioners navigating and implementing this (McTier et al., 2023). The recommendations for policy based on the findings of this study reflect the opportunity and challenges within the existing landscape.

The following implications and recommendations for policy are made:

- I add to the calls from other academics (Roberts, 2021) for national longitudinal data which tells us how many care leavers experience pregnancy and parenthood in their transitions from care.
- In addition, whilst outcome data for both mothers and their children would also add to this overall national picture, additional indicators which speak to the trajectories of mothers in and leaving care would be beneficial. Without such knowledge we remain unclear about the extent of the need and the level of resourcing needed to support this population of care leavers. Secondly, there is sufficient evidence that the children of care experienced parents are disproportionately represented within recurrent care proceedings and permanence planning. These figures talk directly to the effectiveness of the state as corporate parent, and the ongoing role of the state in the lives of some families.

- National data shows a growing gap between those who are eligible for throughcare and aftercare services and those in receipt of these services (The Scottish Government, 2025). Work is needed to understand this trend and the reason behind why less than half of young people in Scotland who are eligible for throughcare and aftercare supports are in receipt of these. This study has highlighted some of the challenges associated with the aspirations of policy and the realities of applying this in practice and as such provides a basis from which to develop our understanding. A starting point would be to renew efforts to ensure that the existing policy and legislation relating to care leavers in Scotland is fully understood and embedded within local authorities and public bodies.

- The findings of this study added to discussions about the variability of throughcare and aftercare services in Scotland. Whilst no national approach to the delivery of supports for young people transitioning from care is provided, local approaches to the structure and delivery of services remain subject to localised planning and decision making, and vulnerable to increased financial pressures on services. If we are to provide more caring and dependable transitions from care, with consistent access to supports across Scotland, then further consideration of the way in which throughcare and aftercare services are structured and resourced is needed.

Implications and recommendations for practice

The findings have raised several issues related to practice, and the opportunity for the development of practice and services. As such, the following practice recommendations are made:

- Through applying the ideas held within an ethics of care this study has brought attention to the care aspect of care and protection. I have argued that greater focus on the systems role as a care-giver to mothers in and leaving care is needed given the uncertainty and

vulnerability that characterises youth transitions from care. Whilst the relational dynamic of care was evident within the findings discussed, the labour of care giving was less evident. As such further consideration of the labour of care giving within practice is warranted.

- The findings demonstrate the emphasis placed on responding to the material needs of mothers in and leaving care. Further to this the drive to refer individuals into specialist 'expert' services to meet aspects of need meant that whilst the importance of relationships was emphasised, a lack of clarity of who held responsibility for the labour of care was inconsistently attended to. Consequently, if we are to ensure that mothers, and their needs, are fully met, practice should prioritise identifying who holds responsibility for being the care-giver to mothers in and leaving care, meeting not just their material needs but their psychological needs too.
- Further to this, any developments to practice need to take account of the multi-disciplinary context within which the needs of mothers in and leaving care and their children are being responded to. Echoing McTier et al. (2023), practice developments should prioritise the relationships within the broader social and professional context, ensuring that the structures and processes enable relationships between practitioners, are supportive, and value the practitioners working within children and family services.

9.4. Limitations of the study

I section 9.2, I discuss the contributions this study has made to the research field. Here, I reflect on the limitations of the study, as they relate to the study design and external factors.

The sample used in this study is small, purposive, and self-selected. In addition, the inclusion criteria used in strand one only includes mothers who have not had their child removed from their care, and in strand two only includes social work practitioners. As such the experiences, views and perspectives included within this study and used to inform the findings are not representative of all mothers or practitioners. The nature of qualitative research is such that it is rooted in individual perceptions and experiences, from which as researchers we seek to build a contextualised understanding (opposed to a universal truth) (Robson & McCartan, 2016). Had I interviewed a different group of mothers and practitioners they would have contributed different perspectives and provided additional or different nuance to the findings presented. A secondary limitation stemming from this approach to sampling is the lack of diversity within the sample. This study did not have representation from any mothers or practitioners from Black, Arab, Asian, or White minorities (i.e. Gypsies, Roma and Traveller communities). Despite this, the participants who took part in this study provided insightful contributions, and whilst these were located within their own personal experiences and perspectives, they provide a basis from which to pursue future research.

This study is also limited by its research design in the context of seeking to understand an aspect of practice. Whilst in designing this study I chose to undertake semi-structured interviews with practitioners to understand how they respond to mothers in and leaving, I did not directly observe these responses to engage with the mothers who were in receipt of these responses. As such I have relied on practitioner accounts and reflections of their practice, increasing the opportunity for bias. However, across the interviews practitioners were candid and critical of current services for supporting mothers in and leaving care.

My position as a woman who is neither a mother nor a practitioner positions me as an 'outsider' to the experiences reflected within this thesis, whilst simultaneously being recognised as holding an enhanced understanding of the policy context through my professional role as a researcher at CELCIS. Consequently, whilst I could not directly relate to having been in receipt of or the provider of services, I brought with me into the interviews an understanding of how the system, policy and practice is intended and aspires to operate when responding to mothers in and leaving care. Undoubtedly in my interactions with mothers and practitioners, this knowledge shaped how I was perceived by the participants and how I structured the interviews in response to the evolving narratives of participants. Equally my lack of knowledge and experience of the realities of practice meant that at times my understanding of internal systems and processes was limited. As such and as discussed in the methodology chapter, the subjective nature of qualitative research means that the findings presented are informed by my own positioning as both an outsider and an individual working within the wider system.

Finally, my decision to undertake this PhD as a part-time student means that the timeliness of the reporting of my findings has been impacted. This has been further compounded by the implications of the Covid-19 pandemic and its impact on the design of this research study. Undertaking data collection during the Covid-19 pandemic introduced new challenges to recruitment and data collection, in particular the approaches taken to building rapport and steering the conversations.

Despite these limitations, this study has made a unique contribution to knowledge that is of value to developing our understanding of the subject. Through undertaking this research, I have added to a growing body of literature which explores the contributing factors, outcomes, experiences, and responses to parents with care experience. In doing so, I have added to the expanding conversation about the support needs and responses to those needs so that collectively we can continue to grow and improve policy and practice relating to parents with care experience.

In conclusion, through exploration of professional responses to mothers in and leaving care in pregnancy and in parenthood, I have demonstrated that there is scope to improve current policy and practice in this area. This thesis has demonstrated, through application of a critical paradigm, alongside the use of recognition theory and an ethics of care as a theoretical framework, that there is a need to move away from individualised and risk-driven responses to mothers in and leaving care. Instead, the findings demonstrated a need for wider recognition of the care needs of mothers in and leaving care as well as the wider context of structural factors informing and shaping professional responses to these needs. As such this thesis argues for a reorientation of how mothers in and leaving care are recognised and cared for.

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Wood, M., & Barter, C. (2015). Hopes and Fears: Teenage Mothers' Experiences of Intimate Partner Violence. *Children & Society*, *29*(6), 558–568. https://doi.org/10.1111/chso.12100

Wood, M., Barter, C., & Berridge, D. (2011). *'Standing on my own two feet': disadvantaged teenagers, intimate partner violence and coercive control*. NSPCC.

Appendix 1: Research advertisement

Research Study:
Supporting successful parenting: exploring professional responses to women in and leaving care in pregnancy and in parenthood.

Hello! My name is Emma Young – that's me in the picture.

I am a research student at the University of Strathclyde and I am doing a research study about how professionals help and support women with lived experience of the care system in pregnancy and as parents.

As part of this study, I would really like to meet with mums with care experience to hear about your experiences of becoming a mum and how you were supported with this by professionals. I'd also like to know what you think is important for people to know about how professionals help and support mothers who are care leavers and what questions you think I should ask professionals about this.

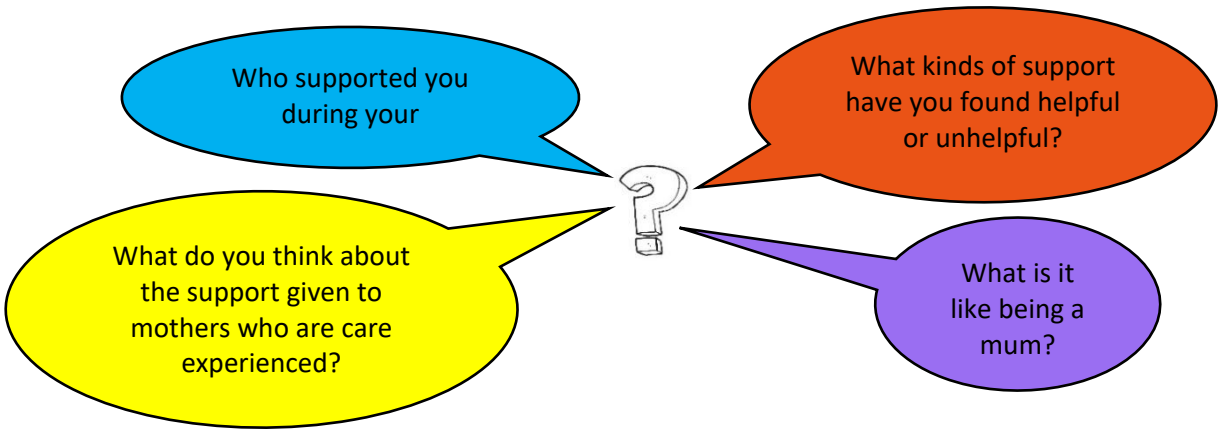
In order to do this, I would like to talk to women who:

- are aged 16 to 25
- are a mother
- were looked after on your 16th birthday but have since ceased to be looked after and are therefore entitled to ongoing aftercare support
- speak English

This study is looking at the experiences of a specific group of mothers, because of this if you are currently looked after, currently pregnant with your first child, or your child has a disability, you cannot take part in this study.

Would you like to take part in this study?

If you are a mother with care experience and you would like to take part in this study I would meet you at [insert service provider location or university of Strathclyde building] and we will have a chat for about an hour and a half so that I can ask you some questions about your views and experiences. The types of questions I would like to ask you are:



Depending on the age of your child, it might be difficult to have them present during our conversation, if this is the case we could explore options for when would be the best to meet so that there is appropriate childcare available for your child.

When I've spoken to several women, I'll look at what everyone has said and write this up in a report to share with people – to keep what you say private I will not write your name in the report even if I use the information you tell me. I'll also use what women tell me about their experiences when I ask professionals about how they help and support women with care experience in pregnancy and in parenthood.

What happens next?

If you'd like to find out more about the research study then let [insert service gatekeeper name] know or get in touch with me. You can call me on 0141 444 8555 or email emma.young@strath.ac.uk or we can meet in person at [service location] to chat about the study and what taking part would involve.

Getting in touch to find out more about the study doesn't mean you have to take part, that's your choice to make, and it won't make a difference to your involvement with [insert service provider]

Appendix 2: Information sheet for mothers

Participant Information Sheet for Mothers

Name of department: School of Social Work and Social Policy
Title of the study: Supporting successful parenting: exploring professional responses to women in and leaving care in pregnancy and in parenthood.

Hello, my name is Emma Young and I am a PhD researcher at the University of Strathclyde, that's me in the photo. I am doing a research study about how professionals help and support mothers who have lived experience of the care system, who are aged between 16 and 25 and who are no longer looked after.

I have two supervisors Christine Jones and Sally Paul, who are overseeing this research study.

This information sheet includes information about this study, who I would like to talk to and what taking part would involve. I hope that this information sheet will help you to decide if you would like to be part of this study or not. If you have any questions about this study and what taking part would involve then you can get in touch with me using the contact information at the end of this information sheet.

What is the purpose of this research?

This study aims to find out about the experiences of mothers who are care leavers, during pregnancy and in parenthood and the help and support provided to them by professionals. Once I've spoken to several mothers I will look at what they have told me and use this to create a questionnaire and set of questions for professionals to respond to about how they help and support mothers with care experience.

Do you have to take part?

No, it is your choice if you would like to take part or not. If you decide to take part in this study, then you will be asked to sign a participant consent form. If you consent to take part and then change your mind, that's ok too. If you do change your mind whilst I am asking you questions, you can let me know by telling me you don't want to take part anymore. You don't need to give me a reason why you've changed your mind.

If you decide after you have taken part that you no longer want me to use what you told me as part of the study, then you can let me know by contacting me using the contact information below. You need to let me know that you don't want me to use what you told me before the 01st of July.

If you decide not to take part, then it's important that you know that your decision won't have any impact on the support you receive currently or in the future from [insert service provider name].

What will taking part involve?

If you decide you would like to take part in this research study, then we would meet for about an hour and a half either at [insert name of service] or the University of Strathclyde. Depending on the age of your child, it might be difficult to have them present during our conversation, if this is the case we could explore options for when would be the best to meet so that there is appropriate childcare available for your child. If you need to pay for travel [to location] so that we can meet I can give you this money back.

When we meet I will ask you some questions about your experiences of leaving care, and your experiences of help and support from professionals when you were pregnant and as a parent. I will also ask you about what you think I should ask professionals about the help and support they give to mothers with care experience.

If you agree, I would like to audio record our conversation so that I can make sure I can remember everything you say. I don't have to audio record our conversation if you don't want me to. If you would prefer me not to record our conversation I'll take a note of what you tell me and I'll ask you to make sure I am capturing what you tell me accurately.

Once I've asked you all of my questions, I'll make sure that you are ok with everything we have discussed, and that you are still happy for me to include what you've told me in my research study.

Why have you been invited to take part?

You have been invited to take part in this study because you have responded to an advertisement about the study and you:

- are aged 16 to 25
- are a mother
- were looked after on your 16th birthday but have since ceased to be looked after and are therefore entitled to ongoing aftercare support
- speak English

This study is looking at the experiences of a specific group of mothers, because of this if you are currently looked after, currently pregnant with your first child, or your child has a disability you cannot take part in this study.

What happens to the information you tell me?

Anything you tell me when we meet I will keep confidential, this means that I won't tell anyone that you have told me something. The only reason I would have to tell someone else about something you've said is if you tell me something that makes me concerned that you or someone else might be seriously hurt. If this happens, I'll stop our conversation and talk to you about what I'm going to do and why.

When I am typing up my notes or writing out information from audio recordings I will change any information that identifies you as an individual. Once I've done this I will delete the original documents and audio files which contain information which does identify you.

Once I have changed all of the information that identifies you as an individual to make the information and documents I have anonymous, I will not be able to find and remove anything that you have told me from this study. This is why it is important that if you decide you no longer want me to use the information you've told me, that you tell me you don't want me to use it before the 01st of July.

My supervisors Christine and Sally will also have access to the information you tell me once I've written up my notes so that they can help me with my study. They won't meet you but they will still keep anything you've told me private.

When I have finished speaking to women about their experiences and views, I will share what I have learned by writing reports, delivering presentations and workshops. When I am sharing what I have found from this study I would like to share what you have told me using your words. I'll make sure that if I use your words when I'm sharing what I have learned, that these don't identify you as an individual. If they do identify you, I won't use them.

If you share your contact information with me so that I can give you information about the study now or in the future, I will only use this information for the reason you gave it to me. Once the study is completed and available for anyone to read, I will permanently delete everyone's contact information.

Please also read the University of Strathclyde Privacy Notice for Research Participants which can be accessed here: https://www.strath.ac.uk/media/ps/rkes/ethics/Privacy_Notice_Research_Participants_Oct18.pdf

This privacy notice will tell you how this university handle personal data and what your rights are as a research participant.

Where will I keep the information?

All of the information you tell me will be stored on the University of Strathclyde secure computer network, so that only me and my supervisors Christine and Sally will have access to it.

What happens next?

If, after reading this information sheet and asking any questions you have you decide you want to take part in this study then you can either let [service provider gatekeeper] know and they will tell me. Or, you can contact me using the contact details below to let me know.

If you decide you would like to take part in this study, when we meet I will ask you to complete a form that lets me know that you've understood the information given about the study and that you agree to take part.

Thank you for reading this information sheet – please ask any questions if you are unsure about what is written here.

Researcher contact details:
Emma Young
PhD Researcher
School of Social Work and Social Policy
University of Strathclyde
Curran Building
94 Cathedral Street
Glasgow
G4 0LG

Tel: 0141 444 8555
E-mail: emma.young@strath.ac.uk

Chief Investigator details:
Dr Christine Jones
Senior Lecturer
School of Social Work and Social Policy
University of Strathclyde
Lord Hope Building
141 St James Road
Glasgow
G4 0LT

Tel: 0141 444 8653
E-mail: christine.jones@strath.ac.uk

This research was granted ethical approval by the Uni

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE

Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Appendix 3: Interview guide - mothers

- Introductions
- Ask if participants have read the information sheet
- Verbally reiterate the purpose of the study and the question areas I'd like to cover
- Ask if participants have questions about the research study
- Show participants the consent form; verbally communicate:
    - Consent is voluntary and can be withdrawn at any point
    - The purpose of audio recording and that this is optional.
- Ask participants to read and complete the consent form
- Clarify with participants how much time they have
- With consent – turn on the audio recorder.

Parenthood

I'd like to understand what it's like to be a mum and what you think it means to be successful as a parent.

1. What made you want to come along today and take part in this study?

2. Tell me a little bit about your child(ren)

   Prompts:

    - How old are they?
    - Are they at nursery?
    - What do you like to do together for fun?

3. What's it like being a mum?

   Prompts:

    - What are you most proud of as a mum?
    - What are the most challenging parts of being a mum?
    - What do you do to get a break from being mum?

4. What do you think it means to be successful as a mother?

   Prompts:

    - What does it mean to be a really great mum?
    - What do you need in order to be successful as a mum?
    - What support do you think is needed in order for young mums with care experience to be successful as parents?

5. How well prepared for parenthood do you think you were?

Prompts:

- What information about pregnancy and parenthood did you have before you became pregnant?
- How did you get prepared for becoming a parent?

You and your family

I was wondering if we can map out some of the key points on your journey from being looked after and into motherhood – would that be ok to move on to this?

[This will be mapped on a piece of flipchart by the investigator and the participant which will be added to throughout the interview]

Prompts:

- What age were you when you became looked after?
- When did you stop being looked after? What age were you when you stopped being looked after?
- Where were you staying just before you stopped being looked after? Did you carry on staying here when you stopped being looked after?
- Did you live anywhere else when you were looked after? Where else did you live?
- When did you leave school? What was school like for you?
- What did you do after leaving school? Did you go on to do any other types of training, courses or employment?
- When did you become pregnant?
- Where were you staying at the point where you became pregnant? Were you still living here when your child(ren) was born?
- When were your child(ren) born?
- Are there any key people who come to mind who supported you at particular points in this journey? (e.g. family and friends, partners family, social workers, key worker, carer, advocate?)

6. Tell me a little bit about the father of your child(ren)?

Prompts:

- When did you meet?
- What are they like as a dad?
- What is there relationship with their child(ren) like at the moment?
- What is your relationship like with his wider family?

Your experience of leaving care

Can we chat a little bit about what it was like when you left care and the support you got to help you in this transition?

7. What was it like to go from being looked after to being a care leaver?

Prompts:

- What help did you get with deciding when you were going to stop being looked after?
- Were you given the option to remain in your current placement when you stopped being looked after?
- In what way did things change/stay the same when you stopped being looked after?
    - How did you feel about the changes that were happening?

8. What help and support did you get when you were leaving care?

    Prompts:

    - Who supported you? Did the people supporting you change in any way?
    - Was the support you got helpful? In what was it helpful/was it not helpful?
    - Was there anything you would have liked more support with?

Your experience of help and support in pregnancy and parenthood

I'd like to ask you some questions about your experience of pregnancy and parenthood and the support you got – is that ok?

9. What was your reaction to finding out you were pregnant?

    Prompts:

    - How did it make you feel to find out you were pregnant?
    - Was there anything that you were particularly excited or worried about?
    - What did you do when you found out you were pregnant? (I.e. did you try to get help with anything?)

10. When you found out you were pregnant who did you tell?

    Prompts:

    - What were their reactions to finding out you were pregnant?
    - How did your (TC+AC worker; Support worker; Midwife, advocate) find out that you were pregnant? What were their reactions to finding out?
    - How did people's reactions make you feel?

11. What support did you get from professionals when you were pregnant?

    Prompts:

    - Who did you get support from? (i.e. TC+AC worker; Support worker; Midwife)
    - What kinds of thing did they help you with? (i.e. attending health appointments, getting ready for your babies arrival)
    - How did you feel about getting help from professionals? Did you want their help?
    - Were social work involved in supporting you in your pregnancy?

- Was the support you got helpful? In what way was it helpful/was it not helpful?
- Was the support professionals gave you for the things you needed help with? What sort of things would you have liked help with?

12. Thinking about when your child(ren) were born what help and support did you get then?

    Prompts:

    - Was it similar or different to the support you had in pregnancy? In what ways was it similar or different?
    - Who do you get help and support from as a parent? What sorts of things do they help you with?
    - Have you ever sought out support of specific kind?
    - Is there anything you would have liked to be different about the support you got?

13. Have social work been involved since you've had your child(ren)?

    Prompts:

    - In what way have they been involved?
    - What kinds of things do social work talk to you about in terms of helping you as a mother?
    - Is the support from social work helpful? In what way is it helpful/not helpful?

14. What support is helpful to you as a parent now?

    Prompts:

    - What kinds of things do you like or you would like getting help with?
    - Do professionals help you with things you need help with as a young person as well as things you need help with as a parent?
    - Have you specifically sought out any support (i.e. peer networks or parenting groups)? Tell me what these were like?
    - Do you think the support you need is different to other mums who are not care experienced?

15. What are your plans for the future?

    Prompts:

    - Do you plan to have any more children?
    - What are your hopes for your future and your child's future?

Identifying priority issues

Can I ask you a few questions now about what you think is important for professionals and other people to understand about the way in which professionals help and support young mothers with care experience?

16. When you think about your experiences as a young mum what do you wish professionals knew or understood more about your experiences?

17. Thinking specifically about how professionals helped and supported you what do you think could be improved about the help and support given to young mums with care experience?

18. In my interviews with professionals is there anything that you would like me to ask them about in relation to the help and support they give to young mums with care experience?

19. Finally, I want to make sure I am using the right language - how do you think young mums with care experience should be referred to in my report or by other people?
    - Young mums or mums
    - Acknowledging your care experience or not?
    - Care experienced young mums or young mums with care experience?

20. Is there anything that we've not talked about today that you think it's important for me to include in my study?

Thank you for giving up your time today to come and tell me about your experiences and perspectives.

- Turn off audio recorder
- Check-in with participants that they are ok following the discussion and that they are happy for me to include what they have told me in my study
- Encourage participants to seek out support if needed
- Reiterate the timeframe for data retraction
- Ask participants to complete contact form
- Encourage participants to take away paper copy of participant information sheet and support services information sheet

Appendix 4: Information sheet for professionals

Supporting successful parenting: exploring professional responses to women in and leaving care in pregnancy and in parenthood.

Do you have experience of supporting mothers who are looked after or care leavers in pregnancy or in parenthood?

Hello, my name is Emma Young and I am a PhD researcher at the University of Strathclyde.

I would like to invite you to take part in an interview about your views and experiences of working with mothers who are either looked after or have left care but have ongoing entitlements to aftercare.

Below I outline the purpose of this research study, what taking part will involve, and the information you will need in order to make a choice about whether or not you would like to take part.

Who would I like to talk to?

I would like to talk to individuals who:

- are qualified Social Workers
- are currently involved in or have recently been involved in frontline practice
- have experience of working in Scotland with women who are looked after or have ongoing entitlements to support as care leavers and who are either pregnant or parenting.

What is the purpose of the research?

This study aims to explore professional responses to mothers who are in and leaving care during pregnancy and in parenthood. In the initial stages of this study I spoke to mothers about the help and support they received form professionals during their pregnancy and as parents. I would now like to better understand the perspectives and experiences of social workers working with this group of mothers in order to inform wider, ongoing, conversations about the needs of young people in and leaving care.

What will taking part involve?

If you decide to take part in this research study, you will be invited to meet for an online interview (through zoom). The interview will last about an hour and a half, but no longer than this, so that I can ask you questions about your views and experiences.

When we meet, I will ask you to read through short scenarios involving a mother who is in or leaving care. As you read through the scenarios, I will ask you questions about your views and perspectives on the practice issues raised within the cases. Following this I will ask you questions about your experiences of working with mothers who are in and leaving care.

If at any point during the interview I ask you a question that you would prefer not to answer then you don't need to answer it, I will move on to my next question.

Do you have to take part?

It is your choice if you would like to take part or not. If you decide you would like to take part in this study you will be asked to give your consent at the end of this information sheet and to provide your contact information so that I can get in touch with you to arrange a date and time for us to meet.

If you consent to take part in this study and then change your mind, then that's ok too. You can change your mind about taking part at any point before or during our conversation. You don't need to give me a reason why you've changed your mind.

If you decide after you have taken part that you no longer want me to use what you told me as part of the study, then you can let me know by contacting me using the contact information below. You need to let me know within four weeks of the interview taking place if you do not want me to include anything you told me as part of my study.

What happens with the information you tell me?

If you agree, I would like to audio record our conversation so that I can capture everything you tell me. If you give me permission to audio record our conversation, this will then be transcribed and anonymised.

If you would prefer me not to record our conversation I'll take a note of what you tell me and I'll ask you to make sure I am capturing what you tell me accurately.

Once I've asked you all of my questions, I'll make sure that you are ok with everything we have discussed, and that you are still happy for me to include what you've told me in my research study.

I will respect your privacy, confidentiality, and anonymity. This means that I will not share the detail of what you tell me with anybody else. My PhD supervisors, Dr Christine Jones and Dr Sally Paul will also have access to the information you tell me so that they can advise me with my study. They won't meet you but they will still respect your privacy. The only exception to this is if you tell me something that indicates that you or someone else is at serious risk of harm, in which case I would need to share the information with the relevant authorities. If I need to do this, I will talk to you about what I am going to do and why.

When I am typing up the transcript of the interview and my notes from our conversation, I will change any information that might identify you as an individual.

When I have finished speaking to women and professionals, I will write up and share my findings in the form of a PhD thesis, as well as in academic journals, reports and presentations and I will make these publicly available to others. When I am sharing what I have found from this study I would like to share what participants have told me in their own words by including quotes. If I include any quotes from our discussion when I'm sharing what I have learned, I will ensure that these don't identify you as an individual.

All the information you tell me will be stored on the University of Strathclyde secure computer network, so that only me and my supervisors Christine and Sally will have access to it. The information you share with me will be kept for up to five years following the completion of this study, at which point all the information will be permanently deleted and destroyed.

Information about who makes sure that I respect your rights and safety while I undertake this research.

This research was granted ethical approval by the University of Strathclyde Ethics Committee.

If you have any questions/concerns, during or after the research, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Secretary to the University Ethics Committee
Research & Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE

Telephone: 0141 548 3707
Email: ethics@strath.ac.uk

Please also read the University of Strathclyde Privacy Notice for Research Participants which can be accessed here:

https://www.strath.ac.uk/media/ps/rkes/ethics/Privacy_Notice_Research_Participants_Oct18.pdf

This privacy notice will tell you how the university handles personal data and what your rights are as a research participant.

Thank you for reading this information sheet

If, after reading this information sheet you have any questions about what this study is about or what taking part would involve please get in touch with my using the contact information provided below.

Researchers contact details:
Emma Young
PhD Researcher
School of Social Work and Social Policy
University of Strathclyde
Curran Building
94 Cathedral Street
Glasgow
G4 0LG

Tel: 0141 444 8555
E-mail: emma.young@strath.ac.uk

Chief Investigator details:
Dr Christine Jones
Senior Lecturer
School of Social Work and Social Policy
University of Strathclyde
Lord Hope Building
141 St James Road
Glasgow
G4 0LT

Tel: 0141 444 8653

Once you have read the information above, if you decide you are happy to take part in this study, please complete the consent process below.

[Qualtrics consent page for professionals]

Appendix 5: Interview guide - professionals

- Introductions
- Ask if participants have read the information sheet
- Verbally reiterate the purpose of the study and the question areas I'd like to cover
- Ask if participants have any further questions about the research study they would like to ask before we get started.
- Clarify with participants how much time they have
- Gain consent verbally from participants that they are happy to participate
- Where consent was previously given that they are happy for the discussion to be recorded.
- Lock Zoom meeting room
- With consent, turn on audio recording.

You and your professional background

I'd like to start by finding out a little bit about you, what your professional background is, what your current role is. Does that sound ok, shall we get started?

Topic Focus	Questions/prompts
Professional background and role	• What is your current job role? • How long have you been in this job role? • Have you held any other roles as a qualified social worker? • When did you qualify as a social worker?
Professional identity and values	• How would you describe the role of a social worker? • Can you describe to me what the key principles or values are that you rely on within your day to day practice?

Your experiences of working with mothers in and leaving care

In this section I want to explore your experiences of working with women who are either looked after or who have recently left care.

It would be helpful to hear your experiences in relation to the cases you've been involved with, however, please do not share any names of the individuals you've supported or any other distinct information that may identify them.

Topic Focus	Questions/prompts
Background and context of professional experiences of supporting and responding to cases involving mothers who are looked after or who have recently left care	• What role have you been in when you have worked with cases involving mothers who are either looked after or care leavers? • How often have you worked with this group of parents? • How many cases have you been involved with?

Experiences of supporting and responding to cases involving mothers who are looked after or who have recently left care	• Tell me about your experiences of working on cases involving mothers who are looked after or have recently left care? • What has been your role within these cases? • Who else was involved in the case? • What decisions did you have to take? • What resources did you draw on? • What were the outcomes for this case? • How do you feel about the outcomes for the case? • Is there anything that you would change or do differently in relation to this case?
Individual, organisational, and structural barriers and challenges	• Have you faced any challenges as a practitioner when trying to offer support or respond to a case involving a mother who is looked after or who recently left care? • Have you encountered any challenges or barriers within your organisation/service from your when trying to responding to a case? • Have you encountered any structural challenges or barriers when responding to a case? • Please can you explain what these challenges have been? • How did you navigate these challenges? • Were you able to overcome these challenges?
Factors that are enabling and/or facilitative of practice	• have you encountered anything that has been particularly helpful to you when responding to cases involving a mother who is looked after or who recently left care? • Please could you elaborate on what has been particularly helpful to you and why? • How was this help made available to you? • Did this help impact on the outcomes for the case? Please explain.

The wider system response to mothers in and leaving care

In this section I would like to explore the wider context informing your practice.

Topic Focus	**Questions/prompts**
Professional training, confidence, and support	• How equipped have you felt to respond to the circumstances of the cases you have been involved in? • What has helped you to feel equipped?

	• Can you describe the skills and knowledge that you feel you had to use when working on these cases? • What resources within your organisation or the wider system do you draw on for support? • What support have had? In what ways was this support helpful/unhelpful to you?
Organisational and system influence on practice	• How does the wider service/organisation you work in, inform/influence your practice when working on cases involving mothers who are looked after or have recently left care? • How do you operationalise organisational policies and procedures within your practice when working with mothers who are looked after or have recently left care? • Please describe how these policies and procedures influence your practice.
Key priorities for policy and practice	• What do you think the key priorities should be going forward when thinking about the way in which your organisation and the wider system responds to and supports cases involving mothers who are looked after or have recently left care?

Is there anything you would like to tell me about your experiences of working with mothers who are in and leaving care during pregnancy or as parents that I've not asked you about?

Thank you for giving up your time today to share your views and experiences with me.

- Turn off audio recorder
- Check-in with participants that they are ok following the discussion and that they are happy for me to include what they have told me in my study
- Encourage participants to seek out support if needed – share services form
- Reiterate the timeframe for data retraction (4 weeks from the interview date)

Appendix 6: Ethical approval

Wednesday 06/11/2019 at 16:37

Dear Emma

ETHICAL AND SPONSORSHIP APPROVAL
UEC19/10 Jones/Paul/Young: Supporting successful parenting: exploring professional responses to women in and leaving care who are pregnant or parenting

I can confirm that the University Ethics Committee (UEC) has approved this protocol and appropriate insurance cover and sponsorship have now also been confirmed.

I would remind you that the UEC must be informed of any changes you plan to make to the research project, so that it has the opportunity to consider them. Any change of staffing within the research team should be reported to UEC.

The UEC would also expect you to report back on the progress and outcome of your project, with an account of anything which may prompt ethical questions for any similar future project and with anything else that you feel the Committee should know.

Any adverse event that occurs during an investigation must be reported as quickly as possible to UEC and, within the required time frame, to any appropriate external agency.

The University agrees to act as sponsor of the above mentioned project subject to the following conditions:

1. That the project obtains/has and continues to have University/Departmental Ethics Committee approval.
2. That the project is carried out according to the project protocol.
3. That the project continues to be covered by the University's insurance cover.
4. That the Director of Research and Knowledge Exchange Services is immediately notified of any change to the project protocol or circumstances which may affect the University's risk assessment of the project.
5. That the project starts within 12 months of the date of this letter.

As sponsor of the project the University has responsibilities under the Scottish Executive's Research Governance Framework for Health and Community Care. You should ensure you are aware of those responsibilities and that the project is carried out according to the Research Governance Framework.

On behalf of the Committee, I wish you success with this project.

Kind regards
Angelique

Angelique Laverty
Research & Knowledge Exchange Services (RKES)