

“It’s not a normal upbringing”: Insights from young mothers with care experience to improve parenting support and prevent intergenerational out-of-home care

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ABSTRACT

Young people with a history of out of home care (OHC) experience have globally been shown to experience poorer outcomes in comparison to their non-care experienced peers, including areas of health, educational attainment, employment, and housing. Outcomes are also gendered, as young women with OHC experience are more likely to enter parenthood as teenagers and have contact with the child protection system. This study aimed to explore the experiences of mothers with OHC experience as they transition from OHC to independent living. Eleven participants meeting the inclusion criteria of being mothers were chosen from a larger sample study called Navigating Through Life, which recruited young people aged between 15–25 years who had been in OHC for at least six months in Western Australia. Four participants identified as Aboriginal while seven were non-Aboriginal. All were aged between 18–25 years at the time of the interviews, and one mother had children removed by the child protection system. The overarching finding was that leaving care planning and post-care support did not meet the needs of participants, particularly around parenthood. Participants felt under-supported and unprepared to leave care and be independent as mothers. Participants also expressed a strong desire to break or avoid an intergenerational cycle of OHC in their families. Areas of improvement for leaving care planning and care leaver service provisions are offered and directions for future research are discussed.

1. Introduction

The growing number of children placed in out-of-home care (OHC), along with the poorer outcomes experienced by young people transitioning from OHC to independent living, are serious concerns to be addressed in Australia and across the world. In 2023, 45,273 children were in OHC in Australia, with approximately 4200 young people aged between 15–17 years discharged from the child protection system (AIHW, 2024). Well-established international evidence consistently shows that young people transitioning from OHC (forthwith referred to as care leavers) experience poorer outcomes in adulthood compared to their non-care experienced peers. These including higher rates of health and mental health issues, lower educational and employment outcomes, and increased rates of poverty and homelessness (Cameron et al., 2018; Lima et al., 2018; Wolfgang et al., 2022). Adversity and poor outcomes

following OHC can also be influenced by gender. According to research, young care leaver women are more likely to become teenage parents and be involved with the child protection system, including OHC for their own children (Connolly et al., 2012; Purtell et al., 2019). Research on men with care experience, who become fathers, is also significantly limited; therefore, it is unknown whether their rates of child protection involvement or early fatherhood is comparable. Previous research has estimated the removal of children from cared experienced young women to be approximately 24 % (Lima et al., 2018). Therefore, redressing these inequities requires a greater understanding of the factors that will support better transitions for these young women as care leavers from OHC.

Emerging adulthood, typically defined as the period between adolescence and adulthood (18 – 25 years of age) and can be a difficult phase for any young person to navigate (Arnett, 2000; Sawyer et al.,

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2012). The transition into adulthood is typically gradual and supported by family to prepare young people financially and practically in acquiring knowledge and skills for independent living, navigating new life challenges, and exploring changes in identity (Arnett, 2000; Cashmore & Paxman, 2006; Geenen & Powers, 2007). Contrastingly, young care leavers are often thrust into sudden adulthood at the age of 18, sometimes earlier, with fewer options and limited ongoing support; and many lack the emotional and material preparedness to cope with such significant changes, especially around pregnancy and parenthood (Purtell et al., 2021; Sawyer et al., 2012; Zimmermann & Iwanski, 2014).

While the national rate of teenage pregnancy is reducing, this is not occurring evenly across the Australian population. The overall rate of teenage pregnancy (aged 15–19 years) in Australia has reduced significantly in the decade to 2019, falling from 16.4 per 1000 young women to 7.7 per 1000 (Australian Institute of Health and Welfare, 2022). However, for some cohorts, teenage birth rates are significantly higher for young women from backgrounds of socioeconomic disadvantage (17.8 per 1000), those living in remote and very remote areas (37.3 per 1000), and young First Nations women (38.9 per 1000) (Australian Institute of Health and Welfare, 2022). This is consistent with similar groups of children and young people being over-represented overall in the Australian care system: Aboriginal and Torres Strait Islander children and young people (Harrap et al., 2023), and those from backgrounds of socioeconomic disadvantage (Parsons et al., 2020).

As would be anticipated, care-experienced mothers often become child protection involved parents while raising their children. A Western Australian (WA) cohort study of 18–23 year old female care leavers found that 28 % of care-experienced young women had a child (Lima et al., 2018). Of the 28 % of care leaver mothers, 72 % had a maltreatment notification to child protection services for their child (ren) with 40 % of notifications being substantiated and resulted in 24 % of the children entering OHC. United States research also found that a mother's childhood involvement with child protection services was the strongest predictor of reported and substantiated maltreatment by age 5 years for children of care experienced mothers (Putnam-Hornstein et al., 2015). Understanding factors that contribute to both early parenthood and the concomitant removal of children of young care leavers is critical, not only to reduce rates of early or unwanted pregnancies and improve outcomes for young women, but to also break the intergenerational trajectory of OHC that is evident among the children of care experienced mothers (Chase & Ullrich, 2022; Berger et al., 2018; Wall-Wieler et al., 2018).

Reasons behind the rising rates of child protection involvement among children of care leavers are complex and diverse. Some researchers indicate that OHC, as a historical factor, leads to greater surveillance of young mothers by child protection services (Eastman & Putnam-Hornstein, 2019; Wall-Wieler et al., 2018). Other studies highlight various challenges that may affect parenting capacity, such as histories of trauma, mental health issues, a lack of social and financial resources, substance use, and exposure to family and domestic violence (Eastman et al., 2019). It is likely that multiple factors contribute not only to the heightened involvement of child protection but also to the higher likelihood of early parenthood among those who have been in care. For example, Purtell et al. (2020, p.247) suggest that early parenthood may stem from a deep emotional desire to create a family and foster connections, with some care leavers viewing parenthood as a means to address the void caused by a lack of positive familial relationships. Additionally, early sexual activity, often associated with placement instability and disruptions in education, has been recognised as a contributing factor (Fallon & Broadhurst, 2015; Ohene & Garcia, 2020). In contrast to young women who receive support from their families of origin, those with experience in the care system may have limited access to reliable healthcare, contraception, and sex education, which further compounds these risks.

While much is known about the risks faced by care-experienced

mothers, less is understood about the protective factors and support strategies that enable them to thrive. Studies show the importance of stable housing, access to culturally safe support services, maintaining meaningful and sustained relationships with at least one trusted adult, and opportunities to engage in education or employment as protective factors that can buffer against adversity (Mendes & Snow, 2016; Purtell et al., 2022). Approaches that are strengths-based and trauma-informed have also been identified as effective in nurturing resilience and enhancing long-term outcomes for both mothers and their children, particularly those that validate young women's roles as parents and provide holistic support (Purtell et al., 2022). Gaining a deeper understanding of these protective factors is essential for informing policies and practices that go beyond mitigating risks to actively fostering wellbeing and keeping families together.

In recognition of the transition to leaving OHC, various jurisdictions have rolled out leaving care planning requirements. Such requirements exist in the context of this WA study, where the State Government holds the statutory responsibility for the development and implementation of OHC legislation and policy, leaving care planning is incorporated as part of a young person's transition from OHC from the age of 15 years (Department of Communities, 2025). The Leaving Care Plan, developed by the Department of Communities - Child Protection and Family Support (CPFS), (previously the Department for Child Protection – DCP) outlines the assistance a young person needs to prepare to leave OHC at 18 years of age. The plan includes support for housing, education, employment, access to health care, social and family relationships, emotional and behavioural development, identity and culture, financial and legal matters, and independent living skills. Care leavers can access support up to the age of 25 years in the form of leaving care services provided through the non-government sector (although, funded by the government) or by contacting the government's OHC agency directly. While sexual and reproductive health are referred to within the practice manual for leaving care planning in WA (Department of Communities, 2025), provisions for pregnancy and parenting support are largely absent with little known about the development, implementation and outcomes that care plans have on young people, or whether they are tailored to meet their different developmental needs.

This study aimed to understand the experiences of WA's care leaver mothers as they transition from OHC to independent adulthood. A better understanding of the parenting experiences of female care leavers, who have the added layer of being a mother, is needed to ensure appropriate supports and services are in place, not only to safeguard positive outcomes for care experienced mothers, but also their children.

2. Methods

This study was formed from a broader mixed-methods, prospective longitudinal research project titled *Navigating Through Life* (NTL), which investigated the long-term pathways and outcomes of young people transitioning to adulthood from the WA child protection system (Parsons et al., 2020). The NTL project collected data from 2019 to 2022, with 122 young people consenting to participate in Wave 1. This research is a specific sub-set analysis of care-experienced young mothers who were interviewed during this period. The majority of the authors for this study were also investigators in the NTL project. A reflexive thematic approach was taken to address the aims of the study by utilising transcripts from the NTL interviews with care-experienced young women identified as mothers (Braun & Clarke, 2023). The research protocol received approval from Curtin University Human Research Ethics Committee (HRE2018-0170), and the young people who participated in the NTL interviews provided prior written informed consent.

2.1. Participants

Participants for this study were a subgroup of young women who contributed to the NTL's prospective longitudinal study. To be included

in the NTL study, young people needed to be aged between 15–25 years at the time of recruitment and have at least six months of lived experience of OHC in WA. Participants were recruited for the NTL study via CPFS case managers, leaving care services, youth services, the CREATE Foundation (national peak body for care leavers), social media posts, and via snowballing processes. The eligibility criteria for this research were the same as the NTL study, with the additional criteria that the young person is female and a parent. Fathers were excluded in the study due to its focus on mothers, and the limited relevant data on fathers within the NTL dataset. Note: There was no explicit question in the NTL interview schedule to elucidate exactly how many children the young mothers had. It could only be inferred through the mothers using terms such as child, kids, or son or daughter. All participants according to the legislation were eligible for leaving care support and services to the age of 21 years, although access to services do vary across the state and due to waiting lists.

2.2. Materials

A structured interview guide was developed for the NTL study to gain insight into key domains of a young person's life including: housing and accommodation, leaving care planning, family and social relationships, school or post-school experiences, finances, access to services, connection to family background and culture, and parenting. Initially, questions were designed to capture recounts of past and current experiences in each of these life areas, and reflection on supports they did or did not receive which contributed to the young person's OHC experience. Being a longitudinal study, the domains explored within the NTL interview schedule remained stable for follow-up interviews, and recounts of current experiences were captured along with reflections on factors contributing to those experiences.

2.3. Procedures

Data for the NTL study has been collected since July 2019 by a team of postgraduate and post-doctoral researchers with both practice and qualitative interviewing experience. To conduct the interviews, researchers initially met in person with participants at a location convenient to the young person (e.g., their home, or a community-based setting such as a local library). However, due to the COVID-19 pandemic restrictions, interviews were then conducted via video conference from April 2020. Once public health measures eased, participants were provided the option to meet with researchers either in person or online, and interviews were conducted according to the young person's preference.

Participants were contacted for follow-up interviews at 6-month intervals, however, some intervals between interviews were longer than 6 months, and dependent on the individual circumstances of each young person. Where possible, the interviewer who initially conducted a participant's interview also conducted their follow-up interviews, and all interviews were recorded using digital audio recorders.

Longitudinal interviews were conducted, with young people participating in five interviews each over a two-year period. At the time of writing this article, participants included in this study had completed between 1–4 interviews each, from August 2019 – July 2022. Interviews lasted approximately 40 mins, sometimes up to one hour. While parenting was explicitly explored in just one domain, discussions about participants' children and parenting was ubiquitous throughout the interviews, given their role as a parent was deeply embedded in their experiences of finding suitable housing, work, relationships, and other aspects of their life. Digital recordings of the NTL interviews were transcribed verbatim, and participants were offered to view a copy of their transcript by way of member checking. No changes were made to the transcripts following verification by the participants.

2.4. Data analysis

Names were randomly assigned to de-identify participants whilst personalising and centering their voices in the research. Reflexive thematic analysis was used to analyse the qualitative data (Braun & Clarke, 2022). Transcripts were repeatedly read by the first author as the primary analyst as they were not involved in data collection (Braun & Clarke, 2022). The first author inductively noted any initial salient patterns, concepts, or reflections and tracked processes using an audit trail (Carcary, 2020). Transcripts were then inductively coded for the experiences of the young women using NVivo data management software (Lumivero, 2023). Categories were developed from the codes and then three main themes were constructed and presented to the researchers who conducted the interviews for verification and comment (Sutton & Austin, 2015). A hierarchy of themes was developed in further consultation with the research team and is presented in this paper. Excerpts of verbatim transcripts were edited for readability and are used within the findings to provide illustrative examples of the participants' experiences (Sutton & Austin, 2015).

3. Findings

Eleven young women were identified from the NTL study who met the inclusion criteria. Four of the 11 young women were Aboriginal and 7 were non-Aboriginal, all were aged between 18 and 25 years. Ten women had their children in their care and one woman had child protection involvement which resulted in the removal of her children into OHC. The main source of income for the majority of the women was government income support payments through Centrelink and one mother relied on her husband's income. Whilst this study did not focus on specific changes over time, some challenges highlighted between waves included the impact of covid-19 on the mothers' access to services for themselves and their children, relationship breakdowns due to family and domestic violence (FDV), and subsequent births. The Sample demographics are reported in Table 1.

In total, 28 transcripts were available for analysis, ranging from 1 to 4 transcripts per participant. The overarching theme that emerged from the data analysis was the *System not meeting the needs of care leavers*. This theme was comprised of two core themes and five subthemes. A theme hierarchy is presented in Fig. 1, and the themes are described forthwith.

3.1. The system not meeting the needs of care leavers

The overarching theme that developed across the analysis of

Table 1

Participant demographics	n (%)
Ethnicity	
- Aboriginal	4 (36 %)
- Non-Aboriginal	7 (64 %)
Location	
- Metropolitan	6 (54 %)
- Regional or remote	5 (45 %)
Children in OHC	
- No	10 (91 %)
- Yes	1 (9 %)
Parental status	
- Sole parent	8 (73 %)
- Co-parenting	2 (18 %)
- Child/ren in OHC	1 (9 %)
Relationship status	
- Single	8 (73 %)
- Partnered	3 (27 %)
Interviews completed	
- 1	3 (27 %)
- 2	2 (18 %)
- 3	3 (27 %)
- 4	3 (27 %)

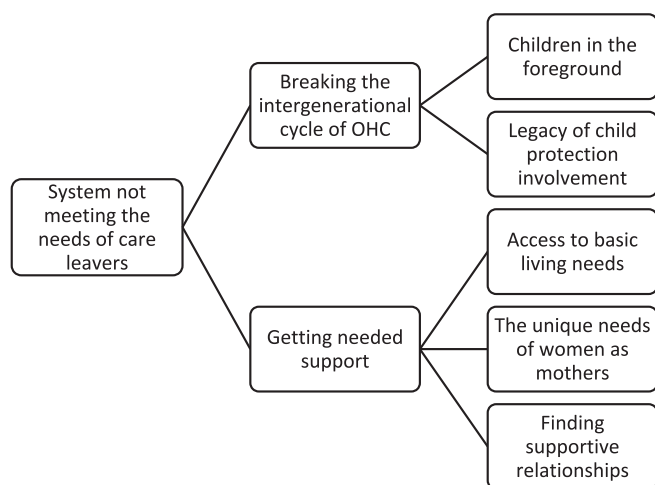


Fig. 1. Hierarchy of themes.

interviews was an understanding that the CPFS system (including leaving care planning and post-care support) and practices did not meet the needs of participants. While participants were motivated to provide their children with a better upbringing than their own, preferably without child protection involvement, they found that the system of support available to them was not equipped to enable this goal to be met. Despite receiving support to address some of their own basic needs related to housing, food, finances, and health, participants felt unsupported and unprepared to leave care and be independent, particularly as mothers. CPFS presents a paradox wherein young mothers are supported and ‘cared’ for during their transition to adulthood while also being surveilled for their parenting capacity by the same statutory authority. This also raised the question of whether the potential for preventing or managing pregnancy and parenthood was adequately addressed or planned for.

“It’s not a normal upbringing because parents just don’t set you up without a couple of weeks’ notice that you’re going to be kicked out and just kick you out. That’s how people get pregnant and how people end up couchsurfing and don’t have the time to get a job because they’re focusing on their mental health from all these problems.” (Rylie)

When pregnancy and parenthood became a reality for participants, they felt unsupported and stigmatised by the child protection system, as CPFS’s role straddles both providing support to the young women in their care and simultaneously assessing their parenting for perceived risks.

Meeting basic living needs was particularly important for these young care leaver mothers, who felt a pressure to do everything right while also feeling surveilled by CPFS rather than supported; often causing a fear that their own children would be removed into OHC, just like they had been. Participants also described facing systemic barriers and stigma when seeking support from CPFS, which impacted their willingness to seek help when they needed parenting support the most. Others felt like they fell through the cracks, as detailed by Rylie:

“She [CPFS team leader] told me that the Department won’t and can’t help and that I should be contacting a domestic violence helpline. I contacted the domestic violence helpline, and I wasn’t within their category to help. So, I essentially was left on my own.”

Positive experiences of accessing support for leaving care, and as a mother, typically occurred outside of the child protection system, often involving informal relationships the young women had created for themselves. In addition, proactive practices by support workers, with whom participants had developed strong relationships over time, were also sources of positive experiences to access support within the child

protection system; but appeared to be the exception rather than the rule and often dependent on the practices of individual workers’. As Sophia explained:

“I have a really good rapport with my youth worker. She has great rapport with my kids as well. She’s been my youth worker since I was 18, and I’m about to turn 24. So, she’s been a real constant in my life through the ups and the downs of early adulthood.”

Sophia’s experience is contrasted with the experiences of other participants who expressed that “a lot of case managers just forget about you. And there’s no contact” (Leila) or that CPFS caseworkers were “just leaving them [care leavers] on their own to do it” (Skyla).

3.2. Breaking the intergenerational cycle of OHC

A common sentiment expressed by the young women was a determination to break or avoid the intergenerational involvement of child protection and OHC within their own families. They expressed a fear of child protection becoming involved in their children’s lives, shaped by their own past experiences with the system. This fear served as motivation for the young mothers to prioritise their children’s needs, and highlighted their determination to raise their children differently than their parents did as a way of not repeating the same cycle: “Obviously they [parents] didn’t do the right for me and my siblings. I’m doing everything different [than] what they tell me to do” (Neveah). The mothers’ also described the enjoyment they derived from motherhood, their children being a key motivation for their decisions and actions, and their resilience and resourcefulness to deal with and overcome adversities as young care leaver mothers, as Rylie states, “I find myself looking within to then change something so my son doesn’t live the same cycle. So it’s always a constant battle of what can I do better.”.

Legacy of child protection involvement: Due to their childhood histories of OHC, participants’ decisions were often overshadowed about where and from whom to seek support. Some of the participants had little to no supportive connections to their family of origin, with some stating that their families were not safe. For example, Lexie explained, “I need to keep myself safe” because “they [family] do drugs, so I don’t want that around me”, and Payton chose to cease contact with her mother to “heal and move on and get on with my life”. For these reasons, participants often relied on seeking support outside of their own family of origin to navigate life and parenting matters.

Participants in the study also described the stigma or barriers to ask for help within the child protection system. Skyla says she “always thought people would judge me for asking for help”, and Rylie felt there was a “systemic pressure to succeed” and worried about being under the watch of CPFS by simply asking for their help. The fear described of being on the radar of CPFS was compounded by their own OHC experience as a child. As described by Rylie: “I was fearful that DCP [Department for Child Protection – CPFS] were going to take my kid off me” because “once you’re in the DCP system you’ll never get out”.

Children in the foreground: Becoming a parent triggered some participants to experience “epiphany moments” (Natalee) regarding their own childhood experiences; “I guess it made me think about myself as well. I felt like ‘how can somebody carry me for nine months or make me for nine months and then sort of abandon me?’” (Natalee). All participants, whether their children were in their care or not, described a deep love for their children, the positive impacts their children had in their lives and a sense that their children’s needs were their primary focus. As Skyla described: “the love you have for your children, you’ve never felt that before you had children”, and as explained by Sophia, “I have my own family now and that’s sort of my priority”.

As such, children were identified as a source of motivation for many participants, bolstering resilience, across various aspects of their lives. For example, Alyssa, whose children were in OHC, explained that her children still gave her the strength and motivation to improve her mental health because she is “waking up for them every day and not being

suicidal". Others demonstrated resilience in their attitudes towards challenges, and resourcefulness in getting their needs met and doing what was best for their children. As described by Payton, "there's good days, there's bad days, but that's just what it is" and refers to herself as a "bouncy ball" and "can adapt to different situations and stuff like that quite regularly". Having children helped motivate participants to implement positive lifestyle changes, and gave participants a new life purpose which also facilitated a change in identity. As Alison explained, becoming a parent brought a lot of new responsibility because "it's not about just you anymore", and "being a mum has helped me to mature up a lot as well".

3.3. Getting needed support

Most of the young women in the study did not remember discussing a leaving care plan with their CPFS worker in the lead-up to leaving care or reported that plans and supports after leaving care were inadequate to meet their needs. As Rylie explained, "I didn't know nothing about leaving care, heard nothing of a leaving care plan or TILA¹ fund, or anything to do with leaving care until I actually left care.". Even when there was a plan, some women did not feel suitably prepared to leave care, as Lexie stated "...there were things in place, but I still didn't feel prepared at all. And they don't help you with actually leaving. And they don't tell you what you need to know about the real world." Others felt they did not have enough information from workers to understand the support or resources available to them once they left care. Participants also perceived a lack of planning and follow up support for their basic material and reproductive health needs. Therefore, in the absence of clear support pathways within the child protection and leaving care systems, participants relied on the informal support networks they had developed.

Access to basic living needs: Participants reported not feeling adequately supported to meet their basic material needs, such as buying food, clothing, medications, completing tenancy paperwork, or practical life skills in general. Some of the support needed included financial management skills to help learn "how to be able to support yourself or be financially stable if you're living off Centrelink" (Lexie), and "how to sufficiently work with your money" to manage finances such as "rent, buying food, paying bills" (Skyla). Other concerns related to life skills, such as "cleaning clothes, learning how to put on a washing machine" (Rylie). Relatedly, housing was another concern for most participants who, as mothers, valued stable housing. Neveah wanted CPFS to provide a home as part of the leaving care transition "to stay in for a couple of years. Especially with kids, you don't want to move around too much". Systemic barriers to stable housing for participants included long wait times for social housing and the increasing cost of rent with decreasing availability of private rental properties. This was particularly pressing for them as mothers because being homeless is viewed by CPFS as a risk to their child's safety. Sophia explained how she feels safer and more stable after purchasing a home with her husband, "we own it, so we can't just be kicked out by a landlord". However, most participants considered homeownership unattainable due to living in single-income households, being unable to work due to parental care responsibilities, or receiving government welfare payments as their main source of income, which were typically below minimum wage.

The unique needs of women as mothers: Participants also spoke about additional vulnerabilities that put them at risk of early parenthood or unwanted pregnancy. Some spoke about a lack of sexual education, as Neveah stated: "they [CPFS/foster-carers] never told us about sex or never told us anything about periods". The lack of information or support regarding reproductive developmental changes resulted in Neveah stealing sanitary products "because my foster carers wouldn't buy me

tampons, pads, shavers". Also discussed was a lack of pregnancy-related support from the child protection system for those who were pregnant, and an absence of planning for pregnancy or parenthood in leaving care discussions. When Natalee sought support from CPFS for her pregnancy, she "was told that they [CPFS caseworker] don't do birthing plans unless they think that that's a possible scenario", and Alyssa said, "It would have been good if DCP [CPFS] could have talked me through them sort of things ... like, preparing you for being a mother".

All participants described aspirations for further education or stable employment but were restricted due to parental responsibilities, and therefore chose to temporarily put education or work plans on hold, as Neveah states, "...it's impossible when I've got a kid and I'm on my own.". Decisions to not pursue study, work or training were typically made due to a lack of social and financial support to care for the children while the young mother studied or worked; with most participants being single mothers. Some of the reasons behind their decision-making included a desire to be present and prioritise their child's needs, as well as the unaffordable cost of child care and the lack of family support to help care for their children. Neveah highlighted this need for social and financial support to study or work stating a desire for, "someone to help you study, maybe a family daycare that's not going to cost an arm and a leg just so you can go study to become what you want in the future."

Finding supportive relationships: Strong, supportive relationships and networks were also identified as essential for care-experienced mothers and their children to thrive. In place of support from family, parenting and leaving care experiences were highly dependent on participants' relationships with other individuals in their lives, be they friends, intimate partners, foster caregivers, or workers within services they were accessing. These informal support networks and relationships were built by the participants for social connection and a sense of safety, but were also a way of accessing parenting advice, practising self-care, developing practical life skills, and modelling positive relationships. As explained by Rylie: "If it wasn't for me actually building a social circle, I wouldn't have no one".

Navigating parenting arrangements and intimate partner relationships was another crucial issue for the young mothers. Even with a consistent and supportive partner to share caring or financial responsibilities, Sophia says "Parenting's hard. It's a very lonely journey". Those who were single parents described a double-edged sword; facing parental responsibilities alone often felt overwhelming, but it also meant they could be independent in their parental decision making which was viewed as advantageous, "I like a bit of this [single parenting] where I don't have to argue [with] anyone" (Lexie). For some mothers, family and domestic violence was a factor for having full-time care of the children and no contact with the child's father. Those who were co-parenting valued the role a father played in their children's lives, explaining "I don't want my kids being in that situation where they only have one parent" (Neveah) and Sophia says, "I'm mum, and he's dad, and he helps with those children. So you come home and you be a dad and you help".

4. Discussion

This study set out to explore the experiences of WA care leavers, who are mothers, as they transition from OHC to independent adulthood. The experiences of 11 young women were analysed and highlighted the incongruence between the needs of participants as care leavers, as mothers, and the system from which they are entitled to access support. Despite being highly motivated to provide for their children and break the cycle of OHC within their families, the young mothers described feeling underprepared and under-supported by the child protection system during pregnancy and parenthood. Instead of receiving meaningful support, many felt monitored and stigmatised by the child protection system. Those without family support often built strong informal networks around themselves to meet their needs, either because they were reluctant to reach out to the child protection system for support or because the support offered was inadequate.

¹ The Transition to Independent Living Allowance (TILA) is a one-time payment offered to eligible young people, aged 15 to 25, who are transitioning from formal or court-ordered out-of-home care to independent living.

Leaving care planning is an important step in the transition from OHC to independent adulthood for most care-experienced young people. However, the majority of the young women in our study did not recall having a leaving care plan. One explanation for this finding may be that they were excluded from their own leaving care planning process. Alternatively, leaving care planning may have occurred but may not have been clearly communicated to the young person as part of a formal leaving care plan. Leaving care planning provides an opportunity for young people to articulate their aspirations and identify their future support needs (Department of Communities, 2025; McDowall, 2013; Hall, 2012). However, participants in this study reported limited engagement in the leaving care planning process. The importance of young people's participation in decision-making about their own lives is underpinned by the United Nations Convention on the Rights of the Child (1989). In the context of OHC, ensuring that young people are involvement in making decisions about support not only upholds this critical human right, but also allows for meaningful relationships to build over time which supports healing, promotes stability, and builds trust (Arnett, 2000; McDowall, 2013). Participation in leaving care planning is critical for all care leavers. However, for young women - who may also have the intersecting vulnerabilities associated with young motherhood and single motherhood - effective leaving care planning is critical to ensure that both their needs and those of their children are met.

The young women in this study who did recall having a leaving care plan stated that it was inadequate to meet their needs, especially in relation to preventing or planning for pregnancy and motherhood. Leaving care plans ought to be tailored to an individual's needs and include "matters such as further education, work readiness, employment, medical assistance, housing, social skills and independent living skills." (Hall, 2012, p. 6). While participants acknowledged that they were supported in these needs, in the broad sense, their care and leaving care experiences lacked planning and information critical to them as women: considering the increased rates of early pregnancy for care-experienced women (Finigan-Carr et al., 2018; Purtell et al., 2019). The reported absence of information and support for female reproductive changes, sexual education, and pregnancy within leaving care planning is concerning and suggests a need to add a gendered lens to matters addressed the during leaving care planning process.

In addition, participants felt their parenting was monitored, and largely under-supported, by the child protection system during their transition from care. An Australian study found consensus around surveillance bias of care leavers as parents suggesting that child protection has the propensity to "review the child protection file of a parent which was in care to make assessment about their suitability as parents" (Purtell et al., 2021, p. 362). This reflects the paradoxical role of child protection tasked with caring for those in OHC, while also surveilling them if they become teen mothers within that system. As Riley expressed, "with DCP [CPFS] even knowing ..." she feared "... that they were going to take my kid off me". Similarly, support workers in Purtell et al.'s (2021) study noted that having access to the care leaver's histories could be used to foster better ways to understand and work with young parents for better outcomes. However other workers raised concerns that workers could potentially make too many assumptions based on a young person's history which may not accurately reflect their current circumstances or risks. Moreover, rather than supporting young care leaver parents through the natural ups and downs of parenthood, support workers in the study felt that the child protection system subjected them to greater scrutiny than non-care leavers. This heightened surveillance of otherwise 'normal' parenting challenges left little room for young care leaver parents to settle into parenthood, with these struggles often becoming part of the risk assessment. In addition, our findings highlight the conflicting duality within the child protection system. On the one hand, the system acts as the corporate parent of care leavers, with a statutory responsibility to provide support that meets their needs. While on the other hand, it holds the statutory authority to remove

children (or in this case its corporate grandchildren) from the care of those same young parents. Our findings suggest that intergenerational experiences of OHC could be positively disrupted if statutory responsibilities were extended to include enhanced, proactive support aimed at promoting family preservation.

At face value, the challenges faced by the young mothers in this study were similar to those experienced by many care leavers, yet, the consequences of not having these needs addressed for care-experienced mothers has direct implications for the next generation. As this study supports, care leavers often face housing instability, low incomes, challenges accessing employment and training, and/or poor mental health (Harrap et al., 2023; Lima et al., 2018). Mothers in this study who were single parents were often precluded from engaging in education or employment due to the lack of financial and social resources to allow access for suitable care of their child while they studied or worked. Balancing work demands and being present in children's lives is often a challenge for parents in general (Nockolds, 2016), however single mothers who are juggling the burden of being the sole financial provider and caregiver are challenged even further (Carroll, 2018; Tennant & Bowey, 2019). In addition, single-parent families experience poverty at twice the rate of coupled families due to high basic living costs, housing discrimination, limitations to work, caregiving responsibilities, and insufficient financial assistance (Wilkins et al., 2020). Socio-economic disadvantage is also highly associated with care experienced people, both regarding the families of origin of children entering the care system (Sacker et al., 2021) and young people who transition out of OHC to adulthood (Wolfgang et al., 2022). Our findings underscore the importance of addressing child-care-related barriers to education and employment faced by care leavers who are young mothers. Doing so not only helps to alleviate broader challenges linked to socio-economic disadvantage but also serves as a protective factor for their children, who are at increased risk of entering the care system themselves.

Participants expressed a strong desire to break or avoid an intergenerational cycle of OHC in their families. Their fear of child protection involvement in their own children's lives is not unfounded, given that young women with an experience of OHC are more likely to have children placed into the care system than their non-care experienced peers (Lima et al., 2018). Other studies mirror this finding of care leaver parents determined to prevent their children from experiencing OHC like they did, often prioritising their children's needs over their own (Amos et al., 2022; Aparicio, 2017; Rolfe, 2008). Moreover, care-experienced mothers described drawing on their own experiences in care as motivation to parent their children differently than their own parents and were determined to be a considered a 'good mum'. Despite existing research highlighting high rates of child removal among care-experienced mothers (Lima et al., 2018), only 1 mother in our study had children placed in care. This finding highlights a significant discrepancy and indicates that our research might therefore provide valuable information about the elements that could help children stay with their care-experienced mothers and within their family of origin. The young women in this study described stigma and barriers to accessing support for pregnancy and parenting from the child protection system. Explanations for this finding may include the noted surveillance bias, and the young women's fear of an intergenerational cycle of OHC in their families (Purtell et al., 2021). Another potential explanation is the persistent social stigma associated with single motherhood. Literature suggests that single mothers are often positioned within a public discourse as economically deficient and morally questionable individuals, contributing to the systemic disadvantage (CSMC, 2024; Wolfinger, 2024). Australian research continues to show that single-mother households are disproportionately affected by poverty, and social narratives typically portray them as dependent on welfare and lacking adequate parenting capacity (Wolfinger, 2024). This deficit framing reinforces harmful stereotypes that contribute to psychological distress and undermines self-worth among single mothers (Brookings, 2024; Sihag, 2024). Moreover, the negative social assumptions directed

toward single mothers can also affect their children, leading to ongoing social, emotional, and psychological hardships (Sihag, 2024; Wilkins et al., 2020). Shifting the discourse around care-experienced single mothers to a strengths-based perspective is critical to amending policies and practices to better support the wellbeing of care-experienced women and their children.

Much of the data presented in this study focused on deficits in the systems that support care-experienced mothers and the challenges they face. However, participants also demonstrated resourcefulness and resilience to ensure their needs were met. The ability of participants to cultivate strong informal support networks outside of the child protection system helped young care-experienced mothers to foster healthy relationships to build trust, develop better communication skills, and feel less socially isolated. This study, and others, highlighted that building strong supportive and safe relationships is imperative in helping care-experienced mothers develop the necessary skills to navigate life's challenges (Aparicio et al., 2015; Aparicio, 2017; Chase & Ullrich, 2022; Pryce and Samuels, 2010). Developing these relationships is critical. Mothers with care experience may not have connection with biological family networks to help with the challenges of parenthood and safeguard their wellbeing. Therefore, creating and maintaining connections can help to strengthen intergenerational wellbeing for mothers and their children, and to foster an environment in which care leaver mothers feel a sense of belonging that they may not have experienced during childhood.

The young women in our study also demonstrated strength and resilience to navigate multiple social systems while managing parental responsibilities to provide for their children, consistent with other research (Levine, 2009; Taylor & Conger, 2017). Taylor and Conger (2017, p. 350) found that 'perceived social supports' and 'internal strengths and coping skills' are protective factors for single mothers that facilitate positive outcomes for their children. Moreover, Wade's (1997) theory on resilience explains how individuals endure disadvantage and oppression by engaging in acts of resistance and survival, reflecting an inherent capacity for agency even in adverse contexts. While this personal resilience is important, resilience theory also emphasises the protective role of relationships, particularly the presence of one stable, caring adult, as a key factor in promoting positive outcomes for young people (Ungar, 2012). In the context of our research, the support offered by a trusted person, such as a case- or support- worker, friend, or foster carer, was critical in enabling care-experienced mothers to seek stability and create safe, nurturing environments for their children. These relational supports, alongside the mothers' own determination, were central to their ability to resist systemic pressures and parent with strength and purpose despite significant challenges.

Lastly, as the corporate parent, the child protection system has the responsibility to ensure that care leavers are well supported in their transition from OHC to independent living. In WA, there has been a recent policy shift that formally recognises the importance of continued support for care leavers beyond the age of 18. Although some services were available in the past, they were not guaranteed for all young people leaving care. The introduction of the Homestretch model, where non-government organisations deliver tailored transitional support, represents a significant step forward in addressing some of the long-standing barriers faced by care-experienced young people, both in WA and other jurisdictions (Government of Western Australia, 2024). Future research will be essential to understanding the long-term effectiveness of this shift, especially in terms of how extended care and support shape outcomes for young people transitioning to independence.

5. Limitations

This study focused on the experiences of mothers with a history of OHC as they transitioned to independent living. Due to the underrepresentation of fathers in the study cohort, we were unable to explore the experiences of care leaver fathers. While the majority of mothers in this

study (n = 10) had their children in their care, existing research indicates that child removal rates are typically much higher among this population (Lima et al., 2018). Additionally, the NTL study did not include questions specifically related to participants' children; thus, key information - such as the number of children and their ages - was not collected. Future research would benefit from a more targeted design that incorporates these details to enhance understanding in this area.

Most participants were recruited through non-government organisations and CPFS services, which may have resulted in a sample more actively engaged with support services - potentially contributing to greater financial and emotional resilience. A majority of mothers also reported experiences of FDV; however, the available data lacked depth regarding the context and nature in relation to FDV. This underscores the need for further investigation into the intersections of child protection, FDV, and parenthood.

Finally, while 36 % of the participants identified as Aboriginal, they generally completed only one to two interviews, compared to up to four interviews completed by some non-Aboriginal participants. This disparity highlights the importance of Aboriginal-led research initiatives that prioritise the recruitment and sustained engagement of Aboriginal young parent care leavers.

The small sample size of this study limits how broadly the findings can be applied. While the in-depth, qualitative approach provides valuable insights into the lived experiences of care-experienced mothers, the findings should be interpreted with caution and not assumed to represent the experiences of all care leavers.

6. Conclusion

Our study highlights the imperative that all young people are included in and heard throughout the leaving care planning process. Workers who support young women transitioning from care must apply a gendered lens when developing their leaving care plans to ensure a holistic approach to support is provided. Specifically, sexual education and decision-making support for young women regarding pregnancy and parenthood should be integrated into care planning and remain responsive to changes in their circumstances. Based on the findings of this study, access to childcare is not currently a required part of leaving care planning; however, we recommend that it should be. For young mothers, access to reliable childcare is crucial if they want to pursue further education or employment. Without it, they face a major structural barrier that can limit their independence and undermine their wellbeing. Listening to the knowledge and experiences of care-experienced mothers is necessary to bridge the relational gap between them and the child protection system, and is critical to reducing barriers to access support.

At a policy level, the child protection system has a duty of care, as the legal guardian of young people leaving care, to ensure they are properly supported and equipped with the skills and resources to transition into adulthood. However, the young mothers in our study described feeling fearful and unsupported by the child protection system, particularly when it came to pregnancy and parenting, and reported experiences of stigma and judgment. The disproportionately high rates of child removal among this population highlight significant gaps in planning and support for pregnancy and parenthood, leaving young women from OHC vulnerable to poorer outcomes. While direct causation cannot be established, it is likely these systemic gaps in planning and support contribute to the intergenerational cycle of child protection involvement. Therefore, partnering with young OHC parents to ensure coordinated support and connection to services that address adversity, safety, and their parenting goals is key. It is also crucial that child protection policies and practices recognise and build on the strengths and resilience of young OHC mothers. Supporting their wellbeing, and that of their children, not only promotes better outcomes but also helps to break the cycle of intergenerational involvement in the care system.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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