



*Evaluating the effectiveness of reducing stigma and increasing support for Care-Experienced Young Mothers in England*

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## 2.Executive Summary

### **Project background**

*This project has been facilitated by the registered charity Interchange, who work with higher education institutions to connect students who are looking for social research projects with VCOs who have project ideas (Interchange, 2019). The National Youth Advocacy Service (NYAS) worked in collaboration with an undergraduate student at the University of Liverpool, who executed the project. NYAS is a charity based in England and Wales that employs a range of services to vulnerable young people and adults, one of their aims being to provide issue-based advocacy to try and better the circumstances for these young people.*

### **Key research questions**

*This project aimed to evaluate the effectiveness of services currently available to Care-Experienced Young Mothers in relation to how successful they are at reducing stigma and increasing support.*

### **Methodology**

*The research consisted of qualitative interviews with Service Workers, who support or work around supporting Care Experienced Young Mothers. Alongside this, an online anonymised survey for Service Users to participate in. Combined, it was anticipated the data would provide insight into perspectives of services.*

### **Key findings**

- *Inconsistencies between Local Offers contributes the disparities in support provided to CEYM. Although some Local Authorities may have services that provide incredible benefit to CEYM, such as mental health services, without these being available nationwide some individuals have more access to resources than others.*
- *The affordability and structure of childcare services in England create a key barrier in CEYM accessing employment and educational opportunities. Without change, the cycle of disadvantage may continue.*
- *Mental Health support is not perceived to be specialised enough for the complex needs of CEYM and this is crucial when considering their lack of informal support networks.*
- *Increased education for agencies such as healthcare providers would be crucial in reducing stigma for CEYM. Service Workers and Users perceive early help referrals based solely on being Care-Experienced to be stigmatizing*
- *PAs are a source of support and empowerment for CEYM and their ability to advocate for them and provide consistent support can have a positive impact on reducing stigma and increasing engagement with support services*

- *The structure of housing support and access can impact support received by CEYM. Long waiting lists can lead to CEYM living in unsuitable conditions once they have a baby and can sometimes lead to families living separately due to a limited amount of appropriate housing*
- *Peer support networks consisting of other CEYM can have a positive impact on reducing stigma as CEYM feel less othered in parenting groups and are able to form support networks with other CEYM, who might have similar experiences.*

### **Conclusions and recommendations**

- *Increasing specialised mental health support for CEYM and changing language from negative associations of CEYM seeking mental health support, to making them a priority within the service.*
- *The training of agencies working alongside CEYM, such as healthcare services, should be increased to ensure they have a better understanding of the impact being Care-Experienced can have when entering motherhood.*
- *The disparity in Local Offers nationwide. The expense and structure of childcare services also be addressed within this as it increases barriers to employment and education, which can cause a cycle of unaffordable childcare.*
- *The underlying theme of many of the improvements is the lack of funding. Mandatory data collection on CEYM would not only help to see what areas of support might need improving but also would be beneficial when applying for funding. Training agencies and Local Authorities rely on consistent funding. Without this, support will struggle to be increased, having a knock-on impact on educating external services and reducing stigma.*

### **3. Abbreviations**

*NYAS – National Youth Advocacy Service*

*CEYM – Care Experienced Young Mothers*

*CEYP – Care Experienced Young People*

*Service Worker – a professional employed by an agency (Local Authority/ Voluntary sector/ Government body) to support Care Experienced Young People*

*Service User – a Care Experienced Young Mother*

*PA – Personal Advisor*

## 4. Introduction

### 4.1 The client organisation: NYAS

*NYAS is a charity based in England and Wales that employs a range of services to young people and adults that may be in vulnerable situations. Their services include mental health support, legal services and issue-based advocacy, all of which contribute to their main aim of empowering young people and adults and ensuring that their voices are heard. NYAS not only strive to make CEYP's voices heard, but also their wishes acted upon, to better their circumstances in any way they can. This project focuses on the support available to Care-Experienced Young Mothers (CEYM). NYAS conducted a similar piece of research in Wales, focusing on the views of care-experienced young mothers and the support that was available to them (NYAS, 2023). This research concluded in recommendations for the Welsh Government to take into consideration surrounding child protection proceedings and advocated for Care-Experienced Young Mothers in Wales, to ensure their voices are heard (NYAS, 2023).*

### 4.2 The project aims and objectives

*The aim of this project is to understand the service provision currently available to Care-Experienced Young Mothers and evaluate their effectiveness to reduce stigma and provide support to CEYM in England. The organisation NYAS provides youth advocacy services to CEYP. They have highlighted a need for more research into the support for CEYM. Due to Care-Experienced Mothers having an increased risk of early removal of their children (Broadhurst et al., 2017), it is crucial that we assess the current support services and improvements to provide better outcomes for CEYM.*

*The project questions are:*

- What are the perceptions of service provisions and their effectiveness from service users and providers?*
- How do service users perceive the range of support provided e.g. mental health, work, and education?*

## 5. Research context

### 5.1 Care-Experienced Young People

*This project focus on the support currently available to CEYM in England. It seeks to explore how services can be improved to reduce stigma and discrimination and in turn increase support. The paper explores existing literature and policy associated with CEYM to help provide context to the research. One limitation became apparent that there is a lack of academic resources specific to CEYM in England. A similar project was conducted by NYAS Cymru produced a report highlighting the inequalities that CEYM face in Wales (Project Unity, 2023). The report concluded several key findings, but it highlighted that CEYM were overrepresented in the child protection arena and “3 in 4 young women felt as though the support provided by social services focused more on the negative aspects of their parenting” (Project Unity, 2023). In 2000, the government introduced the “Children Leaving Care Act” (GOV UK, 2011a). This legislation extended the duties of Local Authorities, aimed at supporting young people who had been looked after transition onto adulthood more successfully. It introduced the role of a Personal Advisor (PA) to provide Care-Experienced Young People with a focal point to help coordinate support and ensure contact is maintained (Broadhurst and Mason, 2019). The statutory guidance highlights support form a PA is available until the young person is 25, should they wish to access it (Department for Education, 2018). However, studies suggest the support is still not consistent across England and Wales, with a percentage of young care leavers feeling poorly prepared for independent life after leaving care (Fallon and Broadhurst, 2015). To help support young people’s preparation, charities such as ASDAN (Award Scheme Development and Accreditation Network), provide courses that focus on life skills and living independently, producing resources to increase awareness of what living independently might look like (ASDAN, 2019). Programs such as this provide templates that the Local Authority can follow, in order to demonstrate they are fulfilling their duties in preparing looked after young people for independence (GOV UK, 2011a). In 2016, the Government’s ‘Keep on Caring’ policy, highlighted the importance of the corporate parent role that Local Authorities play for many young people who are Care-Experienced (Department for Education, 2016). In 2017 these principles were extended further, to include support for care leavers up to the age of 25 (GOV UK, 2017).*

*Despite this, there is recent evidence that CEYP would value support that extends past the age of 25 (National Leaving Care Benchmarking Forum, 2023).*

## **5.2 Statutory support**

*Since 2017, local authorities have been required to produce a ‘Local Offer’, outlining what support young people are entitled to once they leave care (GOV UK, 2017). Every Local Authority will have a different Local Offer, depending on which non-statutory services they choose to prioritise (National Leaving Care Benchmarking Forum, 2019). Therefore, it has been argued that these can sometimes be a “postcode lottery of services” as some Local Authorities may offer better services than others due to a difference in resources (National Leaving Care Benchmarking Forum, 2019). As for direct financial support, CEYP are offered a ‘Leaving Care Allowance’, sometimes called the ‘Setting Up Home Fund’, which is a sum of money they can access through their PA (UK Parliament, 2021). They may receive this at 18 or 21 depending on when they begin living independently and as of April 2023 the government recommends that young people should receive a minimum of £3,000 (UK Parliament, 2021). However, the ‘Staying Put’ arrangement, introduced in 2014, provided an alternative to living independently at 18, with the choice to live with the same foster carers until the age of 21 (GOV UK, 2014), which has been supportive to those who are not ready to live independently (Furey and Harris-Evans, 2021). Bursaries are in place to help support CEYP continue with full time education or higher education (GOV UK, 2011b). However, there is a lack of standardised financial support explicitly for CEYM. Research conducted by the National Leaving Care Benchmarking Forum revealed that some of the top provisions that leaving care professionals and CEYP want to see in the Local Offer do not relate to monetary support. They include offers for CEYP, for example baby boxes for Care-Experienced Young Parents, groups specific to their experiences, e.g. group for Care-Experienced Parents, and support that extends past the age of 25 (National Leaving Care Benchmarking Forum, 2023). This highlights that despite this support being available in some Local Authorities, there is a disparity across the country in accessing services depending on where CEYP live.*

### 5.3 Trust and relationship between mothers and social services

*In analysing the relationship between Social Services and CEYP, one thing that has been identified is that of epistemic distrust between the two parties. It has been suggested that this is partially due to the past relationship CEYP had with social services, with specific focus on women's resistance to services due to their developmental histories (Mason, Taggart and Broadhurst, 2020). This resistance has sometimes been coined "parental non engagement", however it is important to recognise the issue with this phrasing as it suggests the breakdown in the relationship between a parent and the service is the responsibility of the parent (Mason, Taggart and Broadhurst, 2020). It has further been suggested that stigma is a large factor in why some CEYP are reluctant to engage with support services, especially in relation to mental health problems (Sanders, 2020). Young people fear that making professionals aware of these struggles may be recorded on their case files and negatively impact on their future opportunities (Sanders, 2020). Previous research has suggested that Care-Experienced Mothers are at increased risk of early child removal (Broadhurst et al., 2017), with an increased risk also being associated with mothers under the age of 20, especially those with mental health conditions (Nuffield Foundation, 2024). Regarding mental health support, evidence supports there is a lack of individualistic mental health care for CEYP (Sanders, 2020), which is particularly concerning considering CEYP have higher rates of mental health problems in comparison to those who are not Care-Experienced (Sanders, 2020).*

## 6. Methodology

### 5.1 Qualitative interviews

*Semi structured interviews were conducted with service providers who work in varying local authorities across England. The interviews focused on the service providers perceptions and experiences of the services available to CEYM. The interviews produced qualitative data which provides an outlook on the different areas of support available to CEYM from a professional's perspective.*

*An interview guide was created which consisted of 4 questions that covered pre-determined topics (See Appendix E). However, as the interviews were semi-structured, participants could expand on their answers and the researcher was able to ask to follow up questions to further clarify points. The use of semi structured interviews provides a more conversational tone to the interview, which has been considered a technique that makes establishing rapport with participants easier (Bryman, 2021). The sample included four service workers, who work either alongside CEYM or within services that provide support to CEYM. Participants were contacted by my link worker from NYAS who acted as a gatekeeper to help arrange contact, to organise a time for interviews.*

*Interviews took place via Microsoft Teams and at a time that was decided prior between the researcher and the participant. The interviews were recorded and subsequently transcribed.*

### 6.2 Online Survey

*An online survey was created, using Microsoft Forms, which focused on collecting the perceptions of services from CEYM themselves. The survey was shared via an anonymised link, making it easier for the respondent to complete the questions confidentially and at a time convenient to them.*

*NYAS took responsibility for disseminating the link to Service Workers connected with their organisation across the country. These Service Workers then shared it with CEYM they found appropriate to take part. Participants didn't have to send anything back to the researcher, making it time efficient (Bryman et al, 2021). Therefore, the survey produced qualitative data, providing direct insight into CEYMs general perceptions of services. The survey consisted of ten both open and closed questions to maximise the research collected whilst being cautious of ethical considerations (See Appendix F). The sample consisted of one participant.*

### **6.3 Analysis**

*The qualitative data was analysed using inductive thematic analysis; key themes created and analysed without using pre-existing coding frameworks (Braun and Clarke, 2006). Themes throughout the data sets are then identified and compared (Bryman et al., 2021). The survey data is analysed through coding the qualitative answers and conducting thematic analysis for key themes and insights. Both data sets can be cross referenced, and any parallel themes explored and developed.*

### **6.4 Ethics**

*As this research was conducted by an undergraduate at a university institution, the research followed the ethical guidelines provided by the institution to protect participants from any harmful research practices (Bryman et al., 2021). The British Sociological Association states that where possible informed consent should be freely given by those participating in the research (British Sociological Association , 2017). Both Service Workers and Service users were provided with information sheets and consent forms to read prior to taking part in the research (See Appendix A, B, C and D). These informed the participants of the themes that the research was going to cover and reminded them of their right to withdraw from the research. All data was stored on a password protected system and interview transcripts removed any personally*

*identifiable information, such as names or local authorities, to ensure that the participants were provided with as much anonymity as possible. Survey data remained anonymous throughout the research. This established that both anonymity and confidentiality was ensured for all participants in both storing and analysing the data (Bryman et al., 2021). All participants were over the age of 18 years old.*

### **6.5 Limitations**

*Disappointingly, only one Service User participated in the online survey, which is a limitation to the research as it is less generalisable to the whole population of CEYMs in England. However, the data is still used in the analysis as NYAS advocates making the voices of CEYM heard, therefore, it is important that the respondent's perception of services and support is recognised. The findings from the online survey, coupled with the interviews conducted, are drawn from individuals' perceptions of services, not on conclusive measures or evidence of how effective services provided are. The research intends to provide insight for NYAS into the services that are currently available and their effectiveness at decreasing stigma and increasing support for CEYM. It isn't intended to entirely transform the areas of support, but rather shed light on possible areas that Service Workers and Users recognise there may be gaps. The scale data collected from the survey was unable to be quantitatively compared due to the low response rate, however it does provide insight into an individual's experience and therefore is contributory evidence in the analysis.*

## **7. Findings and discussion**

*The process of thematic analysis was used to examine the data in relation to the overarching research question “Evaluating the effectiveness of increasing support and reducing stigmas for Care-Experienced Young Mothers”. The analysis of survey data will be presented alongside the data that was collected from the semi-structured interviews. The findings produced the seven following themes:*

- The Local Offer: varying support for CEYM*
- Accessibility of childcare for CEYM and its impact on employment*
- Accessibility of mental health care and specialised support for CEYM*
- Evolving multi-agency training and cohesiveness*
- Building relationships and trust between CEYM and Personal Advisors*
- Barriers to housing support for CEYM*
- Peer support networks and socialisation support*

*For confidentiality purposes and to maintain participants anonymity, Service Workers will be referred to as Participant A, B, C, D and the Service User will be referred to as Participant Y.*

### **7.1. The Local Offer: varying support for CEYM**

*One prominent theme that emerged from the data was the inconsistencies between Local Offers and material support provided to CEYMs, and how this can create gaps in the level of support available to them, depending on their Local Authority. As is highlighted in Section Two of the Children and Social Work Act of 2017, the Local Authority must provide up to date information of the services available to individuals leaving care, to support their transition to living*

independently in adulthood (GOV UK, 2017). When discussing the Local Offer, Participant C used the phrase “Postcode Lottery”, highlighting the unequal access to support, with Participant B also calling attention to how this can create a disparity on the support provided, using the example of driving lessons: “you might get driving lessons in one place, but you might not in another”. Participant D also referenced the difference in Local Offers, leading to some CEYMs relying on charity services to access the same support, which Participant D highlights can come with a strict criterion: “she's got access to a car after she passed her driving test. And I put all this in and they just, oh, we'll only fund it for driving if you need to drive for work”. This finding suggests that there are many barriers in accessing equal support for all CEYMs and that many local authorities are using charities to help further fund and access services to increase the support available to CEYMs. As a CEYM themselves, Participant Y perceived a lack of specific support for young mothers in the leaving care offer, concluding the support services were only “somewhat effective” in increasing support for life after care, specifically in relation to providing emotional and practical support with their children. Participant Y proposed that increased targeted support “would be less stigmatising and would allow professionals to monitor and refer as appropriate”, implying it would not only reduce negative connotations associated with accessing support, but it would also help professionals to maintain a line of communication with the parents. This aligns with the research previously reviewed, emphasising the need for a more targeted Local Offer that includes consideration of the needs CEYM (National Leaving Care Benchmarking Forum, 2023).

The accessibility of the Local Offer was explored in the interviews, with participants highlighting the importance of effectively communicating what support is available to CEYMs. Despite the creation of a Local Offer being mandatory for Local Authorities, the findings highlighted the importance of this information being accessible and engaging specifically for young people. The use of “bite-sized videos” (Participant A) on social media platforms such as Facebook to engage young people, whilst also spreading information about the Local Offer, was said to have worked well in one of the participants' local authorities. This corroborates research by the National

*Leaving Care Benchmarking Forum, which examined different support, both statutory and voluntary, across multiple Local Offers, one of the recommendations stressing the significance of raising the awareness and profile of the Local Offer contains (National Leaving Care Benchmarking Forum, 2019). The feedback raised several points; how CEYP access the Local Offer, where they access it and what the Local Offer contains. The National Leaving Care Benchmarking Forum are looking at the content of Local Offers across the country, however this small-scale research would suggest that before you can look at the content, Local Authorities need to help promote the existence of the Local Offer. Is it accessible to all young people, for example those whose first language is not English? Is it available on platforms used by young people? For CEYP, the Local Offer a set of promises that their corporate parent is setting out to fulfil, as a support mechanism to aid with their transition into adulthood. One could argue, how relevant is the Local Offer, if CEYP don't know about it, and how relevant is the content if it's not supporting those who might need it, specifically CEYM. However, the production of videos takes time and money, and when funding is limited, the creation of accessible, engaging videos is limited too: "it's having the time and the money and the people to be doing them or producing them. That's the biggest issue" (Participant A).*

*One of the challenges that participants highlighted was the barrier surrounding accessing funding for projects due to the lack of national data on CEYM in England. Service Workers stressed the problems this caused, suggesting that in terms of material support, such as baby boxes providing expectant mothers with items for baby, accessing funding can be harder due the positive impact not being seen by those providing funding: "for higher up, it's quite new...because they don't see it daily, they don't think it's too much of an issue" (Participant A). This is further supported by Participant C, who suggested the need for mandatory collection of data on Care-Experienced young parents and how this is crucial in securing funding and improving services for young people: "without that national data and without that data in some local areas, it's really hard to make a case for why funding is important and what difference it can make" (Participant C). The research of CEYMs in Wales supports this, as it stressed the*

*importance of conducting and publishing data on Care-Experienced young women's interactions with child protection proceedings annually, urging how crucial this would be, not only for finding gaps where these young mothers may need more support but also to show what current support is having a positive impact (National Leaving Care Benchmarking Forum, 2019).*

## **7.2. Accessibility of childcare for CEYM and its impact on employment**

*Another theme that became apparent after analysis was the accessibility of childcare for CEYMs and the impact this can have on their education and employment opportunities. Firstly, it is important to recognize how the lack of an informal support system can impact accessibility to childcare. While the Local Authority acts as a corporate parent to the CEYM, the findings suggest this has started to be extended in some local authorities to 'corporate grandparents':*

- "the support that people say that they really appreciate is really when local authorities act as corporate grandparents and that's a model that we are starting to see being introduced in more areas" (Participant C)*
- "you often you do become a grandparent but not all local authorities see themselves in that way" (Participant C)*
- "It will be me who sends a card when he has a child...where's that corporate responsibility?" (Participant B)*
- "they don't trust people, they don't want to go and give their baby or their child even when they go to work, they're scared of, like, leaving it with a stranger because they're scared they might leave it with the wrong stranger" (Participant B)*

*The findings suggest that Service Workers recognise the need for a model that specifically helps support CEYMs, particularly when it comes to childcare. It indicates that one of the issues with childcare is it is not structured with CEYP in mind, and the suggestion of the 'Corporate*

*Grandparent' extends the Local Authorities responsibility to act as a familial support network that a CEYM may be lacking. This model is one that has been introduced recently, with the Children's commissioner, Rachel de Souza, emphasising her desire for local governments to adopt the role of 'Grandparent' when their CEYP become parents (Children's Commissioner, 2022). Participants highlighted the impact this would have not only in accessing childcare but also in increasing opportunities for Care-Experienced young parents to access employment. This perception was upheld by Service Users, who stressed the cost of childcare was a barrier in accessing employment and educational opportunities, "especially if you are a single mother" (Participant Y), calling attention to how this obstacle may be worse for mothers relying on one income. Participant C highlighted how the structure of childcare payments can be less accessible to CEYMs on Universal Credit, due to most needing upfront payments: "you have to get that money upfront to get any childcare". Therefore, this can create a cycle of disadvantage as a lack of affordable and appropriately structured childcare, further creates barriers to accessing the employment opportunities they may need to afford more childcare. Furthermore, the research also found this isn't limited to only employment opportunities, as mental health services commonly have a policy that children are not allowed at the appointments and without informal support networks, CEYMs may be treated unjustly when trying to obtain mental health support. This was highlighted by Participant C, "If they don't have childcare for that, then being sent away from that appointment, that is discrimination".*

*Following this theme, a common perspective between the interviews showed that childcare isn't the only factor that may provide a barrier to CEYMs finding employment that works for them. The findings highlight the multifaceted disadvantages that these young mothers face in employment and how life changing flexible occupational opportunities can be, such as part-time apprenticeships. Service workers underlined that there are some services that help CEYP access employment and training opportunities, however they don't specialise in supporting CEYMs. Some Service Workers did suggest that certain companies, such as John Lewis, have made more effort in creating pathways for CEYP to have priority in accessing employment schemes, this is*

*not something that is commonly advertised and therefore will only cater to a small population of CEYP. Participants recognised the impact raising awareness of these schemes and how disseminating this information to other employers would have a positive impact on CEYMs' career journey:*

- *“Getting employers to understand the difference that can make, that can make the difference between somebody having a career and not having a career” (Participant C)*
- *“But it's promoting those, it's saying to other businesses. Look at John Lewis, they're all about our care-experienced people. What are you doing?” (Participant A)*

*Accessibility to employment and educational opportunities is crucial on many fronts. It not only improves an individual's life chances, but it also provides another level of independence, something the Local Authority is expected to facilitate and support (GOV UK, 2017). While access to schemes can help CEYP in accessing employment, extra barriers such as childcare costs can leave CEYM disadvantaged, preventing them from being involved in the social integration that employment can provide them, further marginalising them from these networks.*

### **7.3. Accessibility of mental health care and specialised support for CEYM**

*One common theme across the interviews was the accessibility of mental health support for CEYMs. One of the key issues that Service Workers called attention to was how mental health services often have long waiting lists or backlogs that can prevent individuals from efficiently accessing support, such as NHS talking therapies. For instance, Participant C noted that moving to a new area can worsen this: *“Every time you move area, that's a new waiting list you have to go to the bottom of”*. However, differences depending on the Local Authority were shown when comparing the data, as Participant B stated that in their Local Authority, they have their own services they can refer young people to, which means they aren't as heavily impacted by the long waiting lists that CEYP in other areas may struggle with. While this is positive for CEYM in some areas, it does highlight the discrepancies in support depending on the area you live, and*

how differences in funding and resource allocation can create an unequal access to mental health support. Multiple Service Workers identified there was a lack of mental health services available 24/7 specific to Care-Experienced Young Parents. Participant C highlighted how Care-Experienced young parents may lack informal support networks they can reach out to at any time of day, urging the importance of more round the clock mental health support for CEYMs. Participant B had a similar viewpoint and even suggested that PAs sometimes keep their phones on after working hours so that the young parents they may be supporting can reach out to them if they need to:

- *“The middle of the night, those times when other parents might pick up the phone to a family member or a parent and actually care-experienced parents don't have that outlet of somebody to phone.” (Participant C)*
- *“Often as professionals we'll leave our phone on...if my kids are having babies or just have babies, my phone will be on all weekend” (Participant B)*

The research indicated that support was available and effective in some areas, with charities such as The Rees Foundations offering their ‘Ask Jan Membership’, which provides Care-Experienced individuals with support that is accessible 24/7, including mental health services (The Rees Foundation, 2025). Furthermore, the research highlighted how the Family Nurse Partnership has become useful for CEYMs in Local Authorities, as nurses are able to build relationships with mothers and refer them to mental health services, while working alongside them through prenatal and perinatal stages. For example, Participant D reflected, *“it's the questions you would ask your parents, I guess, that they can ask the family nurse”*. This is supported by research that has indicated that this service has been particularly helpful for supporting Care-Experienced parents (Datta et al., 2017). However, Participant D noted this isn't available in local authorities nationwide and is currently capped at mothers expecting their first child before the age of 20. Moreover, the participants indicated that there are also material resources that can provide support to help during the long waiting times in the form of mental

health boxes that are largely funded by charities. While this is helpful to mothers that may experience mental health issues after giving birth, without consistent funding this is not something they are currently able to permanently provide. For instance, Participant A stated, *“we have no more money for it once they're finished...It's not consistent and it's something we could put in the Local Offer”*. This reveals that steps are being taken in the right direction to help provide a variety of resources to CEYMs accessing mental health support, but barriers still prevent some mothers from accessing it, whether that be age restrictions or a lack of consistent funding to sustain the provision of resources.

Within the theme of mental health care, the findings also indicated Service Workers noticed a lack of specialisation of mental health care. For example, participants highlighted the importance of recognising the complex needs that CEYMs may require support for, including how becoming a parent can trigger emotions surrounding their own childhoods:

- *“Being Care-Experienced and then having a child ... you get triggered a lot” (Participant A)*
- *“I feel like once they become parents, they become really reflective on their own childhood” (Participant D)*

Therefore, this emphasises the need for specialized mental health support for CEYMs. This was a common topic that arose in both forms of data collection, with many participants coming to similar conclusions about the lack of mental health support that includes trauma-informed care specific to the individual's intersectional needs: being a Care-Experienced and being a mother. Service User Participant Y concluded, they perceived mental health support to be accessible for CEYM, however only somewhat effective at meeting their specific needs. As previously stated, a common perspective from services workers was becoming a mother may mean these young people feel the need to seek mental health care that they may not have needed before, however services such as NHS talking therapy only offer a limited number of sessions which Participant A highlighted may not be enough to provide the highest level of support to these individuals:

*“Especially when there's complex needs, which is specific to Care-Experienced parents and just young people in general, they offer you six sessions every now and then. If you're lucky, they can offer you twelve, but after that you're done. And anybody that thinks you can go through a life story in twelve sessions is just ridiculous.”* Participant C also agreed that the mental health services provided to CEYMs were too generalised and also went on to point out how a lack of understanding surrounding the complexity of their needs can create more issues in accessing these services, which is demonstrated here: *“they might get penalised or judged for not attending appointments”* and *“local authorities that have worked with their mental health services to make sure parents aren't being given appointments as first thing in the morning because that's even more of a challenge for them.”* (Participant C).

Changing language was a suggestion from Service Workers. When young mothers are involved with healthcare services, shifting the language from them being *“flagged up as being care experienced”* (Participant A), which may subject them to judgment or stigma, to making them a ‘priority’ to the service. Despite the research also reflecting how the label of ‘care-experienced’ can cause issues for young mothers, in the form of early help assessments, which will be discussed in the following sections, the findings highlighted how this could be used to increase support for these young mothers, rather than further stigmatise them. For example, Participant A proposed *“We say you're a priority to our service because we can see your Care-Experienced and actually what I want to offer today is more than just the standard”*. This shifts the connotations surrounding being ‘care-experienced’ from positive to negative, recognising that providing these young people with the highest level of care includes acknowledging where they may need extra support. Struggling with mental health can add stigma to anyone’s life, but for CEYM this stigma is worsened due to fear that speaking about their mental health issues will be recorded on their case file, going on to impact them in the future (Sanders, 2020)

#### 7.4. Evolving multi-agency training and cohesiveness

Multi-agency training and cohesiveness appeared as a central concern for many participants. The findings suggest that increasing education surrounding CEYMs' complex needs would help in reducing the stigma that they are often subjected to. One common concern the participants revealed was the referral of Early Help assessments by midwives based on the mother being Care-Experienced. Service workers highlighted that this not only increased the stigma surrounding being Care-Experienced but also how this can be devastating to expectant mothers:

- *“Not even, you know, seeing your baby on a scan yet. And already you're sort of being told we're going to be judging your parenting.” (Participant C)*
- *“Assumptions about what being a parent means and also assumptions about what being Care-Experienced means and those two assumptions unfortunately, when put together in the wrong way, do come as stigma.” (Participant C)*
- *“Some of the midwives will automatically want to do a referral because they're a care leaver and because they've experienced trauma as a child” (Participant D)*
- *“When you go to a midwife appointment, your initial one, they talk about being Care-Experienced and they aren't sensitive of the fact” (Participant A)*
- *“I don't think it should be, like, you're care experienced, you've got to have an early health assessment...young people who have had difficulties through their own life should still be given the chance of being parents.” (Participant B)*

Similarly, Service Users felt the support for CEYP was inadequate, agreeing that family assessments based only on the status of 'Care-Experienced' created more stigma for CEYP, stating the assessments focused on *“assessing their ability to parent rather than offering practical support”*. The findings showed that both Service Workers and Users did not agree with instant referrals to early help or family services based solely on the fact a young mother is Care-

*Experienced. Participant B shared in their Local Authority, they have a positive relationship with healthcare services, and this increases the cohesiveness and communication between services, resulting in less early help assessments leading to child protection proceedings.*

- *“We have that sort of joint work in which I think it's really beneficial...they may put the early help assessment referral in. But often that doesn't lead to child protection.”  
(Participant B, Service Worker)*

*The findings also revealed what steps participants thought should be taken to try and reduce the stigma and assumptions services, such as the police and healthcare professionals, have about CEYMs. This included educating individuals in these services from the perspective of CEYP, with Participant A sharing, “They can give you first-hand experience and the feedback we receive is brilliant.”. The importance of first contact was also discussed in the interviews, specifically how crucial that can be to building trust between the young mothers and healthcare providers. This can be seen when Participant C mentioned pre-birth referrals and emphasized “How that conversation is had can be had in many different ways...If they haven't had the training on that, they can kind of be really miscommunicated and misread.”. Increasing training that focuses on the CEYM experiences may change agencies perspective on what it means to be Care-Experienced. Evolving understanding of CEYM perspective of services could provide external agencies with the resources they need to question their internal negative bias, reducing stigma within healthcare services.*

### **7.5. Building relationships and trust between CEYM and Personal Advisors**

*The relationship between CEYM and their PAs appeared as a central concern for all participants. Within this, there were two sub-themes that became apparent:*

*CEYMs relationship with their Personal Advisors: impact on engagement with social and healthcare services:*

*One recurring pattern that emerged when discussing the relationship between CEYM and their Personal Advisors (PA) was how crucial a positive relationship with your PA can be, especially in relation to engaging with healthcare and Social Services. Participant A stated, “for a lot of young people who are care experienced, they have really bad associations with social workers ...they didn't have great relationships when they were a child in care...So a lot of the time they're really reluctant to work with them.” which highlights how often CEYM are distrusting of social services due to their own experiences as children in care, where procedures relating to child removal might not have been fully communicated with them. This distrusting relationship can end up increasing stigma towards CEYM as their lack of engagement with Social Services can be seen as the reason for the relationship breakdown, consequently suggesting the parents are “difficult to help” (Mason, Taggart, and Broadhurst, 2020), perpetuating negative stereotypes. This is crucial to investigate considering Participant Y (Service User) reflection that CEYM were only ‘Slightly Respected’ by Social Services. Therefore, building trust with people who can help them navigate these services can be crucial in accessing the best support for both mother and baby. Following this, Participant D highlighted how the language used in first contact between Social Services and CEYM, for example after a referral, can be critical in establishing a more positive relationship between the two. Furthermore, they stated “it took me a lot of, like, building up trust with her to then for her to allow another social worker” calling attention to the PAs important role in this, providing support to the CEYM and rebuilding their trust after a negative first contact experience. This supports previous research that concluded the relationship between Social Services and CEYM was crucial in reducing epistemic distrust and disengagement with services, and how one miscommunication can cause a breakdown of trust (Mason, Taggart and Broadhurst, 2020). Furthermore, Participant A suggested that “if there's anybody they'd (CEYM) prefer to work with, if it came to them needing support and help, it would be their PAs”, demonstrating how the relationship between CEYM and PAs is important in maintaining engagement, therefore it is also essential to find ways in which this support could be increased, and catered more to the specific needs of CEYM. Participants suggested that*

specialised training for PAs that are working with CEYM could be useful to try and decrease the knowledge gaps between PAs. For examples, Participant A expressed how a PAs personal experience of being a parent may have some impact on the support they provide, emotionally or otherwise: “PAs unless they're a parent themselves, they don't have any experience of children there is no training to give them on it”. Participant D shared a similar perspective “PAs do have to just know about so much...if you haven't done a pregnancy before, then it's a lot to just know”, voicing the knowledge gaps between PAs and how this could impact the support that is provided e.g. knowing what vouchers expectant mothers can access or funding they can apply for. In terms of the training, Participant B suggested a change to the current training, “I almost feel that it needs to be some additional sort of training and staff mandatory training when you become a personal advisor...I think it almost needs to be almost like some specialist sort of personal advisors for parents”. Therefore, specialist training for PAs would provide increased understanding and awareness of the CEYM circumstances and consequently increase the level of support provided to them. However, Participant C highlighted that one barrier to this trust building is more of a systemic one; high caseloads negatively impact opportunities for trust building. They highlighted that without a standard caseload limit, the relationship between CEYM and professionals can be impacted, shown in the quote “in terms of what would help else would help professionals is, you know, lower caseloads...otherwise, that's really difficult to build that relationship” (Participant C). The Department for Education (2024) conducted research into the average caseloads for social workers working in children's services, concluding that the average caseload is 15.4 per worker, however this does not include analysis on the caseload of PAs specifically. The interviews did suggest that the use of leaving care teams based in care leavers hubs can create a sense of community and an opportunity to build relationships with other professionals that aren't their PA. As Participant C explained “because the other staff are in the building, they're getting those small interactions with them”, suggesting there are other steps being taken to try and build trust between CEYM and professionals, which would be especially helpful in areas where caseloads are higher than other areas. In conclusion, the relationship between PAs and CEYM can be critical in increasing their engagement with support provided to them through their Local Authorities. Taking steps to build trust between the two

parties can be extremely beneficial, however systemic issues such as high caseloads can decrease opportunities for this, creating a disparity dependent on the location of the CEYM Local Authority. Furthermore, increased specialised training can help provide specific support for CEYM and decrease knowledge gaps between PAs.

### **Building trust between CEYM and their PAs: aiding in reducing the stigma surrounding being a CEYM:**

While the previous sub-theme focused on how building trust between CEYM and PAs can impact their engagement with services, this sub-theme focuses on the role that the relationship between PAs and CEYM can play in reducing stigma. As shown in the quotes below, the interviews revealed that from professionals' perspective of PAs, part of the role they play is empowering and celebrating the CEYM and recognising the importance of building up the young mother's confidence.

- *“When we talk about people being care experienced, stigma is out there everywhere, but they're not confident to ignore it and be like, I'm actually really good.” (Participant A, Service Worker)*
- *“I think it's really, especially with the PA's, that it's really important that we really support them through their pregnancies and involvement with other agencies and really try and like, promote their strengths. I really think that can make all the difference.” (Participant D, Service Worker)*

This can help change societal attitudes towards CEYM, balancing any concerns they may have with building up their confidence. This can also be in the form of shutting down bias within services and advocating for CEYM to be assessed individually and not based on their own parents. Participant B highlights *“it's really sad that they do get judged because they are a*

*product of what their parents have done, not what they do”, indicating that there are sometimes preconceived judgements or bias due to the young mothers being care-experienced, which can further stigmatise them. Furthermore, the participants highlighted how beneficial PAs attending appointments with CEYM can be, reducing anxiety by offering emotional support and to reduce fears that the midwife is judging them; “when that young person has no one else to go with them to midwife appointments like PA’s are taking them and setting them through every midwife appointment”. Having someone who has known the CEYM since they were 16, working alongside them in creating their pathway plan and supporting them in reaching their goals not only provides them with consistent support but also someone who knows them as an individual, not just in relation to the label of ‘care-experienced’. It was suggested that PAs can open conversations about future plans involve having children when creating the young person’s pathway plan, which can facilitate in decreasing the stigma that may be attached to being a young mother;*

*“When my young people are pregnant and they’re worried it’s about putting those goals in their pathway plan like, you know, you’ve got your doctor’s appointment, your midwife, it’s about, you know, supporting them”. (Participant B)*

*Overall, PAs can play a crucial role in empowering CEYM and changing the narrative of child protection to focus on their individual parenting and not their parents. This can have a big impact on reducing stigma, opening dialogue surrounding topics that may have stigma attached to them and providing support in circumstances where CEYM may fear being judged, such as midwife appointments.*

## **7.6. Barriers to housing support for CEYM**

*For many participants, the issues surrounding housing support was central to their perception of the effectiveness of services provided to CEYM. Participant D drew attention to the current system that prioritises those leaving care for housing only once and if they apply again, they will*

struggle to get the highest band, “if they’ve already had a council property, they’ll be given a band two” (Participant D). They discuss how the limited prioritisation has emphasized the focus on ensuring the young people in their Local Authority are ready to live independently, to make sure the young person is in the best position to successfully live alone. This correlates to the ‘Staying Put’ arrangement previously explored, which can provide an alternative to living independently (GOV UK, 2014), which is important when considering the barriers to housing perceived by the Service Workers. The findings also suggest how this has negatively impacted some CEYM who are not able to access appropriate housing quickly, which is particularly important as pregnancy creates a time constraint, which Participant C highlights can cause increased stress “when you're pregnant you are working to a deadline, you are going to have a baby by a certain period, and sometimes those timelines don't fit with the housing timelines and that can be really stressful”. The participants noted that this can lead to families living in accommodation that is overcrowded or having to split up due to the limited amount of temporary accommodation provided by housing support pathways that accept couples. Furthermore, Participant C indicated some housing options are only accessible if the CEYM moves area, which can create further challenges regarding maintaining and accessing their friendships, support networks and health services which can be “a massive challenge” (Participant C). This suggests that although the current council housing framework can provide support to CEYP living independently for the first time, it can also provide drawbacks for CEYM as families are sometimes split up or moved away from their support networks, which further marginalises an already vulnerable group. While there are housing support pathways set up that prioritise emergency accommodation for parents and/or CEYP, the concern is securing stable, appropriate and long-term accommodation to CEYM to give them the best chance at creating lasting support networks and accessing consistent health support.

### **7.7. Peer support networks and socialisation support**

On the topic of support networks, the research found that many Service Workers emphasised the importance of community spaces specific for CEYM, and how they can create opportunities

to bond with other CEYM. Participant C received feedback from service users who promoted the importance of parenting groups specific for Care-Experienced Young Parents, indicating they are “really helpful in helping them to connect with peers that they feel have shared experiences with”, also pointing out how they may feel like they don’t fit into other parenting groups due to their experiences of parenthood being different. The Service Workers emphasised the importance of facilitating these spaces, with both Participant A and D giving the example of organizing holidays to Butlins that Mum and Baby can enjoy together, which allowed CEYM to socialize with each other, helping facilitate a network of friendships which ended up being “quite beneficial in creating a sense of community” (Participant D). Furthermore, Participant A emphasised why it is important for the peer networks to consist of people of similar ages and experiences, noting “they experience a lot of staff and professionals throughout their life anyway, let alone when they have a baby ... I think it's the normal things they appreciate”. The findings suggested that holding events for CEYM is something that Local Authorities are proactive at doing, but they did stress the need for more of these parent groups and playgroups held only for Care-Experienced Young Parents to help further contribute to the building of these peer networks. Participant D noted some CEYM “don't like attending groups...a lot of them struggle with like social anxiety”, therefore group-based support would not be beneficial to them. An alternative was introduced by Participant A who revealed their Local Authority has mentor schemes that CEYM can sign up to, which was described as “an older peer” (Participant A) for young people. Yet, this also involves attending events in person, therefore less accessible to individuals who may struggle to leave the house due to their mental health. Therefore, it’s something that needs to be considered to ensure that peer support, if they would like it, is accessible to all CEYM.

## 8. Conclusions and recommendations

*The findings from this research revealed to reduced stigma and increase support, services need to consider the specific challenges that CEYM face and how these might differ to CEYP. The current support system has made some positive impact on reducing stigma for CEYM, with the use of the Family Nurse Partnership to create support networks with healthcare professionals and material support such as baby boxes being used to celebrate pregnancy and create positive associations with the Local Authority. The introduction of PAs in 2017 has also made some positive steps towards empowering CEYM and opening conversations when creating pathways plans to consider topics that may have previously been stigmatising. The use of groups specifically for Care-Experienced Parents can also be argued to have reduced stigma, by providing a space where CEYM can go with reduced fear of judgment. These groups have also helped strengthen support networks, which is an area that is key to the success of CEYM.*

*However, the research did identify some key areas for improvement:*

- *Funding constraints*
  - *Without national mandatory data collection on CEYM in England, it is more challenging to identify gaps in service provision, creating difficulties in securing funding.*
  - *Access to funding also impacts on training for internal and external agencies.*
  - *Funding constraints also impact on how national consistencies in local offers can be achieved.*
- *Systemic issues*
  - *The expense and inaccessibility of childcare for CEYM needs to be addressed as the research concludes it creates barriers to CEYM accessing employment and education. Increasing the accessibility of childcare, through monetary support or services just for Care-Experienced Parents, would break down obstacles to accessing networks that employment provides, reducing the marginalisation of CEYM.*

- *The current mental health system does not accommodate for the needs of CEYM. Prioritising their needs in times of crisis and having 24/7 specialised support readily available would help in reducing stigma that CEYM may associated with seeking help.*
- *Current housing support only prioritises CEYP once when they leave care, and when someone has children, this housing may no longer be suitable. Increasing floating support for CEYM while waiting lists for accommodations are long can help support them living independently in the short term. However, while prioritisation remains limited, Local Authorities need to take steps to try and keep families together and local when seeking housing support, to solidify the stability of the networks the CEYM may rely on.*

*These recommendations are a suggestion, and NYAS may implement them at their own discretion. It is hoped they will provide further ideas as to how support services may be increased to reduce stigma surrounding being a CEYM and seek to provide more equality in service provision.*

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## 10. Appendices

### Appendix A

#### *Participant information sheet*

*For an interview (student researcher)*

*Version 1: 11/11/2024*

*A study into the evaluation of the effectiveness of reducing stigma and increasing support for Care-Experienced young mothers in England*

*We would like to invite you to take part in our research study. Before you decide, it is important that you understand why the research is being done and what it would involve for you. Please take time to read this information sheet and discuss it with others if you wish. If there is anything that is not clear, or if you would like more information, please ask us.*

#### *Introduction*

*Kate O'Neill is a third-year student at the University of Liverpool and will be the student researcher undertaking this Interchange study. They will be your main point of contact throughout the research and will try their best to answer any questions you may have*

*University Email: [Hskonei3@liverpool.ac.uk](mailto:Hskonei3@liverpool.ac.uk)*

#### *What is the purpose of the study?*

*The aim of this project is to evaluate the services currently available to Care-Experienced young mothers on their ability to reduce stigma and provide support to Care-Experienced Young Mothers in England. The organisation NYAS provides youth advocacy services to Care-Experienced young people and have highlighted a need for more research on the support for young mothers specifically. It is crucial that we assess the current support services and suggest how such services can be improved to provide better outcomes for both mothers and children.*

*Why have you been invited?*

*You have been invited because you are a professional that works alongside Care-Experienced Young Mothers. You have been contacted and have expressed interest in participating in the study.*

*What will happen if you decide to take part?*

*You are being asked to take part in a video interview. This will be an online interview that will take place over Zoom or MS teams, depending on which one you have access to. In January/February, Kate O'Neill will conduct the interview at a convenient time and date for you.*

*Themes for interviews:*

- ***Perception of services and their effectiveness***
- ***Range of support provided e.g. mental health, work and education***

*The interview will last an hour or less. It will be audio recorded to enable transcription.*

*Do you have to take part?*

*It is entirely your decision if you want to take part or not. If you do decide to take part, you will be asked to confirm consent at the beginning of your interview will yes and no answers. You won't be asked to give your name in the recording. If you answer yes to all the questions you will be free to withdraw any time during the interview and thereafter and without a reason, up until April which is when data analysis will begin.*

*When the report is finished, it is possible the organisation requesting the report may publish it, making it available to participants.*

*What are the benefits of taking part in the study?*

*Your contribution to the study will be beneficial in highlighting the areas within policy that need improvement for Care-Experienced Young Mothers, as well as showing what current policy may be working well. This will lead to a greater understanding on the experiences of young mothers after leaving the care system.*

*Are there any disadvantages?*

*You will be agreeing to give some of your time for the benefit of the study, which may cause you some inconvenience.*

*Can I be sure that you will keep this information safe?*

- *All information gathered from this study will be anonymised and kept confidential by being stored securely on a password-protected University of Liverpool computer. This includes identifiable data (your audio recording and your contact details).*
- *Study data and material will only be seen by the research team.*
- *The University of Liverpool is the sponsor for this study and will act as the data controller. This means that the University is responsible for looking after your information and using it properly. The University of Liverpool will keep data from the study for 2 years after the study has finished or after graduation in June 2025*
- *Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the study to be reliable and accurate. If you withdraw from the study after April, we will keep the information you have already given. To safeguard your rights, we will use the minimum personally identifiable information possible.*
- *Audio recordings will be stored on the University of Liverpool's encrypted drive, and only the research team will have access to these. Once the audio files have been transcribed into anonymous documents, the team will destroy the audio files from the University drive.*
- *The final report will likely be made available to participants online. All interview data will have been anonymised, ensuring information cannot be traced back to you.*

*Who is doing the study?*

*Kate O'Neill (student researcher) and Louise Hardwick (academic supervisor) with the National Youth Advocacy Service.*

*What if there is a problem?*

*If you have any concerns about any aspect of the study, please contact Kate O'Neill ([hskonei3@liverpool.ac.uk](mailto:hskonei3@liverpool.ac.uk)) with any questions you may have. If your question cannot be answered by Kate, please contact the lead re-searcher Louise Hardwick at [louiseha@liverpool.ac.uk](mailto:louiseha@liverpool.ac.uk) who will do their best to answer your questions. If you remain*

*unhappy or have a complaint which you feel you cannot come to us with, then you should contact the Research Ethics and Integrity Office at [ethics@liv.ac.uk](mailto:ethics@liv.ac.uk). When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.*

*Telephone: 0151 794 2994*

*Thank you for wanting to know more about this study.*

*Participant information sheet*

*For a survey (student researcher)*

*Version 1: 11/11/2024*

*A study into the evaluation of the effectiveness of reducing stigma and increasing support for Care-Experienced young mothers in England*

*We would like to invite you to take part in our research study. Before you decide, it is important that you understand why the research is being done and what it would involve for you. Please take time to read this information sheet and discuss it with others if you wish. If there is anything that is not clear, or if you would like more information, please ask us.*

*Introduction*

*Kate O'Neill is a third-year student at the University of Liverpool and will be the student researcher undertaking this Interchange study. They will be your main point of contact throughout the research and will try their best to answer any questions you may have*

*University Email: [Hskonei3@liverpool.ac.uk](mailto:Hskonei3@liverpool.ac.uk)*

*What is the purpose of the study?*

*The aim of this project is to evaluate the services currently available to Care-Experienced young mothers on their ability to reduce stigma and provide support to Care-Experienced Young Mothers in England. The organisation NYAS provides youth advocacy services to Care-Experienced young people and have highlighted a need for more research on the support for young mothers specifically. It is crucial that we assess the current support services and suggest how such services can be improved to provide better outcomes for both mothers and children.*

*Why have you been invited?*

*You have been invited as you are a Care-Experienced Young Mother in England and you have shown interest in taking part in the study after responding to the original advertisement, which was sent out to service workers and other organisations to outreach.*

*What will happen if you decide to take part?*

*You are being asked to take part in an online questionnaire. This will be an online survey that will take place over Microsoft forms, a GDPR compliant online survey tool. In January/February, Kate O'Neill will send out the survey and you will have until April to complete it, before data analysis begins.*

*Themes for questionnaire:*

- ***Perception of services and their effectiveness***
- ***Range of support provided e.g. mental health, work and education***

*Do you have to take part?*

*It is entirely your decision if you want to take part or not. If you do decide to take part, you will be asked to confirm consent at the beginning of your survey will yes and no answers. You won't be asked to give your name in the questionnaire. If you answer yes to all the questions you will be free to withdraw any time during the survey and thereafter and without a reason, up until April which is when data analysis will begin.*

*When the report is finished, it is possible the organisation requesting the report may publish it, making it available to participants. The survey will be anonymous, so there is no chance anyone would be able to identify you from your survey response.*

*What are the benefits of taking part in the study?*

*Your contribution to the study will be beneficial in highlighting the areas within policy that need improvement for Care-Experienced Young Mothers, as well as showing what current policy may be working well. This will lead to a greater understanding on the experiences of young mothers after leaving the care system.*

*Are there any disadvantages?*

*You will be agreeing to give some of your time for the benefit of the study, which may cause you some inconvenience.*

*Can I be sure that you will keep this information safe?*

- *All information gathered from the survey will be anonymised as soon as you submit it. It will be kept confidential by being stored securely on a password-protected University of Liverpool computer. This includes identifiable data (your contact details).*
- *Study data and material will only be seen by the research team.*
- *The University of Liverpool is the sponsor for this study and will act as the data controller. This means that the University is responsible for looking after your information and using it properly. The University of Liverpool will keep data from the study for 2 years after the study has finished or after my graduation in June 2025.*
- *Your rights to access, change or move your information are limited, because your data is totally anonymous.*
- *Survey responses will be stored on the University of Liverpool's encrypted drive, and only the research team will have access to these. Once the survey answers have been analysed, the team will destroy the files from the University drive.*
- *The final report will likely be made available to participants online. All survey data will automatically be anonymised, ensuring information cannot be traced back to you.*

*Who is doing the study?*

*Kate O'Neill (student researcher) and Louise Hardwick (academic supervisor) with the National Youth Advocacy Service.*

*What if there is a problem?*

*If you have any concerns about any aspect of the study, please contact Kate O'Neill ([hskonei3@liverpool.ac.uk](mailto:hskonei3@liverpool.ac.uk)) with any questions you may have. If your question cannot be answered by Kate, please contact the lead re-researcher Louise Hardwick at [louiseha@liverpool.ac.uk](mailto:louiseha@liverpool.ac.uk) who will do their best to answer your questions. If you remain unhappy or have a complaint which you feel you cannot come to us with, then you should contact the Research Ethics and Integrity Office at [ethics@liv.ac.uk](mailto:ethics@liv.ac.uk). When contacting the*

*Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.*

*Telephone: 0151 794 2994*

*Thank you for wanting to know more about this study.*

## Appendix C

### Research Participants Service Workers Consent

*(interview by student researcher)*

*Version 3: 18/02/25*

*Title: A study into the evaluation of the effectiveness of reducing stigma and increasing support for Care-Experienced young mothers in England*

*Please circle answer*

*1. I confirm that I have read and have understood the information sheet dated 11/11/2024 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. YES / NO*

*2. I confirm that I am over the age of 18. YES / NO*

*3. I understand and agree that my participation involves a video interview during which a I will be asked about the support services provided to Care-Experienced Young Mothers. This interview will be digitally recorded. YES / NO*

*4. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving any reason and without my rights being affected (before April 2025).*

*YES / NO*

5. I understand that I can at any time ask for access to the information I provide, and I can also request the destruction of that information if I wish. However, I understand that following anonymisation of the data in April, I will no longer be able to request access to, or withdrawal of, the information I have provided. YES / NO

6. I understand that the information I provide will be held securely and in line with data protection requirements, on a member of the research team's password protected University of Liverpool's computer. Data will be stored for 2 years. YES / NO

7. I understand that the interview will be confidential, ensuring your name is not used and information cannot be traced back to you. YES/NO

8. I understand that the final report may be made available on the NYAS website. YES/NO

Name of participant

Signature

Date

.....

*Name of interviewer*

*Signature*

*Date*

.....

*Student researcher: Kate O'Neill University of Liverpool, email: [hskonei3@liverpool.ac.uk](mailto:hskonei3@liverpool.ac.uk)*

*Academic Advisor: Louise Hardwick, University of Liverpool, email: [louiseha@liverpool.ac.uk](mailto:louiseha@liverpool.ac.uk)*

## Appendix D

*Research Participants - Care-Experienced Young Mothers Consent (Questionnaire by student researcher)*

*Version 3: 18/02/25*

*Title: A study into the evaluation of the effectiveness of reducing stigma and increasing support for Care-Experienced young mothers in England*

- 1. I confirm that I have read and have understood the information dated 11/11/2024 for the above study. I have had the opportunity to consider the information and I know who to contact if I have any questions (hskonei3@liverpool.ac.uk OR louseha@liverpool.ac.uk) .*
- 2. I confirm that I am over the age of 18.*
- 3. I understand and agree that my participation involves an online questionnaire during which a I will be asked about the support services provided to Care-Experienced Young Mothers. The survey responses will be kept for data analysis.*
- 4. I understand that my participation is voluntary and once I have submitted the online survey it is not possible to withdraw from the study.*
- 5. I understand that the information I provide will be held securely and in line with data protection requirements, on a member of the research team's password protected University of Liverpool's computer. Data will be stored for 2 years.*
- 6. I understand that the questionnaire is anonymised, ensuring my name is not used and information cannot be traced back to me.*
- 7. I understand that the final report may be made available on the NYAS website.*

*By completing the survey below, I am providing informed consent to take part in the study.*

*Student researcher: Kate O'Neill University of Liverpool, email: [hskonei3@liverpool.ac.uk](mailto:hskonei3@liverpool.ac.uk)*

*Academic Advisor: Louise Hardwick, University of Liverpool, email: [louseha@liverpool.ac.uk](mailto:louseha@liverpool.ac.uk)*

***Semi Structured Interview Guide for Service Workers***

- *Do you feel the mental health support provided to care experienced young mothers is specific enough for their situation or is it more generalised support?*
  
- *Without revealing any identifiable details, when working with CEYM, do you find there are any areas that they have trouble accessing support in e.g. mental health support, employment and education?*
  
- *In your opinion, is the support provided to CEYM effective at reducing stigma and discrimination?*
  
- *Do you feel the relationship between social workers and care experienced young people/mothers is an important contributor to a stability within a care leavers life?*

**Questions for Survey for Care Experienced Young Mothers**

**Dear participant, please note that this survey is not asking you about your personal experiences but about your general perceptions of services.**

**Q1. What age group are you in?**

- 18-21
- 22-25
- 25+

**Q2. Do you think the support for Care-Experienced Young People is adequate? Please briefly explain your answer if you feel comfortable.**

*Open Question*

**Q3: What support services, if any, are you aware people can access to help them as a young mother?**

*Open Question*

**Q4. Are you aware of support available to assist in accessing educational or occupational opportunities for Care-Experienced Young Mothers?**

*Open Question*

**Q5. Is it your perception that mental health support is accessible for Care-Experienced Young Mothers?**

*Yes/No*

**Q6. Do you think mental health support is effective at meeting the specific needs of Care-Experienced Young Mothers?**

- Not effective at all
- Slightly effective
- Somewhat effective
- Very effective
- Extremely effective
- Prefer not to say

**Q7. To what extent do you think that Care-Experienced Young Mothers are respected by social services?**

- *Not respected at all*
- *Slightly respected*
- *Somewhat respected*
- *Very respected*
- *Extremely respected*
- *Prefer not to say*

**Q8. In your view, how effective are the services provided to Care-Experienced Young Mothers in increasing support for life after care?**

- *Not effective at all*
- *Slightly effective*
- *Somewhat effective*
- *Very effective*
- *Extremely effective*
- *Prefer not to say*

**Q9. In your opinion, are there any services provided to Care-Experienced Young Mothers that need to be changed to increase support?**

*Open Question*

**Q10. Have you any other views regarding Care-Experienced Young Mothers accessing support services?**

*Open Question*