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Parenting Support for Mothers Raised in Out-Of-Home Care

Jamie Ussher¹ | Sarah Whitcombe-Dobbs¹  | Michael Tarren-Sweeney^{1,2} ¹Child & Family Psychology Programme, Faculty of Health, University of Canterbury, Christchurch, New Zealand | ²Discipline of Psychiatry and Mental Health, School of Clinical Medicine, University of New South Wales, Sydney, New South Wales, Australia**Correspondence:** Michael Tarren-Sweeney (michael.tarren-sweeney@canterbury.ac.nz)**Received:** 28 January 2025 | **Revised:** 1 March 2026 | **Accepted:** 5 March 2026**Keywords:** access to parenting support | history of care | looked-after children | mothers | out-of-home care | parenting support needs

ABSTRACT

Research and social indicators consistently confirm that young people who exit statutory out-of-home care (OOHC) tend to remain socially and economically disadvantaged through young adulthood. The present article reports findings from a qualitative study of the perceived parenting support needs of eight mothers (aged 17–30 years) who had spent some or much of their childhood in OOHC in Aotearoa New Zealand. Four superordinate themes (as well as several sub-themes) were identified from participant interviews, using Interpretative Phenomenological Analysis (IPA), namely (1) ‘The influence of upbringing on mothers’ supports’, (2) ‘Obtaining support: Experiences and opinions’, (3) ‘Barriers to receiving support’ and (4) ‘Seeking, accepting and benefitting from support can be complicated’. Mothers generally reported difficulty in locating and accessing appropriate parenting support services. However, they also reported considerable fear and uncertainty when engaging with parenting services that were mandated by the child protection agency—which in Aotearoa New Zealand is also the statutory OOHC agency. Mothers with care backgrounds require specialized parenting support as part of their OOHC after-care support plans, which is responsive to their lack of parenting experience and normative role models and is independent of the statutory child protection agency.

1 | Introduction

Children and young people residing in statutory out-of-home care (OOHC) constitute the most identifiably disadvantaged child population in the developed world (Tarren-Sweeney 2016). Relative to the population at large, young adult care leavers manifest: high mean levels and rates of mental-health difficulties, learning difficulties and substance misuse; poorer employment statistics; greater social disconnection and homelessness; and higher early pregnancy rates (Cameron et al. 2018; Courtney and Dworsky 2006; Gypen et al. 2017; Kääriälä and Hiilamo 2017; Pecora et al. 2009; Svoboda et al. 2012; Wade and Dixon 2006). These adverse outcomes are largely determined by children’s exposure to two sets of harmful developmental experiences: (1) chronic exposure to maltreatment from early childhood prior to children being removed into OOHC; (2) and for some, the effects of being raised in OOHC without opportunity to acquire close,

enduring and unconditional familial relationships. While young care leavers disproportionately experience poorer psychological, relational and socio-economic outcomes relative to young adults at large, we should be mindful that many young care leavers experience positive outcomes and maintain enduring familial relationships.

1.1 | Young Mothers Who Are Raised in State Care

The impact of adversity on young mothers who were raised in state care is amplified by the reality that many exit OOHC *alone in the world*, without enduring family relationships or normative role models (Palacios et al. 2019). A relatively small number of (mostly qualitative) studies have examined the support needs of young mothers with care histories. While research suggests that this group sees ‘motherhood’ as largely

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positive, bringing meaning and joy to their lives (Barn and Mantovani 2007; Schelbe and Geiger 2017), there is some evidence that their day-to-day existence is quite challenging and stressful, marked by ongoing struggles with mental health, harmful relationships, struggles with substance use, poverty, discrimination and feeling judged (Barn and Mantovani 2007; Haight et al. 2009; Prévost-Lemire et al. 2024). They find themselves having to balance the joy of motherhood against an ongoing lack of support and resources—including chronic financial difficulties, inadequate housing and inability to work because of lack of child care (Schelbe and Geiger 2017; Dominelli et al. 2005; Radey et al. 2016).

This focus on mothers with care histories, rather than fathers or parents in general, arises because of the patriarchal norms embedded within child protection systems (Scourfield and Coffey 2002). These systems reflect ‘commonsense views’ held by society, inevitably placing the burden of children’s care and protection onto women, with the idea that the ‘mother is merely the vehicle for child wellbeing’ (Hyslop 2022, 167). This gendered responsibility is unequal but reflects institutional, political and practitioner discourses (Fleckinger 2020). The experiences of women within child protection systems are therefore distinct and should be treated as such, reflecting women’s subjugation by pervasive gender biases (Aston et al. 2021; Davies et al. 2007). There have been continued efforts to address this inequity, with more recent calls to address the ‘absent father’ paradigm within child protection. This seeks to place responsibility for child safety onto abusive fathers, instead of blaming the mother for failing to protect her children (Azzopardi 2022; Fleckinger 2020; Fleckinger 2020). However, this argument remains heavily gendered, risking polarization between gender-based support groups. Regardless of this pushback, the majority of child care continues to be conducted by mothers, whose experiences are the focus of the present study.

Parents who were themselves maltreated as children are at increased risk for child maltreatment and involvement with child protection services (CPS) in adulthood (Madigan et al. 2019). Although modest, this association reflects an intergenerational cycle through which developmental trauma can be transmitted. Maternal attachment representations (Zajac et al. 2018), depression symptoms (Cooke et al. 2019) and reflective functioning regarding trauma (Berthelot et al. 2015), are key factors influencing these relationships between adversity in childhood and parenting quality (Prévost-Lemire et al. 2024). Even among CPS-involved mothers, those who were involved or in foster care themselves as children care report higher rates of intimate partner violence, depression and anxiety than those with no childhood history (Fusco 2015). There are therefore multiple increased risks in this population, which undermine parenting capacity in addition to increased demographic and situational hardships (Bailey et al. 2012; Lang et al. 2006; Perepletchikova et al. 2012). Engagement with CPS is likely to be lowered, however, as parents may have formed strong views of services through their own experiences and have little trust in professionals as a result (Fusco 2015; Lieberman et al. 2020; Radey et al. 2017; Datta et al. 2017). While understandable, this lowered engagement also constitutes vulnerability for harmful parenting.

In a study of 14- to 18-year-old mothers in foster care ($N = 75$), many had unrealistic parenting expectations; they manifested low mean quality of infant stimulation, and more than half had elevated scores on the Child Abuse Potential Inventory (Budd et al. 2000). A follow-up study of 49 of those mothers around 2 years later (by which time about 60% had exited care) found that baseline parenting attributes (childrearing beliefs, quality of parent–child interactions and child abuse risk) predicted parenting stress at follow-up, while baseline emotional distress and social support did not (Budd et al. 2006). This study also found that current educational status and social support predicted current parenting stress but not number of childbirths.

Several qualitative studies have explored the meaning and experience of motherhood among young mothers with care histories. Some of the study themes refer to normative challenges, joys and sacrifices of parenting (Rolfe 2008; Ethier 2022; Radey et al. 2016). These accounts suggest that to some extent, mothers with care histories encounter and experience parenting much the same as other mothers do. With respect to the impact of their early adversities and uncommon childhoods, participants consistently report having few experiences of positive parenting that they could learn from (Pryce and Samuels 2010). While they tended to focus on their parents’ negative parenting, it is notable that some were unable to identify alternative role models, while others learned parenting skills from their foster parents (Aparicio 2015; Pryce and Samuels 2010). Some mothers also believe that their experience of caring for younger siblings when they were children, as well as caring for their parents, provided them with parenting skills (Rolfe 2008). Another recurring theme is a fear of repeating the abuse cycle with their children while at the same time struggling to deal with and process their own childhood trauma (Pryce and Samuels 2010; Radey et al. 2017). Some interviewees report that caring for their young child evokes painful traumatic memories (Pryce and Samuels 2010). Adding to these pressures, many mothers report being in constant fear of having their child removed from them, in part because of their lifelong contact with child welfare services (Aparicio 2017; Pryce and Samuels 2010). But, the most strikingly consistent theme is striving to ‘do things differently’, to break the abuse cycle, to provide their children with better childhoods than they had experienced and to create a ‘family’ (Aparicio 2015; Bermea et al. 2018; Rolfe 2008). In line with this, qualitative accounts reveal a common sense of optimism and joy and ‘hope for a new beginning’—with few regretting becoming a mother at a young age (Aparicio 2015). The only consistently identified regret is not having completed their education—although this is ameliorated when mothers are provided child care support and encouragement to return to education (Aparicio 2015).

Several qualitative studies have examined the support mothers have sought or received and which supports they found most useful. The latter include parenting classes and groups (particularly if the groups include young mothers); receiving support and advice from trusted people (e.g., former foster parents, friends and therapists); having someone to nurture them, whilst they nurture their young baby; and receiving professional therapy to repair the effects of childhood trauma (Aparicio 2017). There is some evidence of a divide between how supported young

mothers feel whilst residing in foster or residential care versus when they leave care and find themselves alone in the world. Young mothers residing in foster care or residential programmes for teen mothers have described feeling well supported (Bermea et al. 2018; Budd et al. 2000). However, a recent study of mothers ageing out of foster care who resided in a maternity group home found varying levels of felt support (Radey et al. 2023). Furthermore, the quality and strength of young mothers' continuing relationships with their former foster parents determine the extent to which those foster parents provide the mothers with ongoing familial support (Haight et al. 2009; Knight et al. 2006). One study found that foster mothers who shared the joy of the young mother's pregnancy, and helped care for mother and baby in the early days, tended to have more ongoing involvement (Aparicio 2015). Otherwise, mothers who have exited OOHC often feel unsupported and alone in the world—not knowing how to navigate support systems and wary of asking for help (Schelbe and Geiger 2017). Their isolation and inability to access support are compounded by wariness of child welfare agencies (that typically wear two hats—being the statutory child protection agency whilst also acting as gatekeepers to support services) (Chase et al. 2006; Knight et al. 2006; Datta et al. 2017).

Our review of the limited research carried out with young mothers with care histories indicates that some knowledge gaps exist with respect to understanding the perceived value of various formal support services and informal support and their experience of searching for and obtaining such support. To address these knowledge gaps, we conducted a small qualitative study with eight young adult mothers who had resided for various lengths of time in statutory OOHC in the (location withheld for blind peer review) region of Aotearoa New Zealand.

2 | Method

The present qualitative study aimed to address the following research questions:

1. What are the met and unmet parenting support needs of mothers with a history of OOHC, including the availability of personal and familial relationships (informal supports) and services?
2. How does the experience of being raised in OOHC influence mothers' need for parenting support?
3. What types of parenting support do mothers perceive to be most helpful, and how do they locate and access those preferred supports?

2.1 | Background to OOHC and Post-Care Services in Aotearoa New Zealand

In Aotearoa New Zealand, Oranga Tamariki (the Children's Ministry) holds statutory responsibility for both child protection and OOHC. This dual role has particular relevance for care leavers who are parents and who can hold dual client status ('child protection' and 'post-OOHC') within the agency. Children and young people enter state care in New Zealand because of concerns for their safety requiring intervention of the state and

court systems, usually due to physical or emotional abuse, neglect or other harms (Oranga Tamariki – Ministry for Children Evidence Centre 2025a). Over the last few years, there have been between 4200 and 6500 children in OOHC at any given time in New Zealand with approximately 38% in whanau/kin care, 17% in non-family foster care and 2%–4% in residences or specialized group homes amongst other placement types (Aroturuki Tamariki - Independent Children's Monitor 2025). Māori tamariki (children) and rangatahi (young people) are greatly over-represented in OOHC. Whereas 28% of NZ residents under 20 years of age are Māori, 68% of children and young people in OOHC are Māori (Aroturuki Tamariki - Independent Children's Monitor 2025).

Because of systemic racism, inequity and the effects of colonization, Māori are disproportionately represented among care-experienced mothers, and Māori children experience higher rates of childhood adversity than children from other ethnic groups (Oranga Tamariki 2020). Compared to non-Māori, health and educational supports are less appropriate and accessible to Māori (Ahuriri-Driscoll 2016; Keddell and Davie 2018). Disproportionately high CPS involvement cannot be solely attributed to higher rates of maltreatment; until recently, every stage of the child protection process showed more intrusive state responses for Māori than for non-Māori (Rouland et al. 2019). Close examination of trends and CPS actions reveals inequities related to poverty and location, along with risk-averse practices that may inadvertently contribute to increased bias for Māori (Keddell 2017; Keddell et al. 2019). Thus, fear and mistrust can be further, and justifiably, amplified for Māori mothers interacting with CPS.

2.2 | Qualitative Methodology and Analysis

This study employed a qualitative methodology—Interpretative Phenomenological Analysis (IPA)—for designing the interview process and analysing the transcripts. This methodology seeks to obtain a deep understanding of participants' life experiences and the meaning these experiences impart. It is thus concerned with the participant's individual, unique perspective (Nalavany et al. 2008). An aspect of IPA that differentiates it from other qualitative methodologies is its emphasis on accounting how the researcher filters and interprets the participants' accounts of their experiences (Willig 2013). Interviews were analysed using the four-step IPA process—designed to be flexible, inductive and multi-directional (Smith et al. 2009). IPA employs an ideographic approach, focussing on detailed investigations into individual experiences and how each subject creates and makes meaning from these (Howitt 2013; Smith et al. 2009). IPA studies thus tend to recruit fewer participants than other qualitative studies and are not intended for generalization; findings are interpreted in light of the context in which the research took place.

In the first instance, the analysis was conducted by the first author. The process included acknowledgement of, and reflection on the researcher's own potential biases and positioning in relation to the research topic, and both her own personal and professional experiences. The initial analysis and themes were then shared with the other researchers for reflection, discussion and further refinement.

TABLE 1 | Interview questions, prompts and probes.**Topic 1: Parenting support received through personal and familial relationships**

What was happening in your life when you became pregnant? Who was around?

- What have been the best parts of becoming a mum? Hardest parts? (or what stage?)
- What kind of relationships or support did you want when you became pregnant or had your baby?
 - Who did you hope would step up/be involved? Did they? If not, did others?
 - What relationships were most valuable to you? Who did you feel close to?
 - When you think of support as: give strength, cheer on, advocate, stand up for, encourage, be there for ... Who did you feel supported by and why?
 - If you could have anyone as a support (whether they are on it or not), who would that be?

Topic 2: The influence of growing up in care on parenting

- Tell me about growing up ... what was it like? Who was around?
 - Age of entry into care
 - Lots of placements or just 1 or 2? Did you return to mum or dad?
 - Was it a whānau (i.e., family) placement or other?
- Tell me about the adults in your life growing up, was there anyone special to you? What were they like?
 - Who “had your back”? Tell me about them...
- Who were your role models? Was there someone you would have liked to be like?
- When you became a mum who did you hope to be like – maybe someone you knew or someone you’d heard about or seen somewhere?)
- What are you like, as a mum? Describe yourself as a mum...
 - What do you wish you were like? Why?

Topic 3: Identifying and accessing helpful parenting support

- What support was the most helpful/least helpful when you had your baby? Why?
- Did you go about looking for help/support?
 - What was that like? Was there anyone who helped you figure it out?
- How did you know what kind of support you needed when you became pregnant?
 - Was that available? How did you find out about that support?
- Looking back now, thinking of yourself then, what do you wish you had?
 - If you could wave a magic wand, what would you have really appreciated when baby was born? OR if you had this wand for a friend, what would you give them?
 - Is there anything you look back on and just couldn’t have done it without “_” OR the newborn period would have been way easier if you’d just had ...
- What kind of support do you want as (insert child’s name) grows up? How will you get it, do you think?

2.3 | Participant Recruitment and Study Procedure

We sought to recruit mothers who were placed in OOHC at any time during their childhood, who had their first child by age 25, who were aged 30 years or younger and who currently had at least one child in their care. Participants were recruited in two ways. Firstly, workers employed at organizations providing social services for vulnerable mothers who have experienced adversity (including those who grew up in care) contacted service clients who they believed matched the participant eligibility criteria and described this study to them. Clients who were interested in taking part in this study consented to the worker providing their name and phone number to the researcher. The researcher phoned prospective participants to introduce herself and to describe this study and what participation involved and to check their eligibility. Secondly, we placed an advertisement on a Facebook forum for local mothers and sent information letters to mothers who expressed interest.

Participants were provided a choice of three interview locations: the community organization through which they were recruited, the authors’ university or their home. Prior to commencing the interview, the researcher spent time introducing

herself to the participant, establishing rapport, explaining the interview process, obtaining written consent and ensuring the participant felt comfortable.

2.4 | Study Interview

The interviews and IPA analysis were carried out by the first author. The semi-structured interviews ran between 60 and 105 min, with most being around 80 min. The interviewer used questions and prompts as a guide for interviews but also encouraged ‘natural conversations’ to allow participants to tell their stories and reflect on their meaning and to identify issues that were important to them (Howitt 2013; Smith et al. 2009; Smith and Shinebourne 2012). Three main topics were explored during the interview: (1) valuable supports and relationships; (2) the influence that growing up in care had on parenting; and (3) identifying and accessing support. Each topic had a set of questions, prompts and probes, summarized in Table 1. Interviews were audio-recorded with participants’ knowledge and consent.

The interview procedure for Māori participants was guided by Kaiarahi Māori. The process included mihi initial greeting and engagement (introduction), whakawhanaungatanga

TABLE 2 | List of superordinate themes and sub-themes.

1. Tell me about growing up ... what was it like? Who was around?
1.1 Normalization of trauma and growing up in the care system
1.2 Feeling different
1.3 Reaching out for help
1.4 Survival mode
1.5 Alone in the world
1.6 Fear of the system
1.7 Critical reflections of one's parenting
1.8 Learning to parent without positive role models
2. Tell me about growing up ... what was it like? Who was around?
2.1 Normalization of trauma and growing up in the care system
2.2 Feeling different
2.3 Reaching out for help
2.4 Survival mode
3. Barriers to receiving support
4. Seeking, accepting and benefitting from support can be complicated.

(connection), kaupapa (reason for the interaction) and poroporoaki (checking for understanding and what will happen next). While the interviewer is not Māori, she has considerable experience and training in bi-cultural practice, including training in Te Ao Māori, manaakitanga and tikanga.

2.5 | Ethical Considerations

Participation in this study was voluntary, and participants were able to withdraw their interviews from this study up to 2 weeks following the interview. Only the first author, who conducted the interviews, is aware of the participants' identities. The published study results, including direct quotations, were checked carefully to ensure that information did not reveal participants' identities. Participants were reimbursed and thanked for their time with a \$35 movie voucher. Ethical approval for this study was given by the Human Ethics Committee of the [institution withheld for blind peer review]. All procedures performed were in accordance with the ethical standards of the institutional research committees and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

3 | Findings

Eight mothers participated in this study. Their ages ranged from 17 to 30 years (median = 24 years), and they were between 16 and 23 years old during their first pregnancy (median = 18 years). One participant was pregnant with her first baby, three mothers had one child, one mother had two children, and three mothers had four children. Their children's ages ranged from 3 weeks to 13 years. One participant spent a few months in OOHC when she was 7 years old, four spent 3 to 6 years in care, and three spent 12 or more years in care. Four participants resided in foster placements, two in kinship placements, and two had a mix of foster and kinship placements, while their number of placements ranged from one to 47. Five mothers moved back and forth from their parents' care to OOHC a number of times. Only one participant enjoyed a permanent OOHC placement, and all but one

were living on their own by 17. Half of the participants were Māori, mirroring the proportion of children in OOHC who are Māori in the region where this study was carried out (Oranga Tamariki Ministry for Children 2025b).

The IPA analysis identified four superordinate themes, as well as several sub-themes, which are listed in Table 2.

3.1 | Superordinate Theme 1—The Influence of Upbringing on Mothers' Supports

3.1.1 | Theme 1.1—Normalization of Trauma and Growing up in the Care System

All participants described traumatic childhood experiences and associated social adversity. For some mothers, entering and growing up in the care and protection system only brought further confusion and difficulties. One participant shared that although she had experienced abuse by her mother, after being removed from home she was put back with her parents. She was unsure why she was returned home and stated that she has felt the consequences of that ever since. Another participant described living in 40 different homes over a 3-year period, some of which brought further abuse and new traumatic experiences through physical and sexual harm. Several participants explained feeling resentment towards both the care and protection system and their parents.

3.1.2 | Theme 1.2—Feeling Different

Participants spoke about feeling different from other people because of the maltreatment they experienced and having resided in OOHC. They described trying to understand what being a 'normal' mother is from social media or from what is perceived to be the norm when children start at school. Their perception of feeling different sometimes led to shutting themselves off relationally. One mother described feeling anxious to meet her son's friends' parents because she felt different and was also younger than them. At sporting events, she described herself standing

alone, away from the other parents. Some participants also emphasized how parents who have 'normal' lives enjoy supportive extended families.

3.1.3 | Theme 1.3—Reaching out for Help

Several participants said that they are reluctant to reach out for help, because of negative experiences when they were children, for example, being ignored or brushed aside or not believed. A common theme was that they stopped reaching out for help when they learned that it was futile. One mother described getting on a bus with her two younger sisters at 13 years old to speak with their lawyer about the drugs, alcohol and mistreatment they were experiencing in their kinship placement—which she also disclosed to a school counsellor. However, she said that no one really listened or took action to protect them. The participant concluded that 'I assumed like that (if) you tell adults the truth, they're not going to help you'.

3.1.4 | Theme 1.4—Survival Mode

Participants described being in a constant state of 'fight, flight, freeze', trying to simultaneously cope with their early adverse experiences as well as their present experiences. Some participants shared recent experiences of postnatal mental-health challenges, police involvement and challenging relationships with the fathers of their children. Looking back to her early days of parenting, one mother recalled, 'I feel like a lot of the time I was just in fight or flight mode. Like I was just literally trying to survive'. Just trying to survive, coupled with a lack of positive relationships, created difficult circumstances for participants to feel a sense of agency, reach out for support or make change for themselves and their children.

3.1.5 | Theme 1.5—Alone in the World

Several participants described a deep sense of loneliness during childhood because of instability prior to and during their time in OOHC. For some, this experience of feeling 'alone in the world' persists into their adult lives, even when they enjoy positive relationships:

Sometimes I'm just like, if there was ever an emergency, uh, like what would I do if it was my kids that were hurt, where would my other kids go, who do I call and who would help me? Cause there's no one. No one would.

3.1.6 | Theme 1.6—Fear of the System

Five mothers described times when they feared that Oranga Tamariki would remove their child, with one saying she feared losing her child every day. Their accounts suggest that their childhood experiences of CPS and OOHC had shaped how they perceive those services' involvement with their own children. In particular, mothers were wary of asking the statutory agency for

support because of a fear that this might lead to their children being removed.

So I said I didn't need that (respite) because I felt like if I said that I needed it, they'd come back and be like well, you can't handle your kids kind of thing. So I'd be like no, no, no, no, and they're trying to convince me, and I'm like I'm not taking respite.

3.1.7 | Theme 1.7—Critical Reflections of Their Parenting

Most participants stated that they wanted to be different from their own parents and believed they were. As a point of difference, some participants mentioned that they were proud that their children were still in their care. However, alongside this pride were beliefs that they were insufficient in their role as a parent. Four participants described feeling inadequate, and two others said that they wished they were different. Mothers described themselves as 'inadequate', 'bad', 'not maternal', 'a yelling mum' and not emotionally available. They shared experiences where they felt they would be judged by other parents or professionals. Some explained that their feelings of inadequacy and perceptions of judgement often led to distancing from or avoiding other people, social situations or professional support.

3.1.8 | Theme 1.8—Learning to Parent Without Positive Role Models

Participants shared the disappointment of not having their parents as a consistent support in their lives. When they became mothers, they did not know how to best raise their children. Participants said that they mostly learned what not to do from others. One participant said that she googled and watched YouTube videos to learn parenting. Another participant said that she noticed a friend's mother during their high school years and realized that parenting could be different from what she had experienced thus far. She said, 'I kind of witnessed how her family works and like their dynamics, like her mum didn't drink, her mum didn't smoke drugs. Her mum didn't like make her kids feel like crap. Like they had clothes ... to see my friend's mum as a single parent with five kids, you know, being able to support them with everything ... this is actually what's supposed to be.' It is notable that these participants did not list their parents or former caregivers as role models for parenting.

3.2 | Superordinate Theme 2—Obtaining Support: Experiences and Opinions

Although each of the mothers had complex upbringings, they found support along the way. Some of the support was perceived to be vital and valuable, while other supports were imposed on them. Mothers also discussed the support and relationships they wished had been available to them throughout their parenting journey.

3.2.1 | Theme 2.1—Valuable Support

Participants most valued agencies and people that were kind, respectful, consistent and compassionate. Experiences of kindness made lasting imprints. They remembered the experience of having someone listen and seek to understand them. These experiences opened them up to further support, some having the courage to leave violent relationships and others engaging with services. Caregivers, teachers, colleagues, social workers, group facilitators, friends and wider whānau (biological and non-biological) were listed in valued support.

3.2.2 | Theme 2.2—Unwanted and/or Unhelpful Support

Mothers did not want support when they felt it came with judgement. One mother said that she felt like everyone was against her instead of trying to help. Instead of wanting to engage in support, she said that it made her want to shut off from everyone as she felt paranoid about her parenting. Participants described wanting help and support, but the characteristics of the support made a difference. Positive experiences often led to further engagement with support while negative experiences closed participants off from reaching out in the future.

Words mothers used to describe support that was not valued were as follows: controlling, invasive, uncaring, in it for the wrong reasons, and grumpy. Mothers felt disbelieved, betrayed, misunderstood, rejected, judged and uncared for by these supports. Sometimes, mothers stayed in less than ideal situations or stopped reaching out for support when the perception was that support came with judgement and lack of care.

3.2.3 | Theme 2.3—Support That Was Wanted but Unobtainable

Participants described a desire to have a consistent 'home' like place and relationship to support them in their parenting journey. Although they came to appreciate the support from community agencies, there were limitations and boundaries within those relationships. Four mothers mentioned that trying to obtain housing was a looming threat while they were pregnant. One mother described not knowing if she had somewhere to live and a roof over her head as a terrifying worry when she was pregnant. While two mothers eventually experienced stable, caring foster placements that became family for them, six mothers said that they currently wished they had somewhere to return to or visit. None of the mothers saw their own mother as a source of support, but those who lacked that type of relationship (all but two) wished they had someone in that role. Four mothers wanted someone (e.g., parent or partner) who would be present in the parenting journey with them, initially going to scans and to midwife appointments and later helping them in parenting. Mothers had made difficult decisions because of this genuine need for support. For example, most mothers described staying in abusive relationships too long because at times, their partner was helpful, and they felt they had no one else.

3.2.4 | Theme 2.4—Views About Mandated Support

One interesting finding that emerged was support accessed due to it being 'forced', often through the care and protection system. Six mothers described how, at times, this was an important part of progressing through pathways that created positive outcomes for them and their children. Although interviews showed that mothers did not want care and protection involvement, the outcomes were often positive and opened opportunities for participants to enlarge their support networks. One participant said that because of her mental-health difficulties, she would not have picked up the phone to make any initial appointments to receive help. On reflection, she felt that the support had to be forced for her to overcome her anxiety and engage.

3.3 | Superordinate Theme 3: Barriers to Receiving Support

Mothers provided examples of barriers to receiving support services, including lack of information. Participants said that although they were in the care system as adolescents and later as young mothers, upon coming out of the care system they did not know what or how to access government benefits. When they did hear about benefits they may be eligible for, they were still uncertain of how to apply. Intake criteria also contributed to inaccessibility. One mother described feeling so alone, having no friends and being isolated from everyone by her partner, but when trying to get into a service was told she did not fit the criteria. She perceived that she looked 'too stable' to the service. Another participant who was pregnant and still in foster care at the time of the interview described not feeling supported by the care and protection system now that she is doing well. She stated that since living with her current caregiver, she has gone off drugs, moved out of a violent home and is currently settled. She said that because of this the care and protection agency told her to move out of her placement once she has her baby, even though legally she can be in foster care till she is older. She said, 'Now that I've calmed down and settled down they think that I don't need the support anymore, but to be fair, if the support got taken away, I may go back to that point.' Proximity, ease and timing were other factors in accessing support, for example, agencies that were close enough to walk to or on a bus route.

3.4 | Superordinate Theme 4: Seeking, Accepting and Benefiting From Support Can Be Complicated

A variety of pathways towards getting parenting support emerged, as mothers described their experiences. These were not all positive; some adverse experiences made it harder to get support for themselves and their children. Participants stated that they often felt no one cared for or loved them and that they felt alone in life and later in parenting. One mother described having no one except her abusive partner and other people who had been in OOHK with her. She felt alone, lacked confidence in herself and lacked trust in people. When she felt judged by professionals who were meant to be supportive, it caused her to close off even more. She said that the loneliness and desperation she felt led her to make poor choices, rely on her abusive partner and do things she

would rather not have done to provide for herself and her son. However, when she began to experience help that was caring and non-judgemental, she reached out for help and progressed in positive ways. Six of the mothers interviewed found that professional support often led to greater social support from friends and whānau.

Mothers described experiences of support that led to pathways of positive outcomes for them and their children. For one participant, it was an experience of a non-judgemental professional that supported her, which led to accessing further community support, then on to study, leading to healthy friendships and relationships for her and her son, and finally being about to think about life beyond survival. Another mother found a stable placement, which led to a feeling of belonging and being cared for, which led to healthy choices, which led to dreams for the future. And for another mother, being in OOHC as a child led to involvement with CPS when she became pregnant, which led her to get connected with further community support, which was a positive experience and led to feeling empowered to reach out at future times to gain support as needed. Four mothers discussed how they were not open to support, but because it was forced they engaged and appreciated how it helped them in parenting.

4 | Discussion

The present study introduced several variations in study design and investigative scope not employed by previous studies, including mothers' views about (1) how being in care influenced their perceptions about support after they became mothers, (2) how they went about identifying and accessing support, (3) barriers to accessing support and (4) which supports they valued and which they did not value.

Many of the participants had disjointed experiences of connection and sense of belonging. Despite the sample including four Māori participants, cultural connections were not a theme that emerged from the participants in response to the interview questions. Participant responses regarding support and positive interactions instead focused on particular characteristics that could be boiled down to human dignity. Qualities such as kindness, availability, giving of respect, listening and consistency were mentioned by the mothers in this study. Mothers often remarked on one person who had been kind.

The experiences and perceptions reported by mothers in the present study are broadly comparable to young mothers' accounts reported from previous qualitative studies. As reported in earlier studies (Aparicio 2017; Pryce and Samuels 2010), mothers recognized that they lacked an understanding of healthy and normative parenting practices. They attributed this to not having received normative caregiving from their biological parents. Consequently, they recognized that they needed to look elsewhere for guidance. Several of our mothers said that they consciously strived to parent differently from how they had been parented, as reported by Radey et al. (2017).

The current study's findings align with previous reports of mothers feeling lonely, rejected and stigmatized (Datta et al. 2017;

Knight et al. 2006; Radey et al. 2017). Their loneliness reflects the reality for some young care leavers, of growing up without permanent familial relationships, compounded by trauma-related relational instability (Prévost-Lemire et al. 2024). This is emphasized through a loss of biological families, followed by multiple losses of foster families and exiting care as vulnerable young adults who are (emotionally at least) 'alone in the world'. In line with previous studies (Aparicio 2015; Aparicio 2017; Ethier 2022; Radey et al. 2017; Schelbe and Geiger 2017), when mothers felt alone and frightened, they longed for their own mother and/or a family they could rely on, as well as enduring familial relationships. Some described wanting to reach out to trusted people (foster parents, friends, family members, therapist and professionals), and some expressly stated a wish to be nurtured. This highlights the extent to which these young women's lives are both uncommon and unnatural—their need for formal support services is due in part to the absence of assistance, advice and emotional support that most mothers receive from their extended families and partners. Consistent with findings from previous studies (Radey et al. 2016; Schelbe and Geiger 2017), an absence of familial support meant that some mothers relied on their partner or the baby's father when the relationship was harmful for them and/or their baby, as well as making risky decisions around living environments and child care due to their lack of options. This reflects a fundamental drive for connection and can lead to an acceptance of potential harm to one's child if it is perceived as the only option that avoids being alone (Radey et al. 2016).

Half of the mothers in this study were Māori. This study's findings align with previous studies exploring Māori mothers' experiences of baby removal, with intensive relational service provision seen as essential for effective care (Keddell et al. 2023).

While the current study's findings largely align with prior research, there are several findings that deviate from previous reports. While participants in several studies referred to changes to their social status, goals and identity when they became mothers (Aparicio 2015; Barn and Mantovani 2007; Datta et al. 2017; Pryce and Samuels 2010; Schelbe and Geiger 2017), the present participants did not. Conversely, our participants' reflections on their parenting style and parenting strengths and limitations generated findings that have not been previously reported.

There were some differences in the reported availability and utility of services, which to some extent reflect different study locations and points in time—but also the availability of support services developed exclusively for this population. Several previous studies reported evidence of high acceptability for specialist services (Bermea et al. 2018; Chase et al. 2006; Lieberman et al. 2020)—yet to our knowledge no specialist services for this population exist in the study location, either from the child protection agency or from another government-funded service. Care-experienced young parents are therefore competing to access support with parents from the general population, who may have more success in navigating access due to the advantages of social capital (Radey et al. 2016). Extending further on this point, in two studies (Dominelli et al. 2005; Radey et al. 2017), mothers reported an *expectation* of ongoing support from care and protection services, suggesting that in those locations young mothers with care backgrounds are systematically provided

after-care support services by either OOHC or Child Protection agencies. However, in our present study, mothers had very low expectations for receiving any types of support from agencies or services and sometimes expressed fear or concern about engaging with those agencies. Yet, one novel finding suggests that mothers who are unwillingly 'forced' or 'pressured' to engage with a parenting service (e.g., by child protection services) eventually recognize that this helps improve their lives and parenting abilities. While some of our participants suggested that young mothers should be 'forced' to engage with support services, some of the studies mentioned above refer to systems that appear to facilitate voluntary engagement. This is preferable as it increases the chances of therapeutic engagement instead of mere behavioural compliance (Yatchmenoff 2005). Yet, based on the present study, the principle of 'action precedes motivation' also applies (Santos et al. 2021); parents who engage because of mandated child protection involvement may genuinely 'buy-in' once they start seeing benefits (Keddell et al. 2023).

The present qualitative study had some methodological limitations. Firstly, it under-represented the parenting support experiences of mothers who had grown up in stable kin or foster placements. Only one of the mothers had a long-term placement while most had experienced multiple placements. Another limitation is that this study did not recruit mothers who were presently in crisis. Participants had enough stability and support to respond to the invitation and prioritize it over other competing demands. One participant said that had it been five or more years ago, she would not have been able to participate as she and her son were in the middle of a very difficult time. Countering this limitation, the participants reflected on earlier challenges and crises without difficulty, and many described relatively recent crises. Indeed, a strength of this study is that it recruited mothers at an age where they can readily reflect on their initial experiences of pregnancy and caring for a new baby as well as provide more extensive accounts of their parenting journeys.

4.1 | Implications for Research

Previous studies have largely focussed on mothers residing with their babies in residential care and young adult mothers who had disrupted care histories. An important unanswered question is as follows: To what extent does exiting care from a stable long-term kin or foster placement mitigate parenting risks and reduce formal support needs for these young mothers? This touches on the larger need to measure the long-term impact of permanent versus impermanent care on people's lives as they move through the life cycle.

A qualitative study design can only partially answer research questions about the parenting experiences and support needs of young mothers with a care background. Estimating the distribution and scale of parenting difficulties and support needs across this population requires well-designed quantitative surveys and prospective cohort studies. One quantitative study ($N=49$) examined associations between various risk variables and parenting stress among this population (Budd et al. 2000, 2006). To our knowledge, however, the distributions of parenting experiences, difficulties and support needs of mothers with care backgrounds have never been formally measured. Similarly, to

our knowledge, there are no research data measuring the effectiveness of parenting support services for this population.

4.2 | Policy and Practice Implications

The study's findings confirm the importance of young parents having a clear understanding of what support is available to them and how to access it, communicated via accessible online information, as well as by mentors and social workers.

The reality of having been in foster care means that mothers typically lack normative support systems. Mothers have a strong drive to seek connection and support in their parenting, even from unsafe people if there are no other options (Budd et al. 2006; Radey et al. 2016). Services designed to support young parents leaving OOHC would do well to offer both practical and emotional support. Findings suggest that mothers are open to support, especially when linked with practical help, and practical help may open the door for mothers to access more personal 'emotional' support.

Several jurisdictions have initiated living arrangements whereby young mothers reside with kin or another family, where a female caregiver supports and 'nurtures' the mother. This 'fostering the family' approach provides a range of potential benefits to the parent as well as the children, replicating common family structures in which multigenerational living is normative (Easthope et al. 2017). Child protection concerns can be mitigated, as there is essentially live-in supervision of the parent and child. Parenting and household skills can be taught naturalistically through daily modelling and feedback, rather than through structured sessions. Kinship whole-family caregiving occasionally occurs in Aotearoa New Zealand through informal agreements or non-kinship through small social services. One such service aimed at preventing child removal provided a care placement for mothers and their children in a 6- to 12-month residential programme (Rapsey and Rolston 2020). Qualitative findings highlighted the nurturing approach that was delivered, in comparison to more typical, punitive system responses to parenting risk. This is a similar structure to practices in many cultures where multigenerational living is normative. This occasionally occurs in a child protection setting in Aotearoa New Zealand through informal agreements, but there is presently no resourcing for this to occur. If formalized and appropriately resourced, this model of intervention may serve several useful functions. It would provide practical, social and emotional support from another safe adult at a higher intensity than is possible through other types of relational supports (e.g., weekly home visiting) (Keddell et al. 2023). It would also enable close monitoring of mothers' wellbeing and functioning, so that supports could be provided preventatively rather than in response to a crisis occurring. It may even ultimately result in fewer children being removed into state care (Keddell et al. 2023).

The present study also highlights that combining OOHC with child protection services may reduce perceived trust in services. If ongoing supports were provided through an OOHC post-care service, completely separated from child protection services, mothers may perceive this as more acceptable. The

current situation, whereby mothers have child protection involvement merely because they have grown up on OOHC themselves, implies that they are providing inadequate care to their child. This is seen as stigmatizing, unfair and a threat to custody of one's child—which indeed it is. Creating a care agency that is separate from the investigative child protection agency may reduce this, which may in turn increase mothers' 'buy-in' to receiving the supports that they really need. The study's findings also suggest that mandated support may be helpful. However, the way and manner in which social workers and professionals provide 'mandated' support remains important. Mothers said that they would appreciate a kind and non-judgemental approach. Attending to care and protection concerns with transparency and respect may create a more willing response from mothers.

5 | Conclusion

Mothers who have been in OOHC encounter a number of challenges and adversities not typically encountered by other mothers, and they have complex support needs (Budd et al. 2006). Ensuring that they receive formal and informal parenting support should be major social care and public health priorities. Providing them the opportunity to access effective parenting support and intervention has the potential to reduce intergenerational transmission of maltreatment and to reduce the risk of their offspring being removed into OOHC. It also has profound implications for these mothers' own lives and future wellbeing.

The present study demonstrated that mothers do want supports that they perceive to be helpful. Key to this is that professionals who work with them are kind and non-judgemental. Unhelpful supports include ones seen as invasive, controlling and judgemental. A key finding was that even mothers who felt 'forced' into receiving parenting support appreciated it once they experienced its benefits, with some suggesting that supports should in some instances be mandated. The accessibility of support also mattered, with mothers struggling to navigate rigid criteria when seeking help. There is therefore a need to carefully tailor parenting and other support services and ensure that these are made available to adequately meet the unique parents who have grown up in OOHC.

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