Submission to the National Children's Commissioner's Inquiry into the Impact of Pregnancy and Parenting on Teens and Young People

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yourtown

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Executive Summary

Structure of the submission

In this submission data from pregnant teens, young parents (up to 17 years of age) and the counsellors and other practitioners in **yourtown** services who interact with them, are used to explicate the experience of teen pregnancy and young parenthood.

The submission is organised into four broad sections based on the source of the data:

- Quantitative data from the Kids Helpline contacts database – a record of all counselling contacts to the service
- Qualitative data from the counsellors' notes fields in the Kids Helpline contacts database
- Qualitative and quantitative data form the Parentline contacts database
- Qualitative data from an interview study conducted with practitioners in a variety of **yourtown** services that have pregnant teens or young parents as clients.

There are summary notes, conclusions and recommendations at the end of each of these sections. As well, there is an overall recommendations section at the end of the document. Finally there is an interpretation of the recommendations in terms of the three questions that form the Children's Commissioner's focus around this issue:

- What are the types of early interventions likely to decrease the risk profile and trajectory of young parents, young parents to be and their children?
- What are the types of early interventions which improve their capacity for safe and effective parenting?
- What are the types of early interventions which increase their likelihood of becoming economically secure?

Recommendations

Informational Needs

Recommendation – Information and education about biology and human sexual relationships needs to be given high priority and implemented by all secondary schooling authorities to ensure that these educational and information deficits do not contribute to the occurrence of unplanned pregnancy. Although campaigns currently address these issues, a more thorough approach to this aspect of the curriculum, one that is somewhat more rigorous and able to guarantee outcomes, seems to be needed. The substance of such a program of education should include: negotiating consensual sexual relationships; contraception; biology of reproduction; implications of pregnancy and young parenthood; communication and conflict resolution. The methods of delivery and the design of such a program should be targeted in different ways for different groups; that is, it should be: gender-sensitive; culturally sensitive; age-specific; targeted to the parents of teens who are pregnant or young parents; provided in and for schools; targeted to cohorts of young people in schools.

Integration of services need

Recommendation - A project should be funded that addresses the problem of the lack of accessible information about services for disadvantaged young people, and proposes and develops solutions that ensure that whatever central database approach is adopted there are ways to ensure that service providers are able to keep the information up to date, and that the other informational needs (such as geo location) are catered to. Although attempts have been made to provide such a service (e.g., *InfoXchange*) the need is a substantial one which requires a more thorough approach to the integration of services. The need here is detailed and comprehensive information about services that can be used to support wrap-around, integrative, and holistic care that takes into account the complex and inter-related issues within pregnant teens' / young parents' lives; those who need services, need them because of an interplay of factors, that demands a holistic approach to care.

Recommendation In considering an approach to facilitating wrap-around and integrated client care, the development of mobile apps and websites be considered, for use by both clients and professionals. The information in such resources must be up to date and be tailored to the geographical location of the client to a fine enough level of detail that the client can assess their transport costs of access

Social Acceptance Needs

Recommendation As a society we need to find ways to change societal attitudes to pregnant teens / young parents. This is not to say that being pregnant or a parent young is a good thing that should be endorsed socially – it has many social and individual costs and negatives associated with it, but it does not ameliorate these negatives to burden individuals with social disapprobation once they become young parents / pregnant teens. This is not only pointless because it is a case of shutting the gate after the horse has bolted, but is damaging and merely serves to exacerbate the negative consequences for these young people. The discourse on teen pregnancy and young parenthood needs to be changed from one of disapprobation to acceptance, to ensure the needs of these young people are catered to appropriately through integrated service provision, education, work-skill development and eventually support to transition to work. Education and attitude change interventions should target parents of pregnant teens, other teens/children in schools, school leaders and professionals.

Educational continuation needs

Recommendation Policy should be written and associated practices implemented to encourage schools to accommodate pregnant teens and young parents to stay in the schooling system. This might mean not just changing attitudes but providing facilities such as crèche care, special classes, breast-feeding rooms, etc. there needs to be education for the rest of the children within the system to embrace the pregnant teen / young mother, not vilify and isolate her.

Aspiration-raising

Not necessarily a need *per se* of young people, but certainly an issue for some, is the problem of aspiration. Inter-generational patterns of early parenthood and long-term unemployment sets up aspirational horizons that are hard for young people to see beyond. There is a need to address this issue head-on, since it is a "sacred cow" of private family life that morality and expectation are set in the home. Sometimes there are stories of young people who generate an aspiration to go beyond their own parents' achievements and aspirations, but in the main there is a stronger pull towards reproduction of the social and economic microcosm of the family. The impact of this pull, when it is negative, is exacerbated when the parents of a young pregnant person or young parent, kicks them out of home, since they are now able to get social welfare benefits in their own right and should live independently. If people exposed to inter-generational norms of low-employment engagement, social welfare dependency and unemployment do not raise their aspirations beyond these horizons, they will most likely reproduce that social and economic dependency.

Psychological services and psycho-educational needs

Recommendation Pregnant teens and young parents have needs at times for psychological counselling and psycho-education to help them deal with a variety of issues ranging from identity transformation, confidence-building, child-rearing, conflict resolution and sometimes the effects of abuse and domestic and family violence. Funding the provision of such services to this cohort should be a priority. Services such as **yourtown**'s Kids Helpline and its other services, aimed at addressing the needs of this group, will not be sufficient, for reasons of capacity alone, for a truly comprehensive approach to the needs of pregnant teens and young parents across the nation.

Basic Parenting Skills Needs

Recommendation Education programs in basic parenting skills, including infant boding, nutrition, hygiene, and basic care, are needed for the most vulnerable young parents who often have very poor parenting models and childhood experiences themselves upon which to model their own approach to parenting.

Work skills and transition to work needs

Recommendation It is desirable that eventually young parents re-join or join the workforce, and support service that facilitate this transition are needed that might include: better subsidies for childcare for transition program attendance; programs that adopt an holistic approach to clients, taking into account their specific and complex vulnerabilities and needs.

At the end of this submission, the three questions that are the focus of the Children's Commissioner's investigation are answered in a manner that draws upon the recommendations above.

About yourtown

yourtown is a registered charity which specialises in helping disadvantaged young people who are at risk of social exclusion. Established in 1961, and then known as BoysTown, the organisation's mission is *to enable young people, especially those who are marginalised and without voice, to improve their quality of life.* The organisation was re-branded **yourtown** in 2016.

About yourtown services for young parents

yourtown believes that all young people in Australia should be able to lead hope-filled lives, and have the capacity to participate fully in the society in which they live. **yourtown** provides a range of youth counselling, family support (including refuges) and employment support services across Australia. Services are located in some of the most disadvantaged Australian communities including Logan City and Goodna near Brisbane, Western Sydney, North Adelaide and , Port Pirie in South Australia and Bridgewater, Tasmania.

yourtown recognises the importance of supporting young parents and has invested in this activity through programs at several sites including San Miguel (North Richmond, NSW), Glugor (Deception Bay, Qld), Penrose (Elizabeth, SA), Parents Next (a government-funded program in Pt Pirie, SA), and a secure domestic violence refuge. **yourtown** invests in services that support young parents in order to address and mitigate the risks of harm to the children of young parents, reduce Duty of Care interventions resulting from neglect, domestic violence, or abuse, and to increase the skills and personal capacity of disadvantaged young parents to parent successfully and transition to productive engagement in education, training, and employment. For context, a brief description of some of these services follows. Most **yourtown** services are funded by **yourtown**; Parents Next is government contracted.

The Penrose Young Parents Program began in August 2007 from a Community Benefits SA funding grant for a part-time BoysTown Youth Worker and support from a SA health Worker. The Young Parents program was established to target disadvantaged young women (primarily under 21) who were either pregnant or had a young child under three months of age. The program involves young mothers who do not have the skills or role models to become successful parents, at the same time helping their partners and utilising other agencies to deliver a program in a friendly, non threatening and safe environment.

"Glugor House" was opened to clients in 2004, in Deception Bay, identified as an area with a significant number of disadvantaged young, parenting women. The target group for the program is young women aged 15-25 years, parenting children (0-5 years) and requiring assistance with effective parenting and community engagement; the program includes prenatal mothers in their last trimester. From 2008 the program further broadened its scope by engaging with men who are identified as playing a significant role in the lives of the mother and child, either as the young father or another significant male figure. The core purpose of the parenting and early intervention program is to provide a place where young families and their children can come together in a safe and supportive environment to develop holistically across relational, personal, and emotional aspects, and to support safe parenting practices.

The Parents Next program is for young parents or parents of young children who are at risk of long-term welfare dependency. It provides support for young parents to re-engage with school, vocational training and employment. Case Workers work with participants from a strengths-based case management and life skills development framework which forms the basis for re-engaging parents successfully in learning or work while parenting. Parents Next is the only one in the suite of programs described here that is provided by, but is not funded by, **yourtown**.

San Miguel offers short term and transitional accommodation to help young families experiencing homelessness, along with a range of additional supports offered on site and through referral to relevant agencies. San Miguel also offers outreach support to families who have exited the accommodation service for an agreed period, dependent on the needs of individuals and families. The services include: onsite accommodation, case management, access to legal and medical support, training in life skills such

as budgeting, hygiene, health and parenting, access to housing and tenancy information, access to education for school-aged children, and social integration activities and support.

About Kids Helpline

Kids Helpline was launched in 1991 to provide children and young people somewhere to turn when they needed help. Kids Helpline is a free, confidential counselling and support service for children and young people across Australia aged 5-25 years. The objective of the service is *to listen and respond to the needs of children and young people anytime and for any reason, and where appropriate support children and young people to develop strategies and skills to better manage their lives.* To achieve this end, counselling and support services are provided by tertiary-qualified counsellors via telephone, web chat and email. Telephone and email counselling is provided 24/7 while counselling via web chat is currently available from 8am to midnight (AEST) seven days a week.

In addition to the counselling and support service, Kids Helpline operates a substantial website with a diverse range of resources for self-directed help-seeking by children, young people and parents/carers. In partnership with Optus, Kids Helpline also delivers an early intervention and prevention program in primary schools called *Kids Helpline @ School* (KAS).

At the individual level, Kids Helpline employs a therapeutic framework focused on empowering children and young people to deal with issues in their lives by identifying and developing their personal resources.

At the systemic level, Kids Helpline protects and supports children and young people by facilitating referral to specialist services tailored to the developmentally-specific needs of vulnerable children and young people and by giving voice to the needs, concerns and experiences of children and young people in policy and research.

About Parentline

Parentline, a **yourtown** service, is a helpline for parents. Parentline was launched in 1996 in response to parents and carers calling Kids Helpline for parenting help. Parentline is a free, confidential counselling, education and support service for parents and carers of children and young people. The service is critical in the promotion of positive parenting of children living in Queensland and the Northern Territory. The objective of the service is to strengthen parents and families by helping parents: to obtain a better understanding of the way their family works; to believe in themselves and their own skills and strengths; to develop strategies for changing how things are done in their family in a way that suits their family's needs; and by helping them to identify their own information needs.

All Parentline counsellors are also Kids Helpline counsellors who have received specialist Parentline counselling training. This dual role equips Parentline counsellors with a unique understanding about the issues facing both parents and their children. The Parentline website offers access to counselling by telephone, email and WebChat as well as self-help parenting information and tip sheet resources. The telephone and email service operates between 8am-10pm, seven days a week. Web counselling is available 11am-2pm Tuesday and Thursday. The self-help resources are available 24/7.

Method

This report is based on data collected and analysed in 4 separate studies.

Studies 1 to 3 were post-hoc studies of existing quantitative and qualitative data in collections generated in the day-to-day operations of **yourtown**'s Kids Helpline and Parentline services. Study 4 was an original interview study conducted with practitioners in **yourtown** services whose clients include pregnant teens or young parents. These analyses presented in this submission offer some insight into the lives and experiences of young parents and pregnant teens.

The studies are described in the next section.

1. Analysis of coded categories of concern or reasons for contacting the Kids Helpline service

Each time a child or young person contacts the Kids Helpline service, counsellors can record up to four different concerns of the child or young person, taking these from a classification inventory of 39 different concern or problem types. Only the first of these "concerns" is compulsory (coding the other three is optional for counsellors) and is known as the "main concern". This submission is based on analysis of the "main concern" primarily, but uses the coding of the other concerns in specific analyses of "collateral concerns".

There are four "main concern" categories in the record-a-contact database related to pregnancy: sexual activity, pregnancy, contraception and parenting own children, and this report focuses on all data from conversation had with children and young people under 18 years of age in all these categories.

In this report, data on the following categories are reported:

- Pregnancy
- Sexual activity
- Contraception
- Parenting own children

For each of these categories there are a number of sub-categories that are also used to code the substance of the conversation to a finer level of granularity – these categories and sub-categories are used in the quantitative analyses in the relevant section.

For recording the gender of a client, counsellors have three categories to choose from: male, female and intersex /trans /gender-diverse. Throughout this submission where gender analyses are done, only the categories "male" and "female" are used. The reason for this is that in the four categories of concern / reasons for contacting that are dealt with in this submission, the number of cases coded in that third gender category is fewer than 6 in total.

It should be borne in mind that the number of contacts does not imply and is not equal to the number of people contacting; this is because a young person can contact multiple times, via multiple media, without being identified as a repeat client. The contact data upon which these analyses are based are records of each of the contacts, not records of the persons contacting.

2. Note fields used in the recording of contacts to Kids Helpline

There are several textual fields counsellors can use to record details of the clients' circumstances, their presentation, plans and goals they make or set together, and the intervention (usually a description of the counselling approach taken) used in each case. These notes provide a considerable body of data about clients' circumstances and a qualitative (thematic) analysis of these data was conducted for cases where the main reason for contacting was "parenting own children".

The experience of being pregnant is unique to females, but pregnancy itself can affect both female and male partners. Young fathers-to-be and young fathers' experiences are often overlooked in studies of teen pregnancy and young parenthood (Fletcher, Freeman, & Matthey, 2011; Lyra & Medrado, 2014),

which typically focus on the trajectories of, consequences for and experiences of young mothers. There is therefore a lack of information about the experiences of young fathers and fathers-to-be, and for this reason part of the thematic analysis draws out some insights specific to the males who contact Kids Helpline.

3. Parentline data

The Parentline service collects data on parents and carers who contact the service in a manner very similar to that which is used for Kids Helpline. In terms of volume of contacts, the Parentline service is much smaller than Kids Helpline (in 2015 , Parentline counsellors answered 7,546 contacts, whereas in the same year, Kids Helpline answered over 209,000 contact attempts).

For each contact made, the counsellor classifies the contact using an inventory of 15 "problem types" or reasons for contacting.

Within this inventory of problem types there is one related to pregnancy, the definition of which is:

> *Caller concerned about their pregnancy, their partner's or their child's pregnancy or family member (confirmed or suspected). Includes issues such as pregnancy options, effect of pregnancy on the family etc.*

The "pregnancy" problem type or category has 5 sub-categories

- Seeking information
- Concern for self/partner re pregnancy
- Concerned for pregnant child
- Confusion over pregnancy options
- Severe distress: inability to cope

Counsellors can also record notes on the conversation and case details.

A descriptive analysis was conducted of Parentline quantitative data based on these categories and sub-categories, and a targeted qualitative (thematic) analysis of the notes data was conducted of Parentline data relating to parents themselves in the age range 13-25, as well as parents of children in this age range, and is reported here.

4. The Practitioner Interview study

An interview study was conducted with fourteen practitioners in **yourtown** services whose clients include pregnant teens and young parents, including "Glugor House", Penrose, San Miguel, a domestic violence refuge, Parents Next programs, and the Transition to Work Program. Interviews lasted approximately 45 minutes each and solicited practitioners' perspectives on a range of matters including:

- the issues faced by pregnant teens and young parents;
- collateral circumstantial disadvantage and comorbidity;
- aspirations, social, cultural and educational capital;
- their needs and the adequacy of service provision for supporting those needs.

This study is part of a collaboration between **yourtown** and Griffith Criminology Institute (GCI) at Griffith University (Human Research Ethics Approval Number: GU Ref No: 2017/202).

A summary of the main themes they identified is included in this report.

Literature Review: Teenage pregnancy and parenting

Adolescent motherhood, or, to be more inclusive, adolescent parenthood, is often understood and portrayed, in academic, lay, and policy discourses as a "problem" with economic, social, personal, and inter-personal consequences that are significant enough to warrant academic and government attention (Sheeran, Jones, Farnell, & Rowe, 2016, p. 41). In this submission the view is adopted that unplanned adolescent pregnancy and young parenthood must be understood in a way that pays attention to the micro-social and micro-economic detail, and that opens the way to a sympathetic and empathetic understanding of the *experience,* not the *problem,* of adolescent or teen pregnancy and young parenthood. This stance is adopted not to play down the significant implications, both in macro and micro spheres, of adolescent pregnancy, but rather to introduce into the discourse a more multi-dimensional understanding of adolescent parents' lives, particularly the lives of the most disadvantaged in our communities.

By adopting this stance it becomes possible to see the way in which several forms of disadvantage conspire together, in the lives of adolescent parents, to exacerbate their relative disadvantage, and that of their children. This stance makes the microscopic details of the experience itself stand out, above the macroscopic perspectives on economic costs and welfare burdens, so that the injustice of seeing people in these circumstances in a uni-dimensional way, and as "of a type", and "as a burden", can be brought to the fore and resisted.

This review is selective, drawing on studies that address themes of relevance to the submission itself, and does not claim to be comprehensive.

The risks of teenage parenthood

In the context of teen pregnancy and young parenthood "risk" is an ambiguous notion because there are *antecedent risk factors* – attributes that may be seen as predictors of or correlates of an elevated probability of teen pregnancy – and there are *consequent risks* – the negative impacts that teen pregnancy may have on young mothers, fathers, and their children.

According to the Australian Institute of Health and Welfare (2017) "[t]eenage motherhood poses significant long-term risks for both mother and child, including poorer health, educational and economic outcomes....[and] 1 in 25 live births in Australia in 2009 were to teenage mothers." There is a large literature on the risks associated with teenage pregnancy, which can be summarised neatly by Kalb and Leung:

> relative to childless women: teenage mothers are less likely to complete Year 12, be employed, and be in good health; they are more likely to smoke; and have less personal income (2015, p. 255).

Other studies show other negative consequences associated with teenage parenthood such as lower birth weights of babies behavioural disorders, child abuse, future poverty, and school dropout (Silk & Romero, 2014).

Antecedents and correlates of elevated risk of teenage pregnancy are also well documented in the literature, and they include: poverty, disrupted family structure, family history of teen pregnancy, abuse in early life, intergenerational unemployment and welfare dependency, engagement in risky sexual practices, and being indigenous Australians (Charlton et al., 2016; Garwood, Gerassi, Jonson-Reid, Plax, & Drake, 2015; Lewis & Skinner, 2014; Oringanje et al., 2016). Inter-generational impacts include:

> increased risk of non-marital childbearing … single motherhood … and welfare dependence … [and] despite gains in educational achievement … about half were working in unskilled or part time employment, with many experiencing a range of financial problems [and] one in four … were exposing their children to passive cigarette smoke, physical punishment (82%[of sample]) and abuse (14%[of sample]) (Woodward, Friesen, Raudino, Fergusson, & Horwood, 2013).

The literature shows that both antecedent and consequent risks form complexes of factors that interact with each other, and recognition of this complexity is part of both our understanding of the "problem" and our design of various interventions to address the issue.

Service provision, funding and effectiveness

There is currently debate in the welfare and family services arena around what counts as evidence of effectiveness in programs and what is the evidence base for program design choices. This debate brings into the spotlight several key themes that emerge in the present submission:

- the need for an holistic approach to program design and delivery, that addresses the complexity of family needs and variety in family welfare issues, rather than a single-issue approach which has been the norm to date (such as a focus on employability skill development, or parenting skill programs);
- the recognition that the idea of family "welfare" can be, and perhaps should be, replaced by the idea of "investment" in people and families, and that such investment takes time to show return, which is in contrast to the logic of the short-term intervention approach that goes hand-in-hand with the "single issue" strategy mentioned above
- recognition that the current approach to provision, based as it is on the sort-term intervention and single-issue approaches is fragmented, in parts unstable, with services arising and disappearing in short timeframes in some communities, and poorly co-ordinated so that it is not easy to "stitch together" a comprehensive care and support plan for vulnerable families (see Hand, 2017).

Frameworks and models of care and of service provision

The way that services are designed is based on how the "problem" they are designed to address is framed up, conceptualised. If the "problem" is seen as the age of the young parent, then interventions attempts to reduce the frequency of occurrence will be designed to target the young. But if the "problem" is seen as the associated disadvantages – the poor social networks, poverty, unemployment, accommodation insecurity and so on, then the focus of solution turns towards these factors. It makes sense to turn attention towards these factors because it is these factors that create the greatest risks for the children of young parents, not the age at which they become parents – though it must be acknowledged that with the young age comes inexperience, less general knowledge of the world, nutrition and so on, which themselves represent a risk to the children of young parents; it is a matter of magnitude of risk, and of consequence. According to Sheeran et al.,

> interventions addressing systemic pre-existing disadvantage, including social inequality, housing and transportation, poverty, and engagement in education and the workforce are needed. However, the first step appears to be acknowledging that disadvantage is the main problem, not age (Sheeran, Jones, Farnell, et al., 2016, p. 49).

Where services do work with individuals, according to Sheeran et al., they need to be based on trust, and work towards building upon existing strengths:

> a strengths-based model, focusing on aspects of parenting that young women are doing well, is more likely to promote trusting and effective relationships between young mothers and health workers, in turn maximising the uptake and success of interventions to support adolescent mothers. … support services are effective when they are informed by an ethic of care, a model responsive to need and congruent with the women's view of themselves. (Sheeran, Jones, Farnell, et al., 2016, p. 49)

As McDonald (2010) asserts the success of a program is determined as much by the way they are delivered as by what is delivered. She outlines primary and secondary factors that make programs more likely to succeed with vulnerable families. Among the primary factors are:

- Relationship between client and provider
- Shared decision-making
- Cultural awareness and sensitivity
- Non-stigmatising interactions
- Minimising structural barriers to access

And

- Triaging crisis help before other interventions (McDonald, 2010, p. 3)

Among her secondary factors are:

- Assertive outreach to connect families with relevant services

And

- Establishment of strong reciprocal links between service providers (McDonald, 2010, p. 3).

As will become clear in this submission, all these factors are validated by the data presented here.

Social isolation and role of support networks

Whilst there is considerable evidence on the positive role that informal social networks can play in ameliorating the isolation and stress experienced by vulnerable families, there is evidence that young parents who do not access formal support services have compromised informal social networks (for instance because of conflicted familial relationships or social isolation due to relative poverty) and that they tend to rely on very small networks of people in like circumstances (McArthur & Winkworth, 2017). One consequence of this relative isolation is that in not connecting to formal support services, or community groups, or clubs etc., such parents do not have access to opportunities to form networks with new people or people in different circumstances. Participants in one study of isolated parents described three types of support that they would benefit from: practical/concrete help with day-to-day chores or brief respites from parenting; emotional support; advice and information (McArthur & Winkworth, 2017, p. 642). This suggests the generic and comprehensive nature of service needs of isolated parents.

For the particularly vulnerable young parents, many existing programs service more to isolate than to support, if they are not designed specifically for this age group, in their common circumstances. Play groups or ante-natal classes that are mainly populated by women or couples in their thirties, with jobs, and homes, alienate this vulnerable cohort. In a study by Sheeran et al. this idea was specifically explored:

> group programs specifically aimed at supporting young mothers were praised, for normalising the experience of difficulties associated with parenting, for the non-judgemental attitude of those running the group, and for providing the opportunity to take time out from the demands of parenting. This is consistent with international research showing group programs are well received and important to adolescent mothers (Sheeran, Jones, Farnell, et al., 2016, p. 48).

Intergenerational Reproduction of early pregnancy young parenthood

The effect, on their children's lives, of young parents' poverty, isolation, unemployment and disengagement from school and work, is likely to be detrimental in this generation, and contribute to a "next" generation of teen pregnancy when their children grow up. To address this, and potentially break that inter-generational cycle, appropriately focused multi-disciplinary services are needed to support young parents, and deal with the complex array of risks in their lives. Thus, services should be designed to address three broad areas: informational/educational; emotional; and practical). Homel et al., have shown that even as few as 5 interactions with broad "family support" services (those that cover these three categories of need) can improve children's wellbeing and behaviour. Ensuring access of teen

parents to such multi-disciplinary services may therefore help to reduce the likelihood of *their own children's* early withdrawal from school, unemployment, poverty and, ultimately, the risk of inter-generational early pregnancy.

Role of information, education and skill acquisition

Regardless of the impact of previous generational behaviour on current generational behaviour, if the goal is to at least maximise the relative frequency of pregnancies that arise from deliberate choice rather than by accident a review study concluded that, though data are limited,

> programmes that involve con- current application of multiple interventions (educational, skill building and contraception promotion) can reduce rates of unintended pregnancies in adolescents (Oringanje et al., 2016, p. 28)

In other words the approach that has the greatest effect is one that incorporates multiple dimensions or strategies.

> The results of this review suggest that the concurrent use of interventions such as education, skills-building and contraception pro- motion reduces the risk of unintended pregnancy in adolescents but offers little evidence about the effect of each of these interventions offered alone (Oringanje et al., 2016, p. 30)

Motivation and context

Skill acquisition may lead to increased self-efficacy generally or specifically to enhanced employment prospects, but skills need a context that includes the personal motivation of the young parent. In a study of teenage mothers in the UK, the researchers observed that some young mothers are highly motivated to make a "good life" for the children in spite of negative stereotypes of teenage mothers:

> A number of adaptation strategies and protective factors [contributed] to positive outcomes in a number of areas of the respondents and their children's lives [including] a rejection of the common negative stereotypes associated with teenage pregnancy and a very strong resistance to perceiving their pregnancies as an adversity. Their strong desire to be role models for their children [gave] them the momentum to pursue educational and career goals, because they have someone else for whom they have responsibility (Clarke, 2015, p. 470).

A similar chord was struck by Sheeran et al. when they noted, about Australian teen mothers, that some experience the change to parenthood in a very positive way (Sheeran, Jones, & Rowe, 2016). Negative stereotyping is a perennial theme in the discourse about teenage parenthood. According to Sheeran et al.,:

> Adolescent mothers are acutely aware of widely held stereotypes depicting them as "not good enough mothers" and feel they need to disassociate themselves from a teenage mother identity (Sheeran, Jones, & Rowe, 2016, p. 702)

Such a negative context around a person may work to supress motivation, intimidate and socially isolate that individual.

Not all studies show that this negative stereotyping is the main theme in the lives of teen parents, however. In citing an account by Moloney et al., (2011) of key protective and positive factors in the lives of some teen mothers, Shea et al., note that "… the responsibilities of motherhood included a renewed need for parental support and return to family home life" and that "[other] studies … found that young mothers reported closer relationships with their families, and particularly their own mothers, that had previously been strained" (Shea, Bryant, & Wendt, 2016, p. 843).

What should be noted about these studies is that, in contrast to the people whose lives are laid bare in this submission, respondents in these studies seem not to suffer from many of the most common disadvantages that are experienced in the day-to-day lives of **yourtown** clients. The disadvantages **yourtown** clients suffer include extreme alienations from families, violence, homelessness, poverty and unemployment, and social isolation. These are not the same kinds of people as those in the studies just cited. As Dolan et al., observe most support is initially derived from the informal sources (family, friends), so when these are weak, formal sources are turned to (Dolan, Pinkerton, & Canavan, 2005, p. 13). Of course this makes sense only if and when there are no financial or other barriers to connecting to formal services (McDonald, 2010). As will be seen throughout this submission, disadvantaged clients typically have very few of these resources to draw on and very many barriers to engagement with formal sources of support.

Gender relations and Conflict over decision and options

The decision to go ahead with the pregnancy or to terminate ultimately resides with the female, which places the parents-to-be in an unequal relationship vis-à-vis the decision-making. Adolescent males are in a similar position of anxiety and are focused on both short term and long-term consequences. As Lohan et al., put it:

> Consistent with theories of the transformation of intimacies in society and the growth of individualization, the results suggest that adolescent men are interested in the effect of an unintended pregnancy on their individual biographies as well as the effect on their girlfriend's health and well-being (Lohan et al., 2013, p. 1037).

But they go on to say that Australian men are more likely to choose abortion than other adolescents in their study (Lohan et al., 2013), and in Kids Helpline data, as will be seen, there is some conflict over the decision whether to go ahead with a pregnancy, when the male partners express a preference for termination.

An understanding of adolescent men's responses to and beliefs about unplanned pregnancies is an area that according to Lohan et al., is overdue for research:

> The case of adolescent unintended pregnancy is also an interesting one because of the intense worldwide policy interest in reducing unintended adolescent pregnancies … In the context of an enormous amount of research on the topic of adolescent pregnancy worldwide, there is a very notable dearth of research conducted with adolescent men (Lohan et al., 2013, p. 1040)

2012-2016 trends in Kids Helpline contact data

Contacts made by young people to the Kids Helpline service can be about any topic. Each contact is logged and classified according to what the issue was, from the young person's perspective. There is a standard coding scheme for classifying issues. In this submission, four classifications are dealt with, because all are relevant to teen pregnancy and young parenthood:

- Pregnancy
- Sexual activity
- Contraception
- Parenting own children

The frequency of occurrence of each of the four concern categories in the years 2012-2016 is shown in Figure 1.

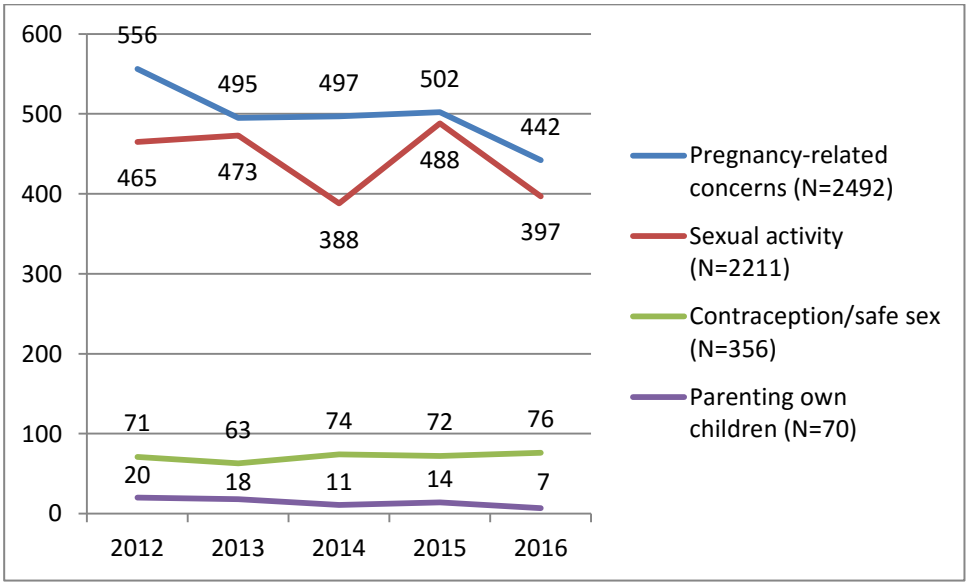

Figure 1: Frequency of occurrence 2012-2016 of contacts in the four concern categories

Clearly sexual activity and pregnancy are much more common issues discussed with counsellors when contacting Kids Helpline than are contraception and parenting. Nonetheless, due to the obvious relevance of the less-frequently occurring concerns to teen pregnancy, all four are explored in this report.

It should be noted that in the analyses that follow, involving demographic characteristics of contacts (age, sex, cultural background), the N's will not tally to the figures cited in Figure 1; this is due to missing data in these demographic variables.

In the following sections, the terms problem type, concern type, concern category, main concern, and reasons for calling are used interchangeably, to refer to the "main concern" and sub-categories, cub-categories of concern refer to the more granular sub-classification of each contact. The term "collateral concerns" refers to the coding of other things discussed with a counsellor during a contact, in one or more of the 3 optional concern type fields available to counsellors (see Figure 2).

"Main concern"		Optional coding of categories in fields 2, 3, 4: "Collateral concerns"					
①		②		③		④	
Category	Sub-	Category	Sub-	Category	Sub-	Category	Sub-

	categories		categories		categories		categories

Figure 2: Diagrammatic representation of coding in 4 concern-type fields and their associated sub-categories of concerns

A reminder: Data from 4 encodings of contacts in the "main concern" field (pregnancy, sexual activity, contraception and parenting own children) are the basis of most of the following analyses, except where "collateral concerns" are described. Collateral concerns are the encodings in fields 2-4 that are made when each of the four main concerns is encoded at field 1.

1.1 KHL Data: Pregnancy as main concern

Pregnancy-related concerns have been dealt with by Kids Helpline counsellors since the service began in 1991. Indeed in the 25 years to December 2016, Kids Helpline responded to 46,854 contacts about this concern. This number of contacts has been steadily declining, such that in the 5 years 2012-2016 there were 2,492 contacts, where pregnancy was the main concern, or main reason for contacting the service (an average of about 500 per year).

During the period 2012-2016 Kids Helpline received on average about 500 contacts each year

As would be expected, most of these contacts come from females as shown in Figure 3, though there a small proportion of contacts about pregnancy from males.

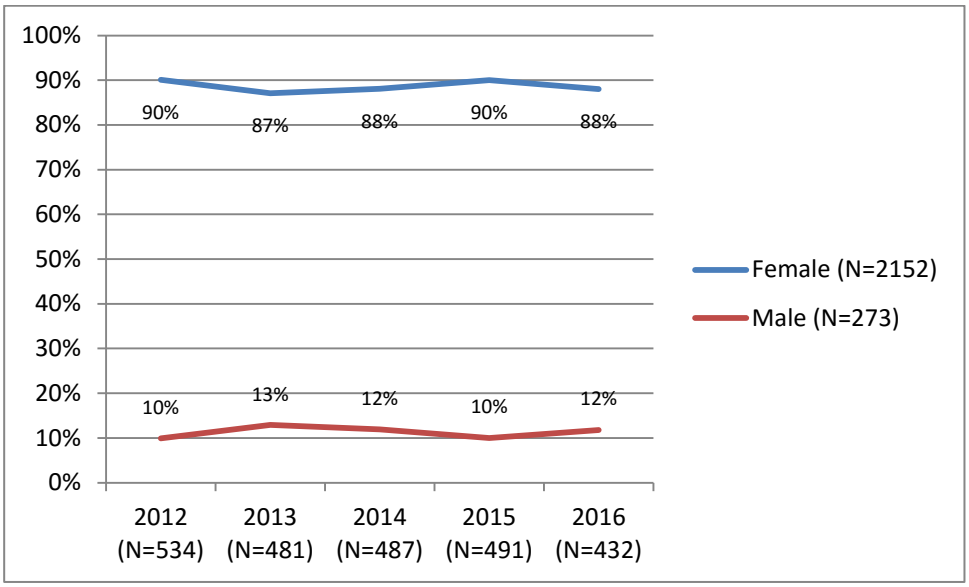

Figure 3: Proportion of contacts by gender by year (2012-2016) where pregnancy is the main concern

Contacts where young people are concerned about pregnancy related issues rise in number from age 13 to age 16 then begin to drop off; that is there is a peak at 16 years of age (about 30% of contacts) and a reduction (to about 25% of contacts) at 17 years (Figure 4).

This doubtless reflects the developmental needs of young people, insofar as information about biology and pregnancy is acquired over time, and is needed more by the younger age groups than by the older.

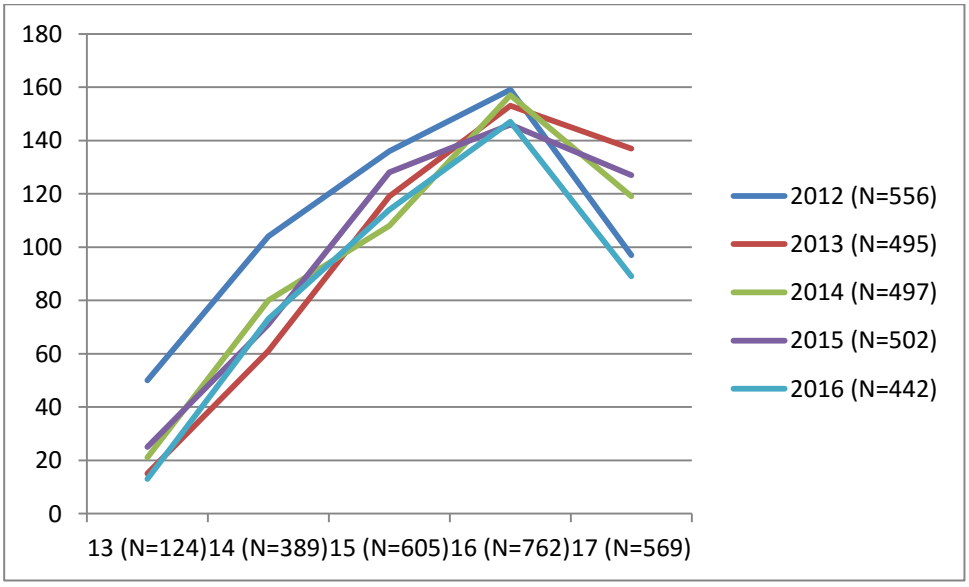

Figure 4: N of contacts about pregnancy by age and year (2012-2016)

The minority of young people contacting the service about pregnancy concerns (about 25% on average) identify as being from cultural or linguistic backgrounds other than English-speaking Anglo-Australian and about 3% on average are from young people who identify as indigenous (Figure 5).

Interestingly, contacts coded as from "Other CALD" (culturally and linguistically diverse communities / backgrounds other than those listed) are increasing as a proportion of the total contacts about pregnancy; this can be seen in the graph in Figure 5 as the "Linear (Other CALD)" estimation line for that cultural category.

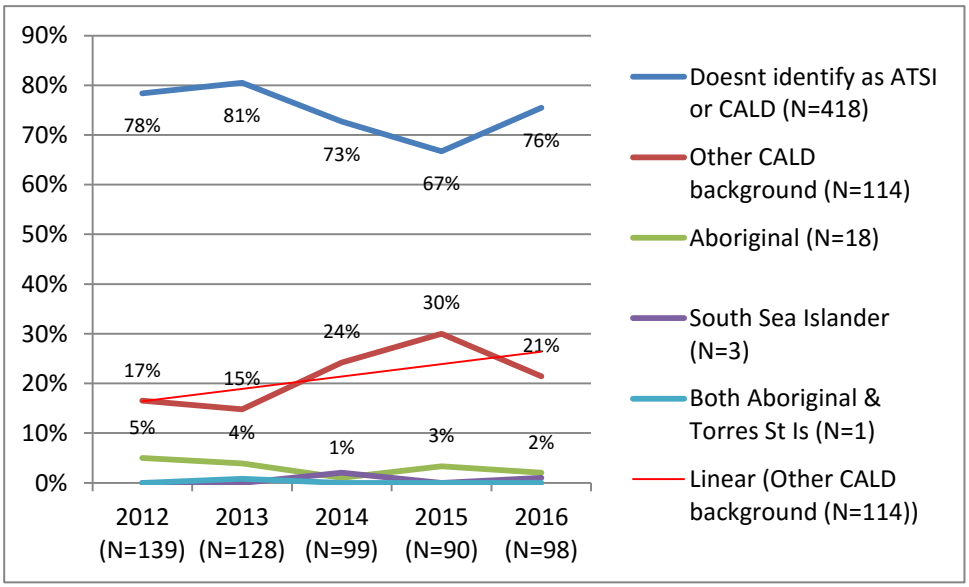

Figure 5: Cultural identification by year (2012-2016)

Sub-categories of concern where main concern is 'pregnancy-related' (2012-2016)

Each concern type has a specific set of subcategories, which allows for more in-depth categorisation of the child or young person's concerns. The sub-categories for the "pregnancy" concern-type are shown in Table I:

Table I: Concern sub-categories for 'pregnancy' concern type

Pregnancy concerns
I=Seeking information
2=Concern for another person
3=Unsure if pregnant
4=Pregnancy options: confused, indecisive, or access to specific options
5=Pregnancy options: conflict/disagreement with boyfriend/girlfriend/partner
6=Telling significant others: how, when and/or worry about reactions
7=Pregnancy health and wellbeing (e.g., emotional support or health issues)
8=Consequences/impacts of pregnancy: relationship, education, financial, etc.

The sub-categories of concern where the main concern is pregnancy-related show that the most frequently occurring sub-category in these contacts is about "uncertainty (as to whether the client is pregnant)". This perhaps shows a need for education around the biology of pregnancy, including its

causes and its detection. Other sub-categories of concern occur much less frequently than uncertainty around being pregnant. Further, the frequency of contacts coded as "unsure if pregnant" is increasing over time as a proportion of the contacts about pregnancy; this can be seen in Figure 6 as the Linear estimation line for that sub-category.

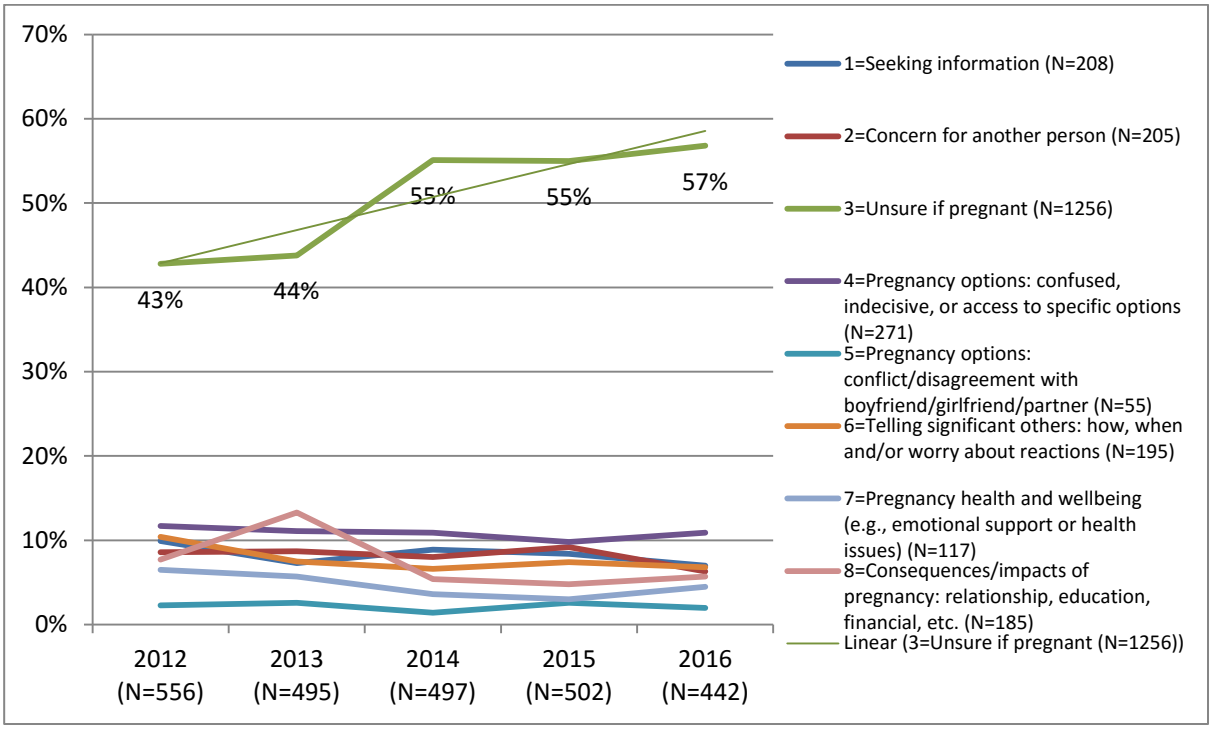

Figure 6: Sub-categories of concern where main concern is 'pregnancy-related'

This sub-category ("unsure if pregnant") shows expectedly higher number in the older age group (Figure 7).

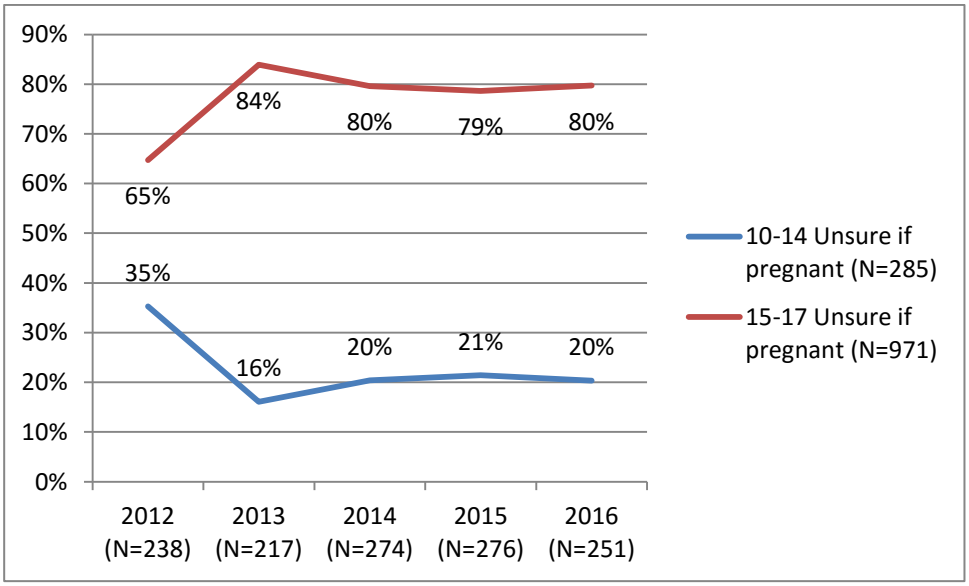

Figure 7: Proportions in grouped age by year for "unsure if pregnant"

Sub-categories within each "reason for contacting" (2016) category by gender.

For each "reason for contacting" a series of sub-categories is coded. Where the *main concern* is "pregnancy related", the frequency of occurrence of these sub-categories (by gender) is shown in Figure 8.

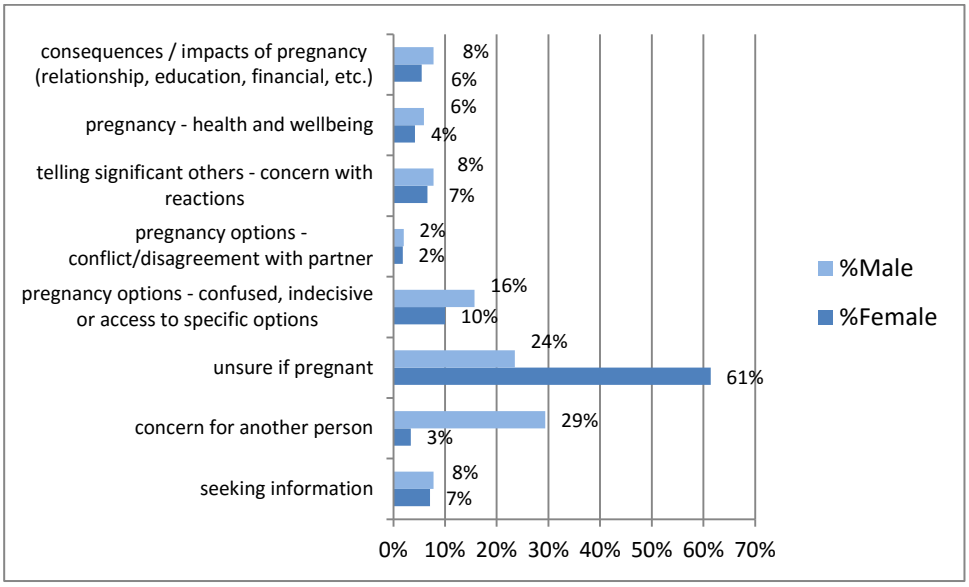

Figure 8: Sub-categories where the main concern is pregnancy-related - by gender (Female N=381; Male N=51); 2016

These data show that the sub-categories for contacting for females and males is very similar except for "concern for another" (where males are more likely, by a factor of 10, to have this reason for contacting) and "unsure if pregnant" (where females are three times more likely to have this reason for contacting).

Where the concern is "unsure if pregnant", the proportional profile of males and females across ages, is similar; there is a steady increase in contact frequency from age 13 until a peak at age 16, then contacts fall off. At ages 14 and 16 the proportion of male contacts exceeds the proportion of female (

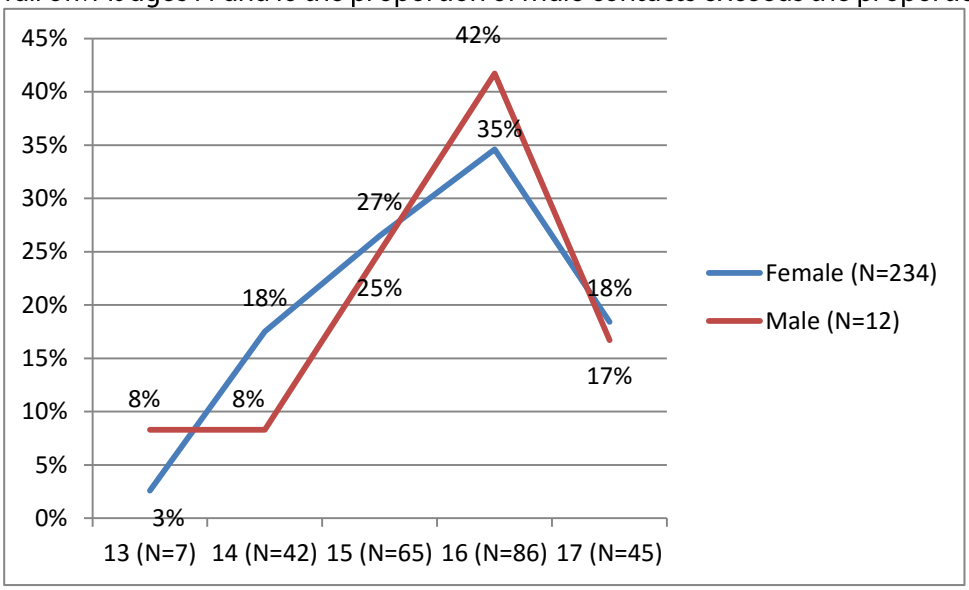

Figure 9).

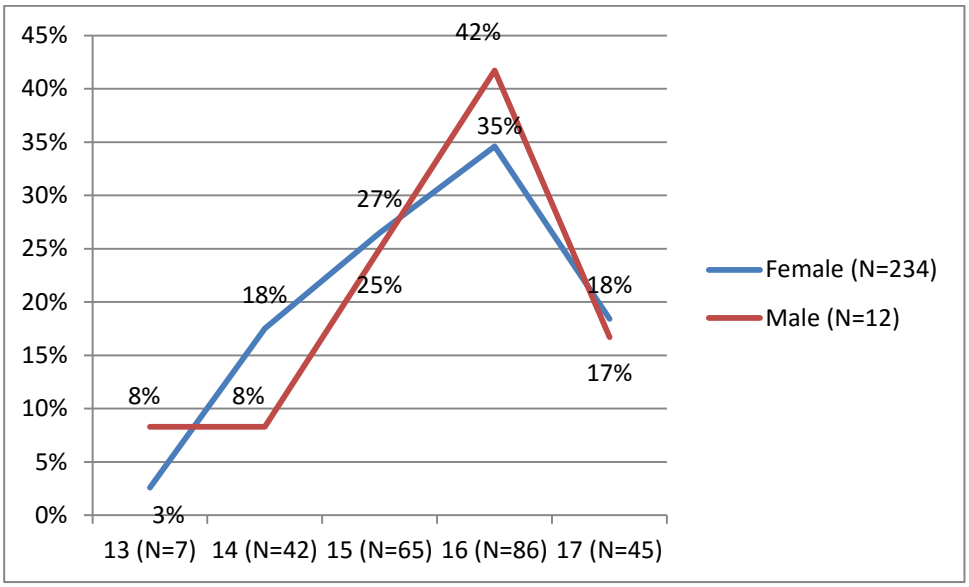

Figure 9: Proportions of each gender category in each age category (2016)

Relative frequencies of female and male contacts, across sub-categories (where pregnancy is the main concern), show that, compared to overall gender proportions for all other main concerns (female 82% to male 18%), and the gender proportions for pregnancy as a main concern (female 89% to male 11%) females are more likely to be contacting about all sub-categories except concern for another and conflict over pregnancy options (see Figure 10).

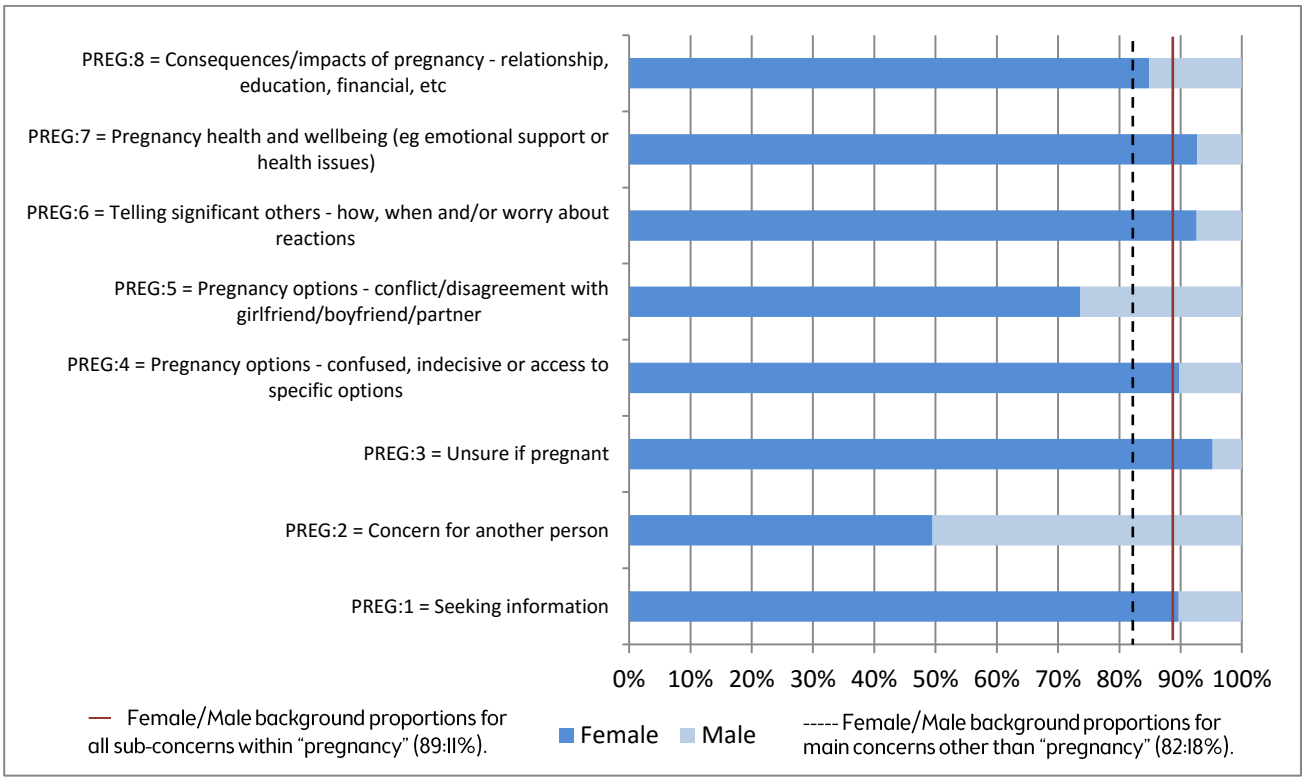

Figure 10: Comparing proportions of female and male contacts in each sub-category, with that for pregnancy as a main concern (— F=89% to M=11%) and against the background gender proportions for all other concern classes (- - - F=82% to M=18%)

The data show that by comparison with their proportions for all other concern types, the proportions of males and females in the sub-categories, when pregnancy is the main concern, are different, with male contact rates higher than their background levels (for "concern for another" and "conflict over pregnancy options" (Figure 10)). The issue of conflict may indicate a possible need for education around the relative power difference between males and females in making the ultimate decision as to whether to take a pregnancy to term, or to terminate it, and conflict resolution skills. An antecedent education need, might be around the biology of pregnancy, to ensure that the risk and probability of pregnancy is well-known; this might be helpful in reducing the element of surprise once a pregnancy ensues (and indeed would be helpful for both genders).

Females exceed the background proportions across the whole dataset, for all other sub-categories except for "consequences/impacts of pregnancy" (where they are on par with background). This pattern of Males contacting about their partners is consistent with the findings of Lohan et.al., (2013) that adolescent males are interested in the effects of pregnancy both on their own biographies, and on their partner's health and well-being.

Collateral concerns (Pregnancy2016)

Counsellors taking a phone, web or email contact can record up to 4 topics that are discussed with the client. Pregnancy, sexual activity and contraception are among those concern types which tend, more often than others, to focus on just the one concern (about 70% of contacts on these three topics in 2016 were coded as covering just the one concern). Nonetheless, the collateral issues discussed when more than one issue is discussed, where for instance pregnancy is the main concern, gives a picture of the contextual and other matters of concern to young people.

Table 2: Collateral concernes where 'pregnancy' concern type

Collateral concerns where Pregnancy is the main concern (sorted by frequency of occurrence, descending)
Emotional wellbeing
Pregnancy-related concerns
Physical health
Child-parent relationships
Contraception/safe sex
Mental health concerns
Sexual activity
Suicide-related concerns
Dating & partner relationships
Other family relationships
Sexual abuse
Bullying – school related
Exposure to family violence
Friend/peer relationships
Homelessness
Physical or sexual development
Self-injury/self-harm concerns
Sexual orientation

Collateral concerns, where pregnancy is the main concern, indicate the complexity of issues that are discussed in conversations with counsellors when the main reason for the call is pregnancy-related. These topics include family and inter-personal violence, homelessness, and suicide.

Given the importance of the sub-category "unsure if pregnant" the collateral concerns for all cases 2012-2106 coded at this sub-category, were examined revealing that the most common collateral concerns when the main sub-category is "unsure if pregnant" are: Emotional wellbeing, Child-parent relationships, Contraception/safe sex, Mental health concerns, Sexual activity.

As expected conversations with counsellors turn to contraception, when the key sub-category of concerns is "unsure if pregnant", since it is likely to be a significant educational need in such circumstances.

Note however that, the pattern of collateral concerns sheds some light on the possible other issues that affect the young person who is calling because they believe they may be pregnant. The collateral concerns show a more holistic picture of the individual ranging over their relationships with their parents, their mental health and emotional well-being.

Thus, we begin to see emerging the relevance of the idea of taking a comprehensive approach to dealing with the issue of teenage pregnancy. Education to enhance contraception knowledge, perhaps linked to information about the biology of pregnancy might address the antecedent need around contraception. But knowledge alone will be incomplete in addressing the broader context around young people, especially their mental health and family relationship concerns.

By Age (and Gender)

The trend data in Figure 3 show that the proportion of female contacts exceeds that of males consistently 2012-2016. For a more detailed look at this, 2016 proportions by age and gender are considered for 2016. Where the young person's main concern was "pregnancy related issues" (N=442) the gender by age breakdown show that the majority of young people contacting about pregnancy, are female, at all ages, although a substantial minority are males. Further that proportional difference is greater than the proportions for all concerns other than pregnancy (see dotted reference lines in Figure 11).

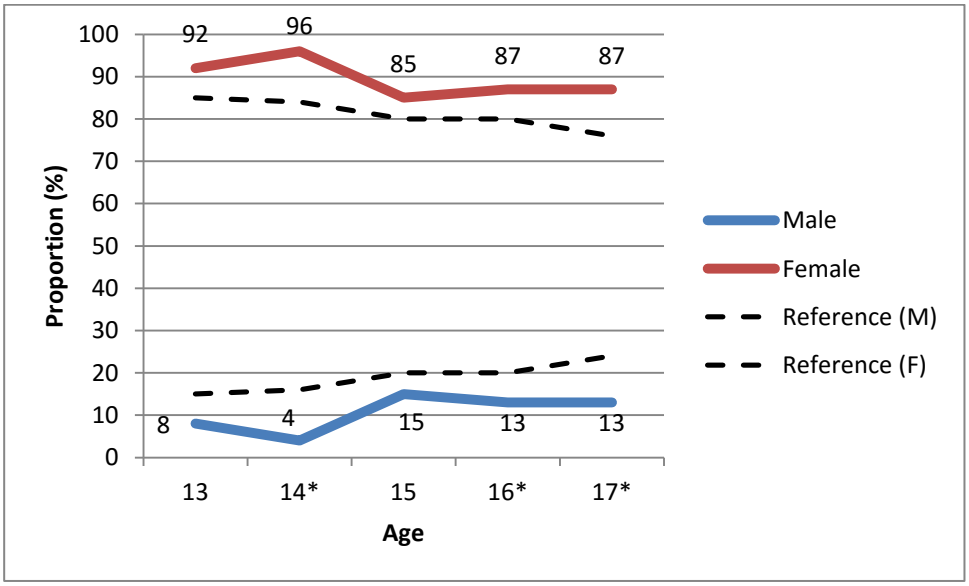

Figure 11: Pregnancy as main concern by age and gender; Reference lines (M and F) are proportions for concerns other than pregnancy (N for this analysis: Female=381; Male=51).

Note: Asterisks indicate those age bands for which the relative frequency of Females to Males is significantly different from the total pool (all topics other than topic of pregnancy).

It should be noted that, though contacts recorded as being from females outnumber those coded as from males across the range of concerns dealt with by Kids Helpline counselors, these data show that at ages 14, 16 and 17, the predominance of female contacts about pregnancy concerns is indeed significantly greater than the pattern of female predominance across the remainder of contact data (in 2016).

Summary and conclusions – Pregnancy as main concern

The contacts from young people that relate to pregnancy as a main concern show that:

- The years 13-16 are the most likely ages to contact about pregnancy, with a steep increase with each year of maturity, until a fall off occurs at age 17, with this pattern applicable also to the "unsure if pregnant" sub-classification of contacts. This may indicate different degrees of need by age and help to target campaigns that help address the issues related to pregnancy.
- Contacts from young people from culturally and linguistically diverse backgrounds are increasing suggesting that services may need to target these sub-populations specifically in ways that are appropriate and culturally sensitive.
- Male contacts where pregnancy is the main concern, are often expressing concern with a partner who may be pregnant, which suggests that, although the numbers are small, an opportunity presents itself for young males to be targeted for education around pregnancy also.
- A topic of significance for males contacting the service is conflict over pregnancy options, which is indicative of a need for education about both the biology of pregnancy and the relative lack of power and agency males, compared with their female partners, have in decision-making regarding pregnancy options.
- The majority of contacts are because the young person is unsure if they are pregnant, indicating a need for education about a range of pregnancy-related topics. Such an educational investment might cover a wide range of themes such as:
    - the biology of pregnancy,
    - the availability and reliability of testing for pregnancy and
    - the probability of becoming pregnant under different circumstances.
- The collateral concerns that young people present with, when pregnancy is the main concern show the complexity and context of the issue as experienced by young people. The top collateral concerns include:
    - Emotional wellbeing
    - Physical health
    - Child-parent relationships
    - Contraception/safe sex
    - Mental health concerns.
- The collateral concerns analysis give some insight into the ways that services designed to target young people about pregnancy (e.g. pregnancy education and coping with being pregnant) should be implemented to take into account the broader context around these clients.

1.2 KHL Data: Sexual activity as the main concern

Understanding the sexual lives of young people is a key to understanding teenage pregnancy and young parenthood. Over the past five years Kids Helpline has received on average approximately 440 contacts per year where the young people contacting are aged under 18 years, and where the main reason for contacting is concern about sexual activity (Figure 1).

2012- 2016 – proportion of genders within each year – sexual activity as main concern

Most of the contacts where sexual activity is a main concern (about 60%) are from females. This is broadly representative of the pattern of contact behavior generally; females constitute the majority of clients in the Kids Helpline contact data. However, the proportion of contacts from males is greater (and from females less) than that for all other concerns, indicating an elevated level of interest in conversations with counselors exploring these aspect of male clients' lives; this can be seen in the graph by looking at the dotted reference line showing the typical proportions across all other concern categories.

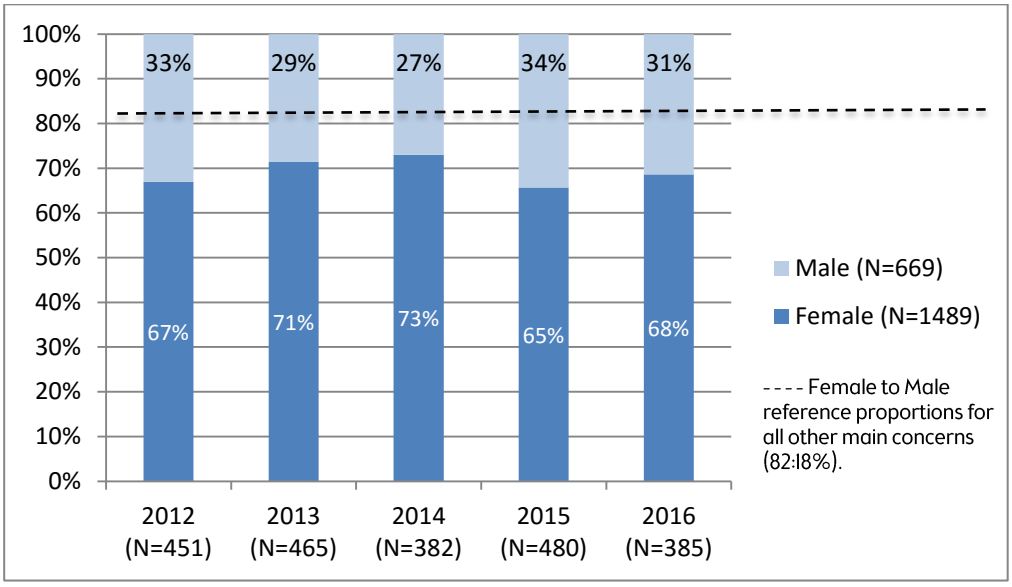

Figure 12: 2012- 2016 – proportion of genders within each year – sexual activity as main concern – compared with proportions for all other concerns (--- F=82% to M=18%)

2012-2016 - proportion of ages in each year – sexual activity as main concern

Where sexual activity is the main concern the proportions of contacts for each age group are stable over time (Figure 13) with the larger proportion coming from the older age group (15-17). AS with pregnancy as a main concern there is a steady increase in contacts with each year of development from 13 to 16, a peak at age 16, and then a decline to age 17.

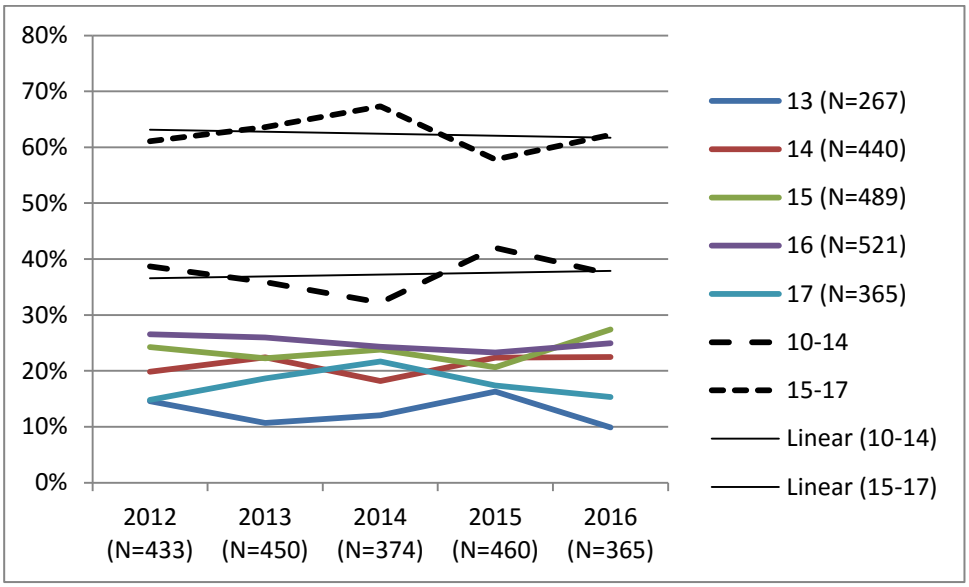

Figure 13: Proportion of ages in each year – sexual activity as main concern (2012-2016)

2012-2016 - proportion of CALD in each year – sexual activity as main concern

The contact data, for sexual activity, show that, as was observed with pregnancy as a main concern, the relative frequency of contacts from young people from culturally and linguistically diverse backgrounds is increasing (Figure 14).

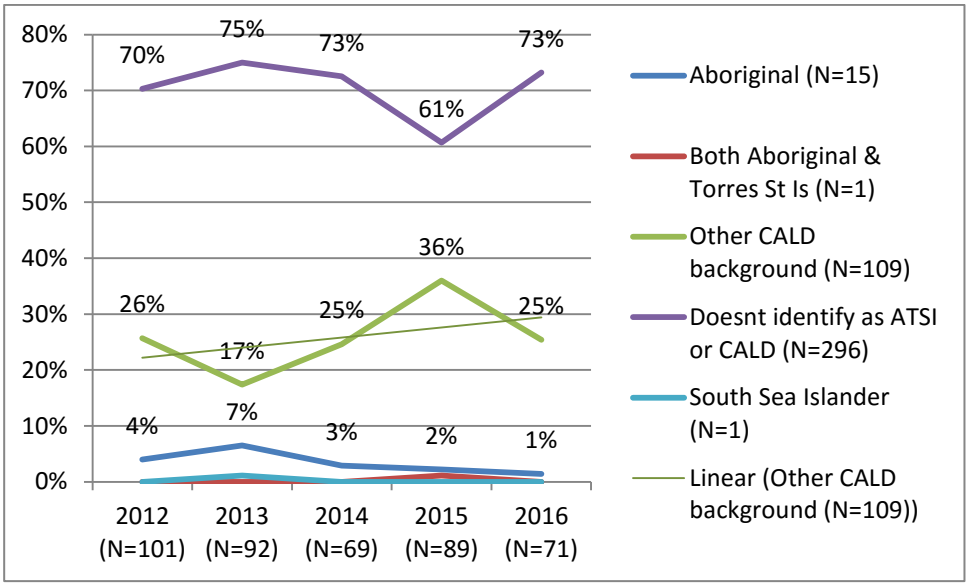

Figure 14: Proportion of CALD in each year – sexual activity as main concern (2012-2016)

This can be seen in the graph as the "Linear" prediction line association with the "Other CALD" category (Figure 14).

Sexual activity – Concern sub-categories where sexual activity is the main concern

Each concern type has a specific set of subcategories, which allow for more in-depth capturing of the child or young person's concerns. The sub-categories where sexual activity is the main concern are as follows:

Table 3: Concern sub-categories for 'Sexul activity' concern type

Sexual activity
1=Seeking information
2=Concern for another person
3=Potential activity: considering on-line/texting sexual activity
4=Potential activity: uncertainty/considering sexual activities (not on-line)
5=Discussing or concerned about sexual activities or experiences
6=Specifically about on-line/texting sexual activity (e.g. distributing images of self)
7=Specific concerns about own opportunistic sex or risky sexual practices
8=Specific sexual issues in established relationships
9=Specific concerns about pressure to have sex

2012-2016 - Subcategories of concern where sexual activity is the main concern

Reliably, each year for the past 5 years, exploring sexual activities and concerns through conversation with counsellors is the most frequently occurring sub-category (approximately 35%), where sexual behaviour is the main concern.

However, in the same time period the proportion of contacts about on-line sexual activities has increased (from 11 to 26 per cent), whilst the proportions of contacts about risky sexual practices and about possible future sexual practices have declined. This shift in the composition of concern sub-types is commensurate with the increasing spread of "sexting" activity and mobile phone use generally in the wider community (Figure 15).

The increase in the frequency of "sexting" over time can be seen in the graph as the "Linear" prediction line association with the "sexting" category (Figure 15).

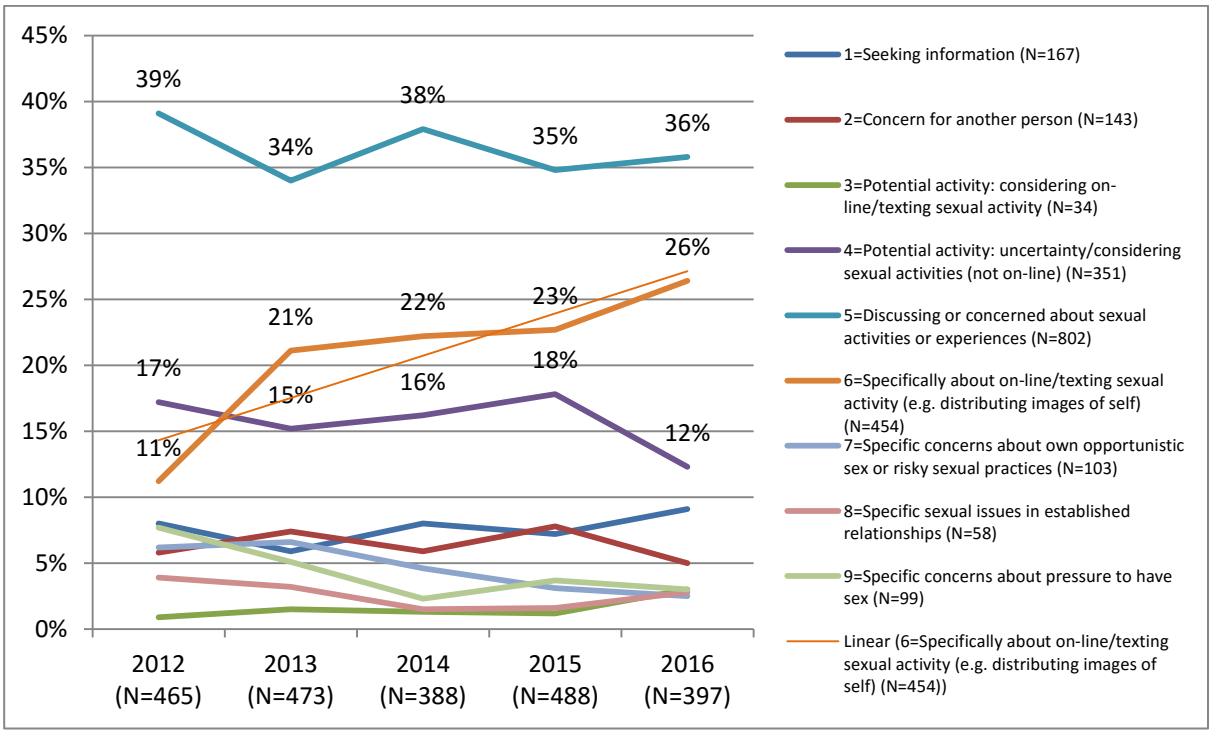

Figure 15: 2012-2016 - Subcategories of concern where sexual activity is the main concern (2012-2016)

2016 – Sub-categories of concern where sexual activity is the main concern

In 2016 there were 397 contacts from children and young people where the main concern was "sexual activity" for 381 of which gender and age were known.

Where sexual activity is the main concern the top two sub-concerns are discussing or concerned about sexual activities and on-line sexual activities, such as "sexting" (Figure 16).

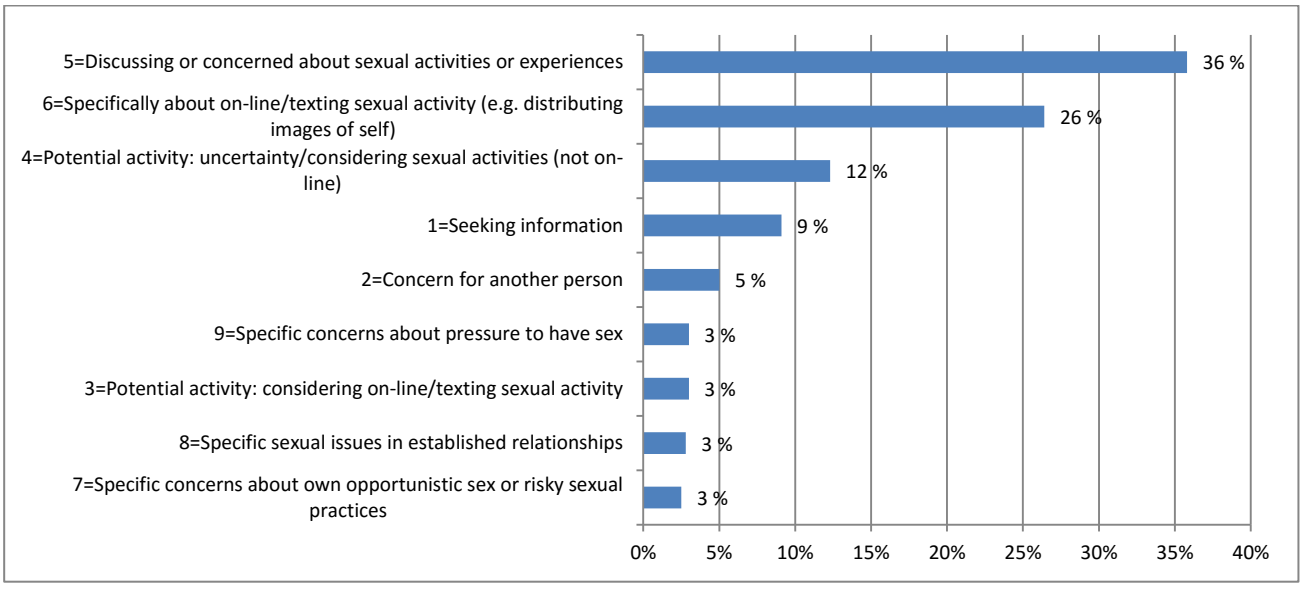

Figure 16: Relative frequency of sub-categories where sexual activity is the main concern (2016)

These data show that young people want to explore ideas around sexual activity through discussion. Whether this discussion is specifically about sexting or is more general, it shows a need for a safe place to

engage in conversations that are exploratory and information-gaining, indicating a strong argument for openness about communication with young people about sexuality.

Relative frequencies of female and male contacts, across sub-categories (where sexual activity is the main concern), show that, males are more likely to contact Kids Helpline about all sub-categories except "concern about pressure to have sex" and "concern for another" (compared to overall gender proportions for all other main concerns (female 82% to male 18%), and the gender proportions for sexual activity as a main concern (female 69% to male 31%)) - Figure 17.

This indicates a need for education about the negotiation of consensual sexual activity with a partner. Although these contacts come mainly from females, the educational need clearly applies to both genders.

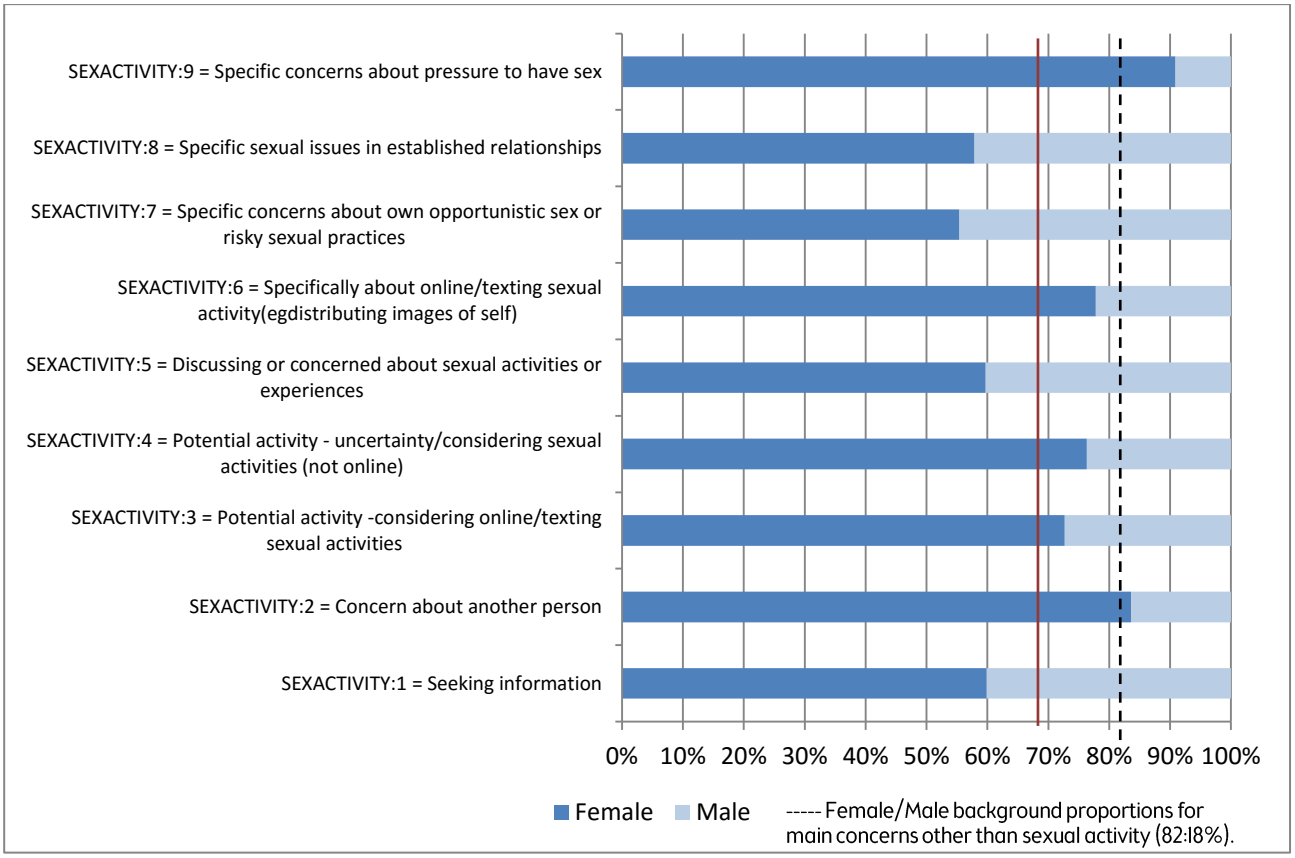

Figure 17: Comparing proportions of female and male contacts, for sexual activity as a main concern (— F=69% to M=31%) against the background proportions for all other concern classes (- - - F=82% to M=18%)

By age and gender

A breakdown of gender within age categories is shown in Figure 18 for cases where the main concern was sexual activity (ages 13-17). The predominance of female coded contacts matches that of the general pattern of gender across all contacts, however, for the ages 14 through 16, proportionally more males contact Kids Helpline to discuss sexual activity as a main concern, compared with the proportion for all other concerns (the typical Male proportion would be 16%, 19% and 20% respectively in these ages).

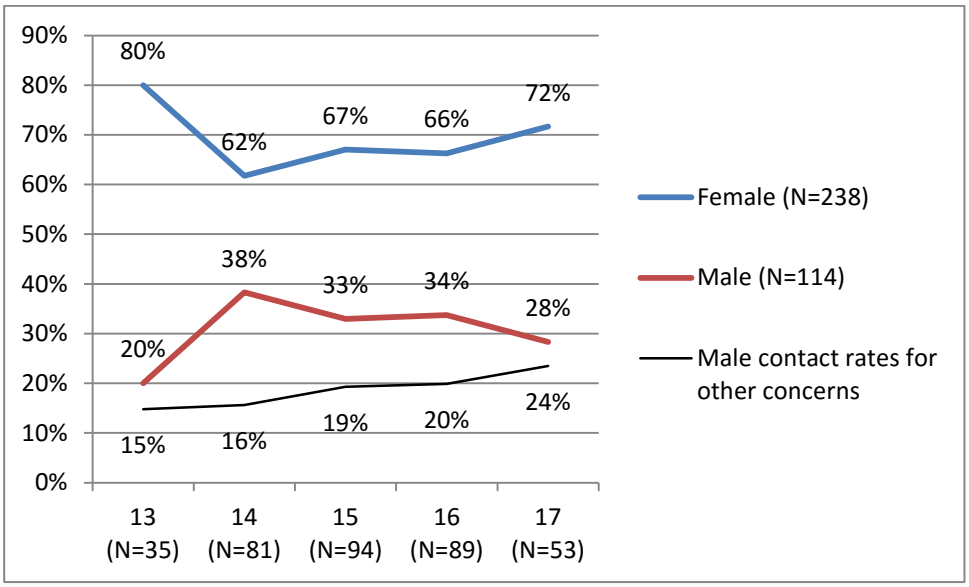

Figure 18: Where main concern is "Sexual activity" (2016) - by age and gender (N=352)

As expected, in 2016 as well as across time, a greater proportion of these conversations about sexual activity are initiated by females, however the proportional difference between males and females is less for sexual activity as a main concern, and this pattern is preserved across all ages. Further, the totals in each year follow the same pattern as do the contacts by age for pregnancy as a main concern – that is they rise until age 16 and then fall off at 17.

Collateral concerns (Sexual activity)

Counsellors recording a contact can record up to 4 topics that are discussed during a session. Pregnancy, sexual activity and contraception are among those concern types which tend, more often than others, to focus on just the one concern (about 70% of contacts on these three topics in 2016 were coded as covering just the one concern). Nonetheless, the collateral issues explored when more than one issue is discussed, where sexual activity is the main concern, gives a picture of the contextual matters of concern to young people.

Table 4: Collateral cocnerns for 'Sexual activity' concern type

Collateral concerns where Sexual Activity is the main concern (sorted in order of frequency - descending)
Emotional wellbeing
Dating & partner relationships
Mental health concerns
Pregnancy-related concerns
Self-concept (global)
Child-parent relationships
Contraception/safe sex
Sexual activity
Addictive behaviours (not D&A)
Bullying – school related
Physical health
Sexual abuse
Dating & partner abuse
Self-injury/self-harm concerns
Suicide-related concerns
Bullying – other
Exposure to family violence
Sexual assault/abuse (non-family)
Sexual orientation
Abusive/violent actions
Alcohol use
Emotional abuse
Employment issues
Friend/peer relationships
Gender/sex identification
Loss & grief
Other family relationships
Physical abuse
Sexual harassment

These collateral concerns indicate that, where sexual activity is the main concern, but other topics are also discussed, those other topics traverse a wide range of themes including identity, mental health and romantic and family relationships.

The collateral concerns are identical for males and females.

Summary, conclusions and recommendations – Sexual activity as main concern

The need for a safe conversational "space" in which young people can explore emerging interest in sexuality, is evidenced in the contact data, where sexuality is the main concern. Although the numbers are small in absolute terms, the link between education about sexuality and education about the biology and risks of pregnancy are fairly obvious.

The contacts from young people that relate to sexual activity as a main concern show that:

- Interest in exploring and obtaining information about sexual activity rises from the age of 13 to 16 and then falls off at 17
- the proportion of male contacts, in the ages 13-17, where sexual activity is the main concern, is greater (at about 31%) than the proportion of contacts from males for other main concerns (averaging about 19%). This indicates the importance of sexual activity in the lives of young males. Therefore, strategies relating to sexual activity should be designed to include (or be tailored to) young males, as well as to females (it would be fallacious to assume that sexual activity, insofar as it is related to pregnancy, is a concern only for young females).
- The most frequently occurring collateral concerns that young people present with, when sexual activity is the main concern, show the complexity of the concern across the collection of contacts, implying that their information and exploration needs arise in the context of other aspects of their lives. The top collateral concerns include:
    - Emotional wellbeing
    - Dating & partner relationships
    - Mental health concerns
    - Pregnancy-related concerns
    - Self-concept (global)
    - Child-parent relationships
- Female contacts indicate that, where the main concern is sexual activity, females are more likely than males (and more likely than their own background proportions for main concerns other than sexual activity) to be concerned about pressure to have sex. This is important given that male contacts generally about sexual activity are greater in proportion than male contacts about all other concerns, indicating a greater interest in sexual activity, because simultaneously female concerns with being pressured to have sex might create vulnerability and increased pregnancy risks for some females. Thus it is important to consider improving or increasing educational interventions dealing with the negotiation of consensual sexual activity and relationships.
- Conversely, males contact proportions exceed background levels (and female proportions) for "concern about conflict over pregnancy options", which indicates a need for education about the relative lack of power of males in the decision-making when it comes to pregnancy options, and perhaps an attendant need for conflict resolution skill development.

Where children and young people have a need for information and exploration, but are in family environments that do not encourage such open communication, they will seek out information and exploratory conversation elsewhere, or remain ignorant, ill-informed, or isolated.

1.3 KHL Data: Contraception as main reason for contacting

There were 356 contacts from people under 18 years of age in the period 2012-2016, where 'contraception' was the main concern. The number of contacts about contraception is quite small and has stayed stable over the last 5 years (averaging about 70 per year).

2012- 2016 – proportion of genders within each year – contraception as main concern

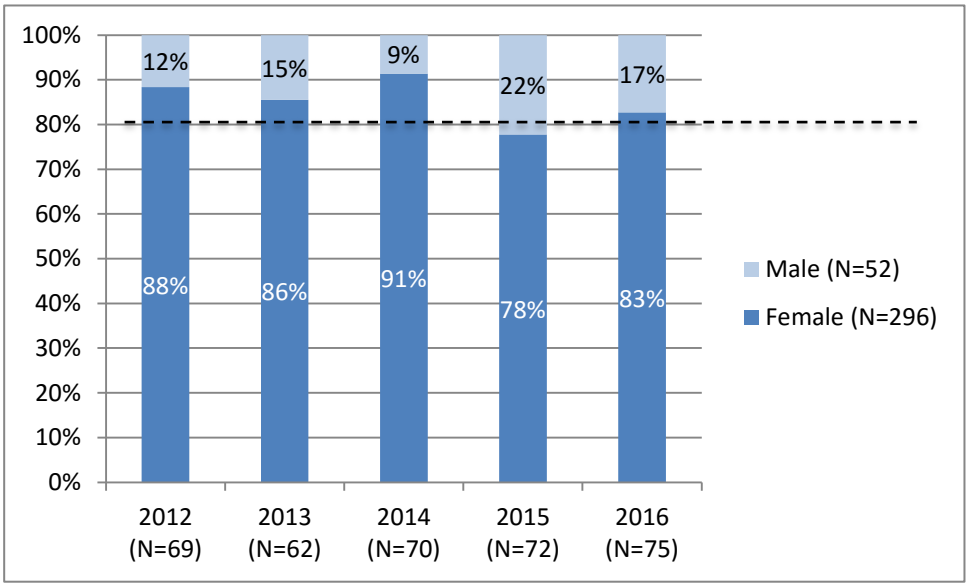

Figure 19: Proportion of gender categories within each year – contraception as main concern (2012-2016) and compared with the proportion for all other concerns (- - - F=82% M=12%)

The proportion of females is typical for the general pattern of contacts across the entire data set, running at about 80% (Figure 19).

2012-2016 - proportion of ages in each year – contraception as main concern

The proportions of contacts in each age category in the years 2012-2016 are decreasing for the youngest (13 years) stable for age 14 (and possibly 15) and increasing for 16 year olds. The picture is clearer if ages are grouped; Figure 20 shows that the increase in proportion is occurring in the 15-17 age group and the proportion of contacts from the 10-14 age group is decreasing over time. This variation in proportions of age groups is minor, though, and is probably within the bounds of normal fluctuation over time.

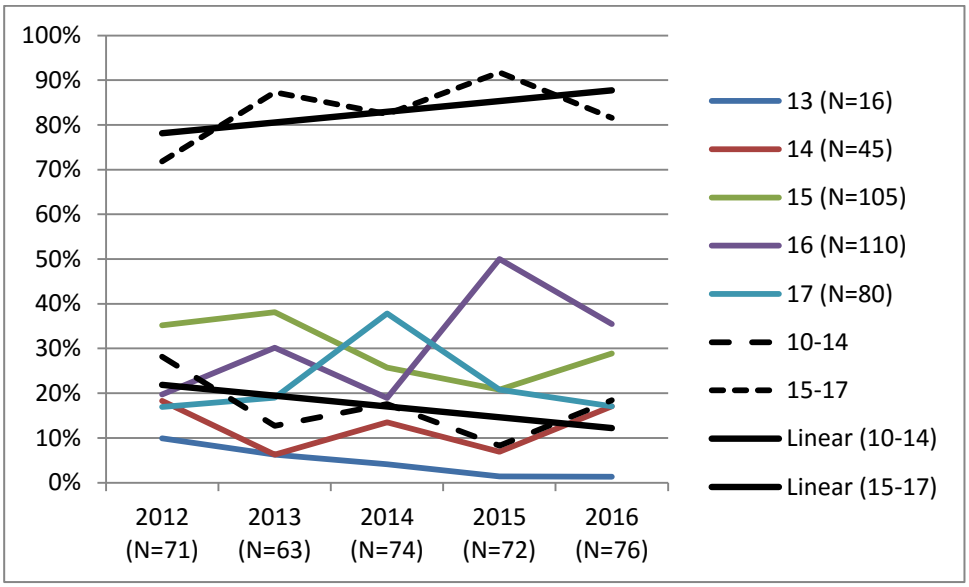

Figure 20: Proportion of ages (and grouped age) in each year – contraception as main concern (2012-2016)

Proportion of CALD in each year – contraception as main concern - 2012-2016

The relative frequency of contacts from people from different culturally and linguistically diverse backgrounds indicates that these are increasing relative to other cultural categories (Figure 21).

This can be seen in Figure 21 as the "Linear" prediction line for the category "Other CALD".

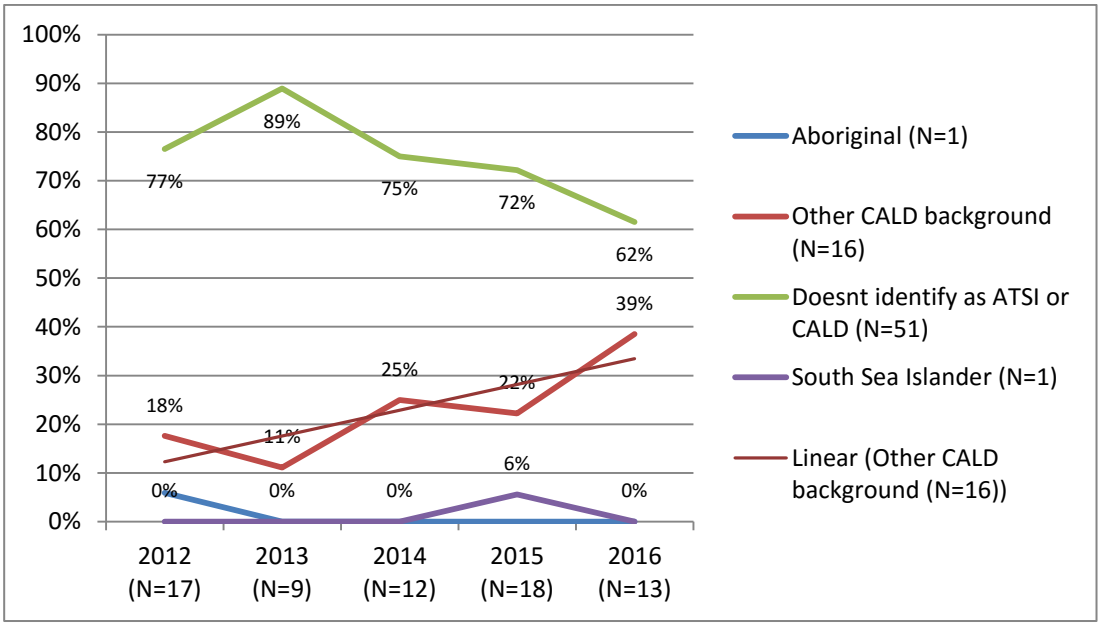

Figure 21: Proportion of CALD in each year – contraception as main concern

This pattern, also observed in the other data so far reviewed (for pregnancy and sexual activity as main concerns), indicates that any strategies designed to address the needs of young people with regard to contraception information must be designed appropriately to the cultural backgrounds of the young people who are meant to benefit from them.

Contraception - Sub-categories within reason for contacting (N=76)

Each concern type has a specific set of subcategories, which allow for more in-depth capturing of the child or young person's concerns. The sub-categories where contraception is the main concern are as follows:

Table 5: Concern sub-categories for 'Contraception' concern type

Contraception
1=Seeking information – general contraception information
2=Concern for another person
3=Seeking specialised contraception information
4=Worried about possible risks of engaging in un-safe sex
5=Difficulties negotiating safe sex practices with boyfriend/girlfriend/partner

Subcategories of concern where contraception is the main concern (2012-2016)

Although only slight, there is an increase over time (2012-2016) in the relative frequency of contacts seeking information about contraception (Figure 22).

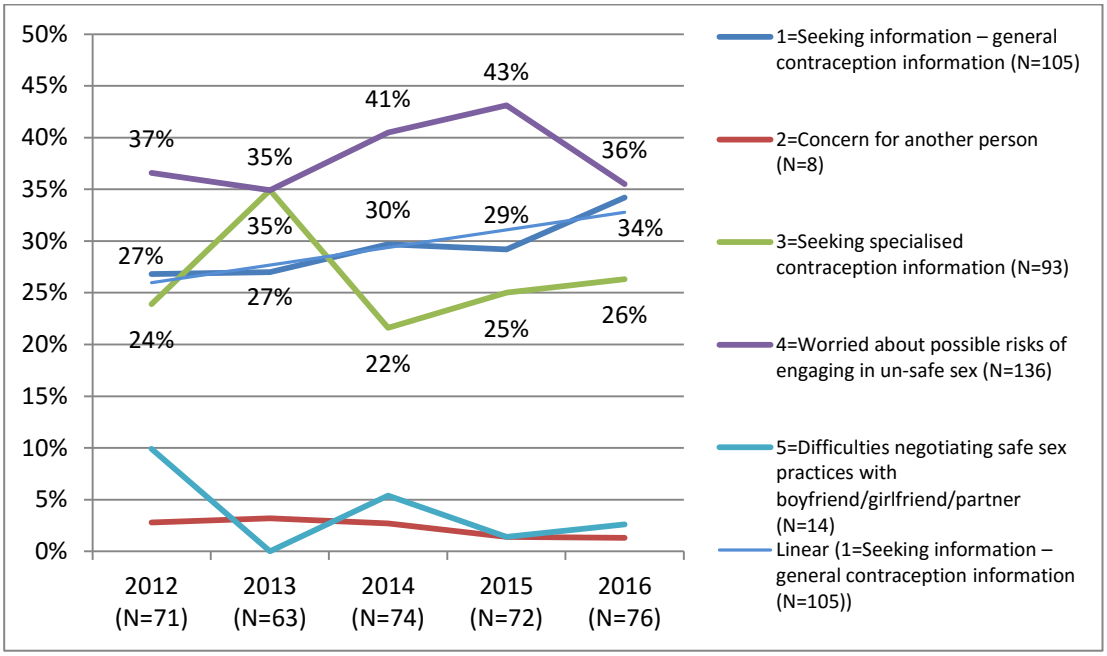

Figure 22: Relative frequency of sub-category where contraception is the main concern.

Contacts related to contraception as a main concern are focused on information seeking or are about the risk of engaging in un-safe sexual activity (Figure 26).

By age by year

The majority of these contacts each year come from the 15-17 year old age group, though a small number of contacts each year are from younger children (12 on average each year) - Figure 23.

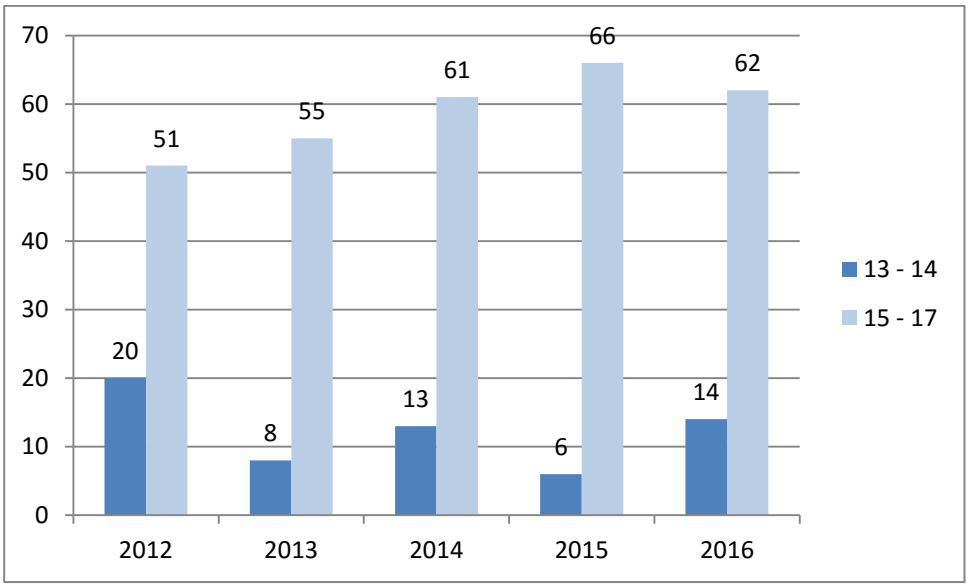

Figure 23: Number of contacts from each age group each year (2012-2016)

Contraception as main concern - By age and gender (2016)

Contacts from males are a smaller percentage of contraception contacts in each age group, though the proportion grows until by age 17 contacts from males are about one quarter of the contacts where contraception is the main concern (Figure 24).

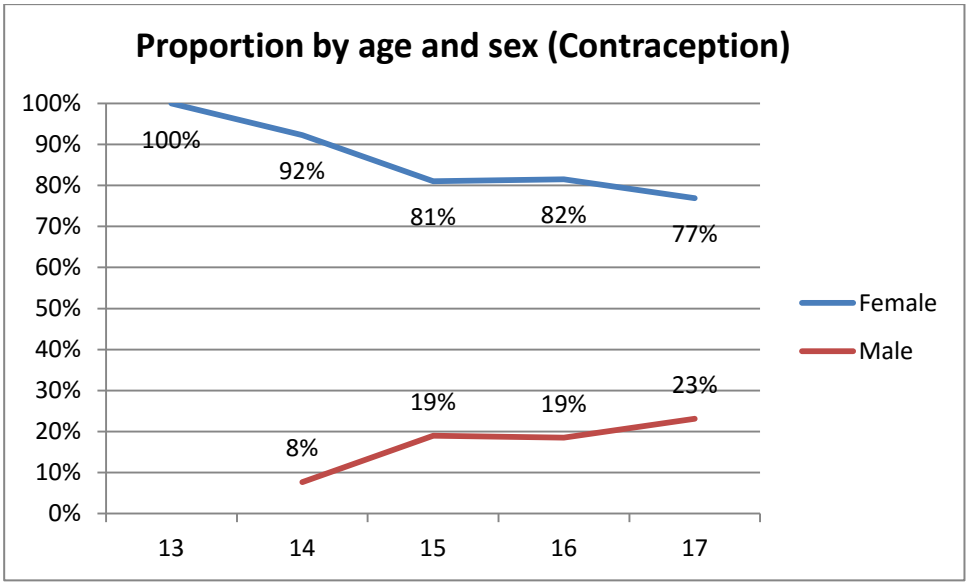

Figure 24: Contacts where the main concern is "contraception" (N=75 for this analysis)

Contraception – by Age

Where 'contraception' is the main concern, the proportions at different ages follows an expected developmental trajectory by which the proportions increase steadily from age 13-16 and then drops off after age 16 (see Figure 25).

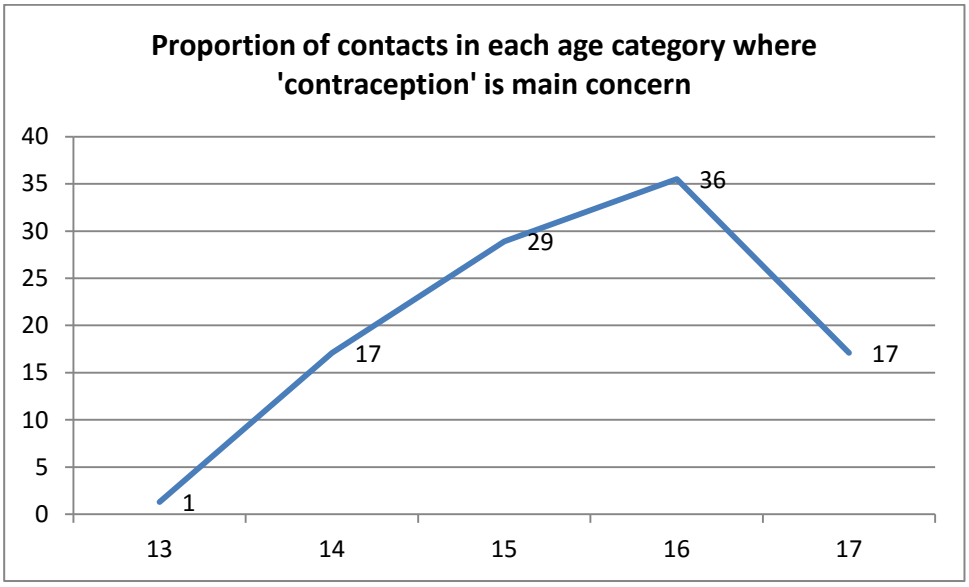

Figure 25: Proportion of contacts in each age category where 'contraception' is main concern

In 2016 the proportions in each sub-category of concern show that the contacts are mainly information seeking, but a clear third of them are about risks of engaging in un-safe sex.

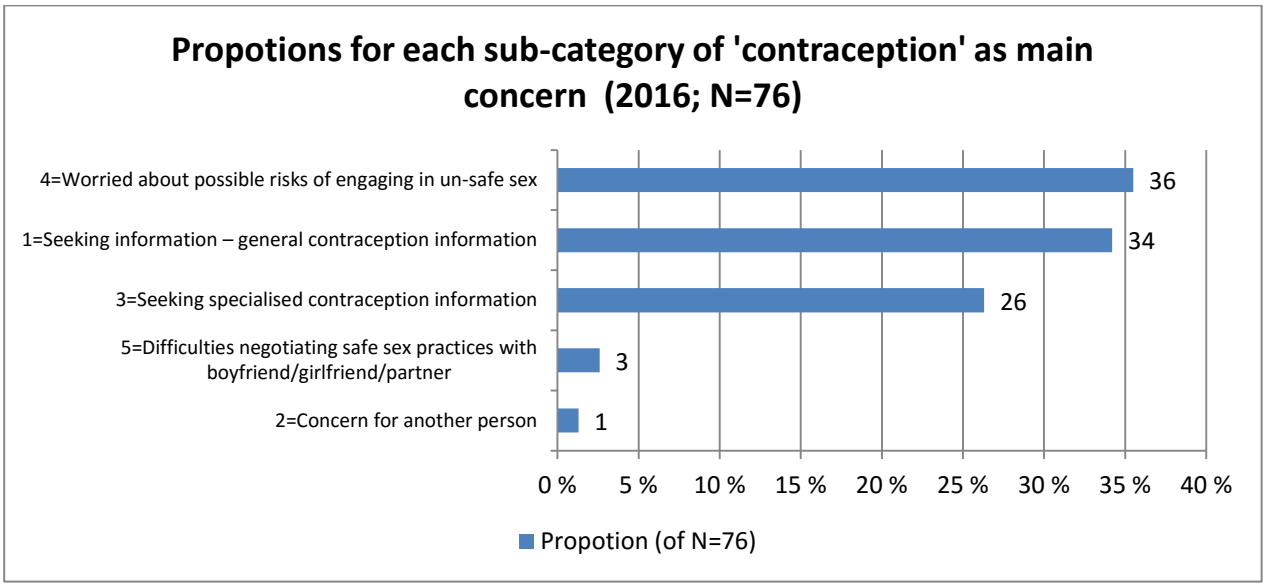

Figure 26: Distribution across sub-categories where main concern is 'contraception' (2016)

Since the top three sub-categories of concern, where contraception is the main concern are either informational (general or specialised information about contraception methods) or relate to worries about the possible risks of un-safe sex, there is a clear link to the educational/informational needs that appear to underpin contacts where pregnancy is a main concern; knowledge about contraception methods appears to be a key need of young people who contact Kids Helpline.

Where the main concern is "contraception" (N=76 in 2016) the breakdown of contacts by gender of clients shows again that the majority of the contacts are from females but that by age 17 nearly a quarter of them are from males (reminder note: repeated contacts can come for the same individuals on any occasion so the N of contacts does not equal of the N of clients – see note in Methods section). Because the N is small for this concern, no significant differences in the predominance of female-coded contacts (compared with the pattern for all other concerns) were detected.

Collateral concerns (Contraception)

Counsellors taking a phone, web or email contact can record up to 4 topics that are discussed with the client. Pregnancy, sexual activity and contraception are among those concern types which tend, more often than others, to focus on just the one concern (about 70% of contacts on these three topics in 2016 were coded as covering just the one concern). Nonetheless, the collateral issues discussed when more than one issue is discussed, where contraception is the main concern, gives a picture of the contextual matters of concern to clients.

Table 6: Collateral concnerns where 'Contraception' is the main concern type

Contraception as the main concern (sorted alphabetically)
Abusive/violent actions
Changing family structures
Child-parent relationships
Friend/peer relationships
Loss & grief
Physical health
Pregnancy-related concerns
Sexual activity

As with the other main concerns, the collateral concerns when contraception is the main concern traverse a wide variety of issues. It is of concern that the other issues discussed (when contraception is the main concern) include abusive/violent actions, but as the N is very small no inference can be made about associations between these themes.

Sub-categories within Contraception as main concern - By gender - 2016

A shown in Figure 27, whereas males are slightly more likely to be information seeking with regard to contraception, females are slightly more likely to be concerned about the risks of engaging in un-safe sex practices, negotiating safe-sex practices with a partner and concern for another.

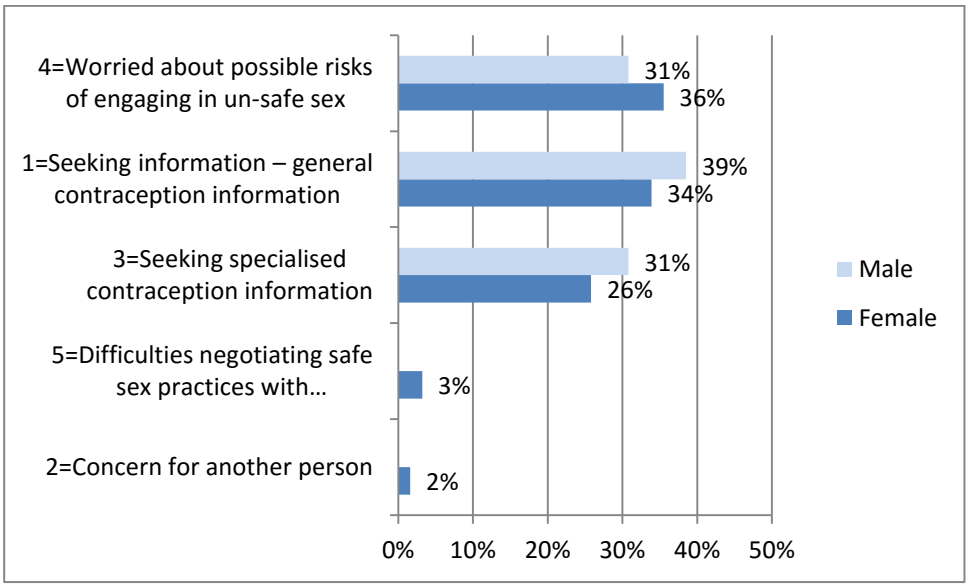

Figure 27: Proportions of sub-categories (by gender) where 'contraception is the main concern (N=76)

Summary and conclusions – Contraception as main concern

The data on contraception as a main theme point to the educational needs of those young people making contact with Kids Helpline.

Their educational needs include information on:

- specialised or specific contraception methods, and
- contraception more generally.

Further, there is an apparent need for education on the

- biology of sexuality and
- the probability of pregnancy as a consequence of un-safe sexual intercourse.

In terms of gendered patterns, these data show that there may be a need for developing skills in the negotiation of safe-sex practices with partners (especially for females), but more significantly there may be a need for education of males around the ethics of relationships in general and of sexual relationships in particular.

Educational interventions should be tailored to the different needs of different age groups. The greatest demand seems to come from the 15-17 year olds, however, even though their numbers are small, contacts do come from younger people and special educational interventions for this age group would have to be designed appropriately.

Though the numbers are small there may be a growing need for education tailored to the specific needs of young people from a variety of culturally and linguistically diverse backgrounds. People from some religious cultures can have very strong opinions about contraception that prevent widespread education about contraceptive methods and risks. Immigrants and refugee immigrants may have special needs around translation and language barriers when it comes to accessing information about contraception.

As with the other main concerns the analysis of collateral concerns where contraception is the main concern points to the complexity of context surrounding the young people who contact the Kids Helpline service.

1.4 KHL Data: Parenting own children

2012-2016 – trend data where parenting is the main concern (2012-2016)

As there is such a small number of contacts in 2016 where the main concern is "parenting own children" (N=12 overall; N=7 where age is known) no reporting of the age-by-gender breakdown for this concern type is reported here.

2012- 2016 – proportion of genders within each year – parenting as main concern

Although small numbers make inferences as to representativeness unreliable, it is consistently true that females out number males when contacts are coded as being about "parenting own children" as the main concern (Figure 28).

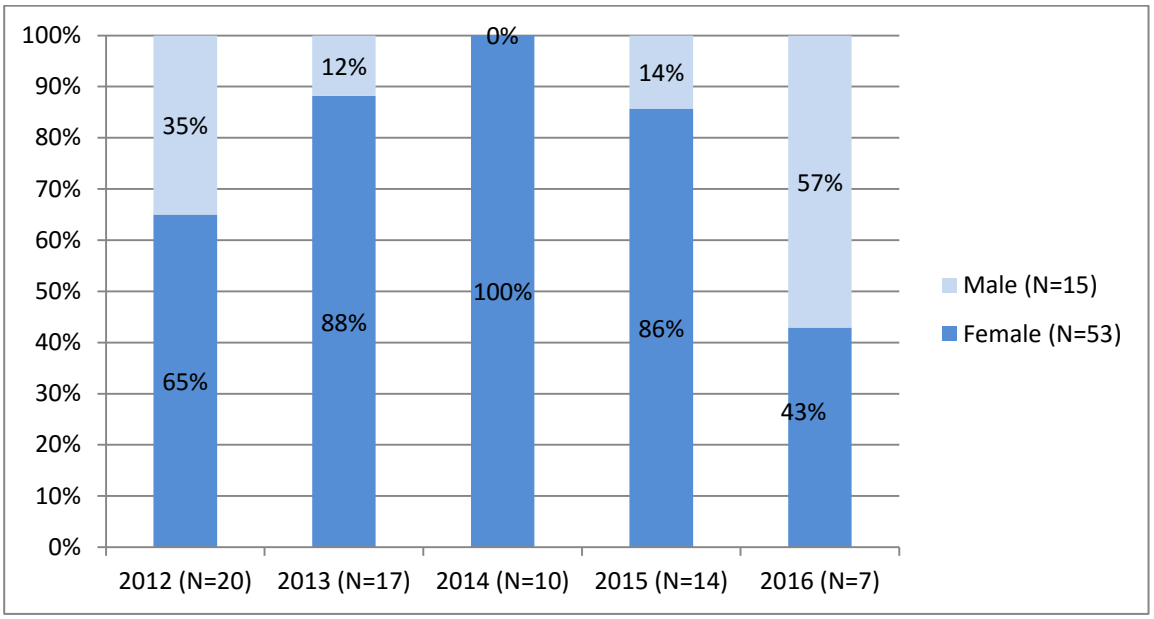

Figure 28: Relative frequency of males and females by year where "parenting own children" is a main concern

2012-2016 - proportion of ages in each year – parenting as main concern

Over time, the relative frequency of contacts where parenting own children is the main concern, from 17 year olds has been increasing (Figure 29), and, as would be expected, the larger numbers are in the 16-17 year old band.

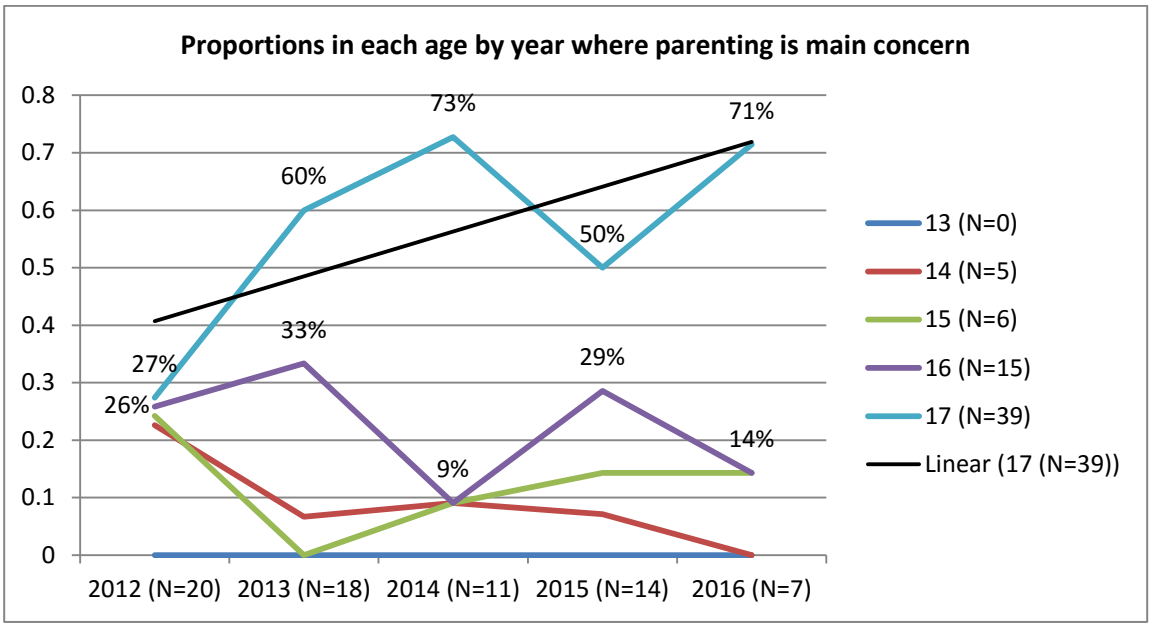

Figure 29: Relative frequencies of age of young person contacting where parenting own children as main concern.

2012-2016 - proportion of CALD in each year – parenting as main concern

The numbers of contacts coded with cultural background information is too small to warrant reporting here, both because of reduced inferential or representative reliability, and because of potential identification and privacy concerns.

Sub-categories of each concern type

Each concern type has a specific set of subcategories, which allow for more in-depth capturing of the child or young person's concerns.

2012-2016 - Subcategories of concern where parenting own children is the main concern

The sub-categories for Parenting Own Children are as follows:

Table 7: Concern sub-categories for 'Parenting own children' concern type

Parenting own children
1=Seeking information
2=Currently pregnant / planning for parenting
3=Enhancing parent-child relationship
4=Parenting strategies or managing children's behaviour
5=Emotional and/or mental wellbeing of children
6=Caring for practical needs of children
7=Custody access or family law issues
8=Parenting role or parenting identity
9=Own children in care, or concerns about child protection system intervening

The frequency of occurrence of these sub-categories for the 2012-2016 period, represented in Figure 30, indicates that the top items traverse identity, practicalities and legal matters (the latter of which has increased slightly over this time period), however with such small number any inferences as to a trend would likely be unreliable.

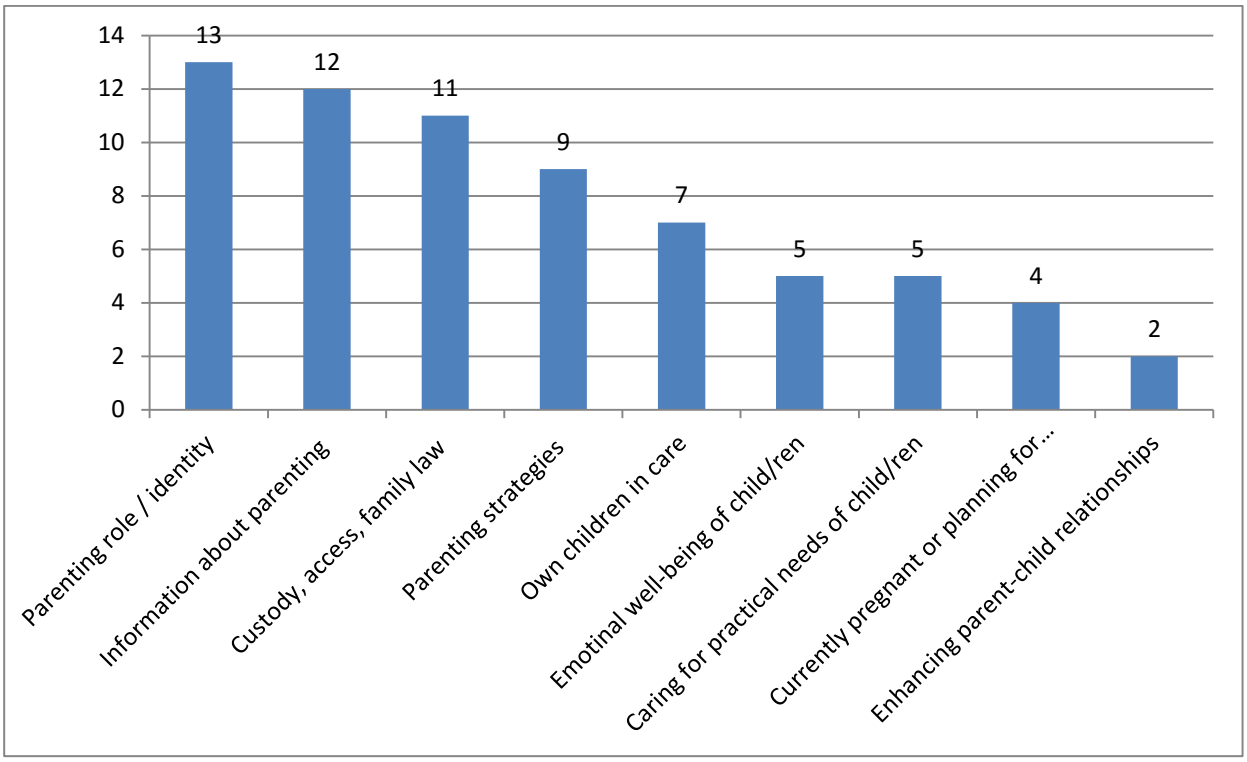

Figure 30: Sub-categories of the main concern "parenting own children" (totals for 2012-2016).

The data in Figure 30 indicate three areas of need:

- practical and informational needs
- identity transformation exploration
- custody, access and family law matters.

Collateral concerns (Parenting as main concern)

Counsellors taking a phone, web or email contact can record up to 4 topics that are discussed with the client. Pregnancy, sexual activity and contraception are among those concern types which tend, more often than others, to focus on just the one concern (about 70% of contacts on these three topics in 2016 were coded as covering just the one concern). Nonetheless, the collateral issues discussed when more than one issue is discussed, where for instance pregnancy is the main concern, gives a picture of the contextual matters of concern to clients.

Table 8: Collateral concern where 'Parenting own children' is the main concern type

Parenting as the main concern (sorted alphabetically)
Dating & partner relationships
Emotional wellbeing
Mental health concerns
Parenting own children
Pregnancy-related concerns
Sexual orientation

Summary and conclusions – Parenting own children as main concern

Although the numbers of contacts are very small, practical and informational needs predominate the contacts where parenting own children is the main concern. This points to the importance of parenting education for young people who contact us with a parenting concern.

The fact that two of the six collateral concerns are related to mental health and emotional wellbeing indicates the potential impact of parenting in the lives of those young people contacting us. Again inferences from small numbers are likely to be less reliable than those from larger numbers, and interpretations should be made with caution.

The importance to young people who contact the service of personal identity negotiations around parenting are also indicative of the kinds of interventions that might aid young parents in their psycho-social adaptation to parenting.

2. KHL Data: Note data from notes fields completed by counsellors during contacts

In the record-a-contact system there are several fields that allow counsellors to record in textual form the details of clients' circumstances. These fields include:

- Presentation – how the client presented when making the contact (their apparent emotional state, noises in the background, audibly apparent aspects of affect, and so on)
- Assessment – a summary of the counsellors appraisal of the person, their concerns and their circumstances
- Intervention – a record of the things the counsellor did or said, including an account of counselling work, referrals, Duty of Care actions and so forth.

Age was recorded for 68 of the 70 cases and 63 of these were aged 14-17 (49 female; 14 male).

A thematic analysis of the text in these records for the contacts from 2012-2016 where "parenting own children" (N=70) is recorded as the main concern revealed the following broad categories of collateral issues and context (grouped topically):

Contextual factors

- Abusive family / parental conflict
- Young people determining their outcomes or trajectories for themselves
- Intrusive family / family intervention / appropriation of children
- Supportive and non-supportive families
- Relative and absolute social and financial poverty
- Drugs & Violence
- Social isolation
- Judgement by others

Affective states

- Mood / depression / post-natal depression; affect
- Desire
- Attitude and aspiration

Practical matters and protective factors

- Parenting practicalities / juggling parenting and other responsibilities / tips / methods
- Nexus Of Issues (residential, financial, family of origin, emotional, work, income)
- Accommodation instability and insecurity

Legal matters

- Custody / contact and legal rights
- Duty-of-Care interventions / Dept. of Communities, Child Safety and Disability Services, or other government agency, intervention

Personal matters

- Identity negotiation or development / preparation for parenthood
- Personal development through becoming a parent / aspirations to improve

The young father's perspective

- Concerns about pregnancy and initial response to learning of pregnancy
- Contact, custody and contribution to parenting, practicalities of parenting
- Domestic violence and its consequences

Young persons' perspectives: examples within selected themes

Selected themes from the thematic analysis of the Kids Helpline notes fields will be elaborated and exemplified in the following sections.

As mentioned in the Methods section, whilst some of the data and many of the experiences reported here are experiences shared by both parties, a part of this analysis is devoted to the young father's experiences, partly to address the dearth of information about young fathers' experiences (Lyra & Medrado, 2014) and partly because young fathers' presence, childrearing practices (Fletcher et al., 2011), aspirations (Lohan et al., 2013), abuse histories and behaviours (Garwood et al., 2015)within the relationship affect both the mother and the child, and are relevant to a complete understanding of the issue.

Contextual factors

Contextual factors are a broad collection of circumstantial factors that play sometimes positive but mainly negative roles in the lives of young parents. Such factors can be antecedents of other issues in the lives of young parents, or co-occurring stressors and risk factors, that may amplify the young parents' concerns or struggles, or in the case of positive contextual factors may offer protective, ameliorating, or supportive contexts for young parents' struggles or aspirations.

Abusive family / parental conflict

Families can be a great support or a great threat to the autonomy and welfare of young parents and their children. The following comments show the negative side of this dynamic

- Client whose mother has made threats to have her child removed from her care and who wants to know what her rights are.
- Parents who have threatened to kick the child out of home if she ever got pregnant.

Young people determining their outcomes or trajectories for themselves

It is not always the case that young people are in a state of confusion, mis-information, or undue influence or negative judgement of family members; infrequent though cases such as these are, young people do sometimes show a marked degree of autonomy in their decision-making around pregnancy:

- Client who wants a family, has a career goal, and wants to work hard and raise a family.
- Client who does well at school and who never thought she would be the "type" of person to be a teenage mother

Occasionally couples have aligned values and decision making even when pregnancy comes as a surprise, which helps young couples form an action alliance

- Client who, though unsure if she is pregnant, has a partner who is keen for her to go ahead and have the baby if she is pregnant.

Intrusive family / family intervention / appropriation of children

Part of the stressor complex experienced by young parents and pregnant teens comes from sometimes excessive family involvement, sometimes negative and abusive, sometime in attempts to offer guidance or intervene in the circumstances, as indicated in the following comments:

- Client whose parents had threatened to take her daughter off her if she ever left who is in an abusive home environment and who wants to gauge what her rights are, and whether her parents have the right to take custody of her daughter. Her.
- Client confused about what to do as her parents want her to do something different to what she wants.
- Client whose parents have been looking after the baby because of the clients post-natal depression, but are now not willing to let the client have custody because they don't approve of her partner.

Supportive and non-supportive families

A supportive family can be a significant protective resource for pregnant teens and young parents.

Many of the young people contacting Kids Helpline, are engaging in help-seeking because they do not have supportive families. An unsupportive family can create or contribute significantly to the stressors and struggles young parents/pregnant teens experience.

- Client whose parents reacted angrily to the news that she (the client) was pregnant, and had told others about the pregnancy, embarrassing her.
- Client whose parents threw her out and want nothing to do with her. She is finding it difficult to eat and sleep properly and is putting all her energy into looking after the baby.
- Client who has a supportive partner but no supports from extended family.

On the other hand, a supportive family can be a significant protective factor, providing safe haven, material and emotional support to vulnerable people at a time of extreme vulnerability.

- Client who lives with her partner's father and feels safe and supported there.

Young parents vulnerability is multi-dimensional. At ages 15-18, they are usually not finished high school, have no job, limited employability skills and employment prospects, and, until they are 18, limited access to housing (because they cannot sign tenancy agreements).

Relative and absolute social and financial poverty

Pregnant teens and young parents who seek help are often experiencing not one but multiple, sometimes many, challenges of varying degrees of seriousness. Some live in fairly abject circumstances, involving a mix of poverty, lack of education, unemployment and violence.

- Client struggling with not having much financial support, or support from others (family, baby's father).
- [client] with two children with no access to a phone and the nearest neighbour is [distance]kms away.

Drugs and Violence

The circumstances of pregnant teens and young people who contact Kids Helpline commonly feature a mix of unemployment, poverty, family violence, and drug and alcohol abuse. Drugs and violence play a complex role in the continued disadvantage of both parents and their children.

- Client with personal history of drug use, possible under-weight baby, a violent drug-using partner.
- Male client with anger management issues and involvement of DOCS and police hoping to get some contact with child

It is likely that family violence is triggered or exacerbated by the stresses placed on families from relative economic and social impoverishment, unemployment, and drug use. Relative social impoverishment through social isolation is a significant concern for young parents who contact **yourtown** services.

Social isolation

Social isolation is a significant problem for young parents; they often cannot participate with their friends in activities normally engaged in, such as socialising, going out, etc., due to their parenting responsibilities. In the practitioner interviews the observation was commonly made that the friends of young parents do not understand that responsibilities of parenthood place significant limitations on individual freedoms, and that this can be a source of tension in those relationships, and isolation for the young parents. Comments from the contact data are commensurate:

- 17yo mother calling to discuss the impact having a baby has had on her social circle and connectivity.
- Client who feel left out when her friends come round and talk about what is happening at school. She misses her friends and her life at school
- Client presenting with difficulty adjusting to her new parenting role and the sense of isolation she is experiencing.

It is often observed that intergenerational factors contribute to the reproduction of poverty, early pregnancy, unemployment and so on, but here we see a different angle – here the emphasis is not on the "vertical" impact of social forces, but rather the "horizontal" impact of social context.

Judgement by others

Social isolation is further exacerbated by the negative opinions others hold towards pregnant teens and young parents. In this case, "others" can be immediate family, friends or members of society at large:

- Male client who feels judged whenever he visits girlfriend at her parents' home.
- Client who feels judged because her baby has not been putting on weight and the health nurse is suspicious of her and insisting on making regular check-ups..

As will be seen in the practitioner data following, a very commonly recurring theme in the interviews with practitioners in **yourtown** services, was that young parents feel negatively judged by others – on public transport and in public places – but that this was very subtle, based on how people look at them (facial expressions). Sometimes however it is less subtle, as when they have been ejected from public transport because their baby is crying or their pram and paraphernalia is too much when a bus for instance is crowded.

Affective states

Mood / depression / post-natal depression; affect

Before the baby arrives, the mix of reactions of others and their own emotions can take a toll.

- Client who felt stressed and confused by the fact that her parents, and his parents all had been expressing different opinions about what should be done (go to term, adopt, terminate).

Having a newborn to look after is a stressor in itself; it can be physically and emotionally draining. Sometimes the emotional impact of new parenthood is exacerbated by depression.

- Client who was struggling with a lack of support and who recognised that looking after her baby was affecting her own wellbeing
- Client who was feeling overwhelmed and very tired because [child] would only sleep for 10 minutes and not stop crying.
- Male client who has become depressed and worried since the birth and can't be bothered doing things that he knows he ought to do, or showing enough love towards his baby

Desire

Various desires are discernible in the data related to either the desire to be pregnant / be a parent, or related to aspirations about how parenting should proceed or how parenting influences the outcomes for the child.

- Client with an idealistic view of what having a baby would be like craving the connection and unconditional love having a child would bring
- Client who, though only guardian of child, treats him as his own and wants what is best for him.
- Client who would like to start a family but whose boyfriend is scared by the idea

Practical matters and protective factors

Parenting is a practical matter, of considerable complexity, requiring emotional resilience, problem-solving skills, and self-sacrifice.

Parenting practicalities / juggling parenting and other responsibilities / tips / methods

Some contacts to Kids Helpline are seeking advice and information about the practicalities of parenthood, or dealing with the challenges of being a parent.

- Male client contacting for support in helping him and his partner care for their children.
- Client seeking support to manage impacts of juggling a career and parenthood as a single mother.
- Client finding she needs to balance her time and make more quality time for herself, to be able to be a good mother.
- Client needing practical help on bottle feeding her baby son.

Nexus Of Issues (residential, financial, family of origin, emotional, work, income)

Some cases give a good indication of how young parents and pregnant teens experience a "nexus" of issues, concerns, circumstances and emotional responses and states related to their situations:

- Client grieving over the loss of custody of her child, "couch-surfing" at friends' home, with previous DOCS involvement, seeking legal service referral
- Client with no fixed address, whose child is in the care of a relative, with no formal parenting arrangement in place

The interaction of poverty, homelessness, lack of family support, social isolation, lack of education, limited life experience and lack of self-efficacy and personal confidence conspire together in some cases, each aspect magnifying the negative impacts of the others.

Attitude and aspiration

Some young parents aspire to give their children a better life than they had themselves. This can be a significant protective factor, since it can affect the decisions made about many aspects of life for the parent and the child, including engagement in employment, parenting style and methods, and choice of friend networks, partners, and accommodation:

- Client with a 5 month old daughter in her care whilst homeless, now awaiting assessment for support accommodation who spoke of her love of parenting and love for her daughter.

Accommodation instability and insecurity

One of the risks experienced by young parents is accommodation insecurity. There are a variety of reasons for this, including being ejected from the family home when the parents of the young person find about that she is pregnant. This is not uncommon, and the result is often a significant challenge for a young parent.

- Client who has lived away from home for 6 months and initially spent time in crisis accommodation because her parents threw her out when she became pregnant.

Homelessness, and residential insecurity, is a major issue for young mothers. It is exacerbated by the fact that as children they are not legally able to enter tenancy contracts, and compounded by a lack of employment and money. Accommodation services are protective for both mother and child, and stand in stead of supportive family care:

- [client] who said she has stable accommodation living with her friend and her friend's parents seeking to contact [accommodation service] (referral provided) for support and a legal service afterwards

Legal matters

Young parents and pregnant teens contact about a range of concerns related to legal matters, pertaining to such things as custody, rights in family law, and the involvement of government agencies in their lives:

Custody and Contact

Negotiating custody of, and contact with, a child is an issue that some parents grapple with, as was seen in the previous notes about Intrusive families.

Duty-of-Care interventions / Dept. of Communities, Child Safety and Disability Services, or other government agency, intervention

The involvement of the State, under mandatory legislated provisions designed to protect children, can be a source of fear for some young parents

- Client who is fearful her future child would be removed by DOCs, as previous child had been removed by DOCs

The threat of State intervention is used in dysfunctional relationships for leverage, probably because it is a familiar trope in the lives of some young people

- Client's mother said that if client leaves with her child, then she will call DOCS and have child removed from client.

For other clients, State intervention is used as a way to manage aspects of their sometimes chaotic lives:

- Clients whose son is constantly in trouble at school and who awaiting DOCS involvement
- Client whose daughter was at risk of physical harm and who will be contacting local police and DOCS to talk to them and find out her rights.
- Client who reported that he has had an issue with anger in the past and on this occasion [partner] called the police.
- Client who reported that DOCS have been involved with [child] due to the fighting in the [parents'] relationship.

Personal matters

Identity negotiation or development / preparation for parenthood

Many contacts are information-seeking, and some of the information seeking is in preparation for the responsibilities of parenthood.

- Caller looking to talk through decision to have a child.

The negative judgement of others is a common theme in the lived experience of pregnant teens and young parents (see points made above). Given the prevalence of this experience it is no wonder that sometimes such judgements become internalised:

- Client who was working through self-concept/identity – not expecting herself to be the 'type' of person to be a teenage mum i.e. has had good grades, is ambitious, etc

Some young parents have trouble and are surprised at how difficult it turns out to be for them:

- Client who spoke about the impact of being a teenage mum is having her on her and despite reading lots of books doesn't feel like she was prepared for the huge change having a baby this young would be
- Client who appears to be coming to terms with being a new mum
- Client who wants things to go back to exactly how they were before having the baby.

Personal development through becoming a parent / aspirations to improve

Contemplating becoming, and becoming, a parent can give opportunities to reflect on one's own parenting experiences as a child, and on oneself, and one's own values and standards:

- Client seeking support regarding decision to have a child and reflecting on childhood experiences affecting her own adulthood.
- Client reporting believing if she had a baby it would give her something to focus on, and help her find her voice.

The young fathers' perspectives

Males and females experiences of an unplanned pregnancy may often be quite similar. Both are typically afraid of the immediate consequences for their relationships with the families:

- Female client who has a negative relationship with her mum who would "kill her" if she knew of client's pregnancy.
- Male client where both are [religious denomination] and he worries about other people's opinions of him and his family's reputation.

Both males and females are anxious and often concerned with the implications of going through with the pregnancy for their lives longer term:

- Male client whose g/f was [religious denomination] and possibly wanted to keep the baby. The client stated that he feels terrible when thinking of becoming a father
- Female client who is feeling confused, sad and scared at the prospect of the pregnancy.

Both are occasionally thoughtful of the partner's feelings :

- Female client who insists she loves her partner and wants to "make him happy"
- Male client who, though stressed himself, is able to point out both sides of the situation and acknowledged why his girlfriend might be thinking the way that she is.

But when the male partner or parent-to-be is not happy to discover that his partner or ex-partner is pregnant, a difficult situation can emerge, where the two parties disagree on what should be done.

- Male client whose g/f who is late with her period and who states that talking to her is tough as she is ambivalent about having an abortion as it's against her morals
- Female client who is 8 weeks pregnant and whose boyfriend yesterday changed his mind and does not want to support raising the child and says he will end the relationship if she continues with the pregnancy
- Male client whose girlfriend is "2 weeks pregnant" and wants to keep the baby, but who wants her to abort and is feeling sad/angry/confused at the situation.
- Female client who is 5 weeks pregnant and who wants to have the baby but her boyfriend doesn't.

Unless parties are skilled in conflict resolution and are both fully informed about the consequences there can be a great deal of anxiety about the discovery of a pregnancy. Of course, a high level of education and awareness around consequences of pregnancy is a positive thing to have prior to engaging in sex in the first place.

Concerns about pregnancy and initial response to learning of pregnancy

When the male partner learns that his partner is pregnant, there is understandably a range of issues to be processed. This is not always news that is received with enthusiasm

- Client who is worried his g'friend may be pregnant.

And sometimes there is much to be "processed"

- Client said he is and his partner had unprotected sex 6 weeks ago, he said they are both [age] years old. Client said he found out tonight that his partner is pregnant. Client said he is concerned about legal consequences of having sex at [age]. Client said he wants his partner to have an abortion as he feels that he could not look after a child at this point in his life and feels as though the child would have a horrible life. Client said his partner wants to have the baby and he is struggling to understand this.

On the other hand, some male partners are happy with the news of an unplanned pregnancy:

- Client reporting that she feels happy about being pregnant and that her partner has been very supportive and welcoming of the news. Client reported that her partner's reactions were unexpected, and she feels supported by him.

Contact, custody and contribution to parenting

For young men who are fathers, and for some mothers, establishing and maintaining a relationship with their children can be challenging, and is sometimes thwarted by a variety of factors.

- Client seeking advice on increasing access and input into daughter's life.
- Client reporting having trouble seeing his baby daughter who is X months old. Client lives with his parents and child's mother lives with her parents.
- Client who is living with his pregnant girlfriend, and who is worried about parenting role.
- Client who is no longer in a relationship with [child's] mother (who has full custody and has been refusing to let him see [child])

Domestic violence and its consequences

For young fathers who abuse their partners, the consequences of their actions can be the reason for them contacting Kids Helpline.

- Client contacting to discuss his difficulty coping with not seeing his 5 month old son [child] who he has not seen since he threatened [child's] mother; the police and DOCS both involved

Summary and conclusions – Qualitative data from Kids Helpline contact records

Role of parents and friends in stigmatisation or acceptance

A range of themes of consequence for pregnant teens / young parents is evident in these data. The first of these is social isolation, stigma and shame, which are all related together and to the experiences pregnant teens and young parents have from the moment they know they are pregnant. The role of friends and parents here is crucial since in those relationships young parents / pregnant teens will have their first experiences of acceptance or rejection, of integration or isolation.

Parents of pregnant teens

The reactions of parents to the news of teen pregnancy are a source of stress for some young parents-to-be and young parents. This early reaction sets the tone for how the teen is to understand and judge their own actions and consequences. At a time when they may be already worried about the implications, and considering options, an extra burden of negative judgement from family does not assist. Parents of teens who become pregnant themselves may benefit from interventions designed to address their concerns, and to re-normalise productive, supportive family relationship behaviours. Discovering a daughter (or a son's partner) is pregnant can be a stressful and concerning time for parents. Their reactions to the news can set in motion a series of experiences that can be helpful or hinder the positive progress of the decision-making and the prospects of the pregnant teen (and partner) and child.

Friends of pregnant teens

Teens who become parents often lose contact with friends, because of the demands of parenting. Like parents, friends can also be a source of acceptance or rejection for the young parent. It is a significant loss because the loss involves social activities and leisure, group membership, a transformation of identity, and, when judgement and exclusion are involved, loss of friendship itself, stigmatisation and shame. The reactions of friends to the news of teen pregnancy is not something that anyone can control, but the cultural norms around teen pregnancy involving shame, stigmatisation and blame can become the target of focused re-education.

Complex lives with interacting sources of stress and disadvantage

The second theme that emerges is one of the complexity of life for some pregnant teens / young parents. A range of interacting or interlocking circumstances can conspire to complicate and already confusing and stressful life event. Some of these causes of extra stress, that come on top of parental and friend reactions include: partner's reaction, homelessness, a sense of concern worry and fear, legal issues, Department of Child Welfare interventions, domestic and family violence, interfering relatives and family, personal readiness, and emotional burnout.

Teens are disadvantaged compared with adults, in terms of their financial independence, self-efficacy, confidence, life-skills, general knowledge, and education. A lack of understanding about the risks of pregnancy, the uses of contraception, and the consequences of child rearing generally, might contribute to them finding themselves in the situation of being pregnant teens, but their other life circumstances may make matters worse, depending on how these play out.

Relevant supports

From the data reported here, it is evident that some relevant interventions might include:

- Education for teens on the biology of pregnancy, contraception and the consequences of parenting
- Education for parents to assist them in having more supportive reactions, and to recognise the risks of homelessness to mother and child
- Education in schools about stigma

- School programs to support pregnant teens in feeling accepted, but also in terms of materially supporting pregnant teens and young parents to stay connected with schooling and not to drop out. There are examples of good practice in this area that can be models for adoption or adaptation nationally. One example of good practice in providing appropriate supports for continued engagement in school is in Playford SA's Northern Adelaide Senior College (NASC) :

  > The college offers a range of innovative support for students returning to study including a crèche and special mothers' support with a "Mind and Learn Centre", and parenting programs to instill the value of early learning in children. It sets up visiting specialists and agencies for parents, and has an emphasis on health and social wellbeing as well as academic achievement (through offering Secondary School Certificate and Vocational Employment and Training courses). It also offers flexible learning options for young people who choose not to attend main stream school. The average age of students attending the NASC is 20 years of age.

- Conflict resolution skill programs and mediation services to help deal with conflict over decisions to do with pregnancy options and custody / access matters might help to reduce the incidence and negative impact of conflict
- For service provision to pregnant teens and you ng parents, the key observation in these data is the importance of taking an holistic approach. The different aspects of the experience, and of the relative disadvantage of individuals, plays out in highly individual ways, however , it is nonetheless apparent that they interact, in complexes that amplify or mute one another: parental support coupled with partner conflict; partner support coupled with homelessness; support of friends coupled with poverty, and so forth. Thus, an holistic approach to supporting pregnant teens and young parents would be advised, in order to tailor supports to meet individual needs.

3. Parentline Data

The Parentline service provides professional counselling, education, and support for parents. The Parentline service collects data on parents who contact the service in a manner very similar to that which is used for Kids Helpline, the key difference being in the categories used to classify contacts for "main concern" (and three other option concerns). One of the categories for classifying contacts is "pregnancy-related".

Parents of teen-agers where pregnancy of the child is a concern

In the period 2012-2016, twenty-five contacts were made to Parentline from parents of a person under 18 years of age, with fifteen of these being about concerns about the pregnancy of a child.

Qualitative data from Parentline

Parentline data show similar phenomena as do the Kids Helpline data, (though the data set is itself much smaller than the Kids Helpline data set). For instance one theme that is common in the experiences of pregnant teens is that upon discovery of the pregnancy, family relationships tend to be challenged and there is a rush by family members to express opinions about what should be done. Examples of the parental side of this reaction can be seen in the data extracts below:

- Concern for 17 year old daughter who has just found out that she is pregnant. Mother is concerned as daughter does not have any work or means to support herself. A lot of family are voicing their opinion suggesting that she should have the baby terminated. Looking for further support and resources.
- Rushing around while trying to speak on the phone. Daughter is pregnant and wants to have the baby. Communication is starting to break down between mother and daughter. Mother wants daughter to have a termination. Mother is aware daughter may go ahead and have the baby and wants to get some professional support now.

These reactions by family members and parents might be quite understandable, but equally they may not assist a young woman who may be anxious about having just found out she is pregnant.

Summary and conclusions – Parentline data analysis

The Parentline data set provides a very small amount of data but those data give a glint of insight into parental reactions to teen pregnancy. That insight is commensurate with data from some pregnant teens themselves (from the Kids Helpline data) that relates to negative parental reactions to the news that a young person is pregnant or is a parent-to-be.

We see this parental reaction in more detail in the analysis of contact notes, in the next section.

4. The Practitioner Interview Study

Fourteen practitioners in a variety of **yourtown** services, that have in their client base 13-25 year olds who are pregnant or young parents, were interviewed about the experiences of pregnant teens / young parents. Interviews lasted 45 minutes. They were transcribed and a thematic analysis was done. Key themes that emerged in that analysis are:

- Complex and interacting aspects of disadvantage and vulnerability- the wide variety of needs young parents have
- Social isolation, judgement and stigma
- Inter-generational unemployment and financial challenges
- Legal challenges of being a non-adult
- Impoverishment of education, emotional and intellectual capital
- Lack of capital – money, transport, housing Impoverishment of social capital
- Service provision issues
- Frameworks and program designs that work

Complex and interacting aspects of disadvantage and vulnerability

Similar to the observations made from the Kids Helpline data about complex and interacting sources of disadvantage, practitioners frequently tell the story of clients whose parents

- Most of the families that we work with there's a lot of familial dysfunction. A huge amount actually. So, a lot of our young mums do present as homeless. So, they're couch surfing or staying with friends until they can secure a [public housing] residence. A lot of mental health issues which may be from the parents, not so much the young people….The parents of the expectant mums suffer from mental health issues, so that also adds to the dysfunction of the family unit as well. There's a lot of alcohol and drugs, domestic violence. They've witnessed that as well.
- Largely, in that role I was in, it was dealing with a lot of low socio-[economic] families, where there were drug issues or domestic violence. Gambling. And, a lot of generational issues where, you know, things have been ongoing like that for several generations and they just, you know, their children tend to follow suit if their parents were young parents then they tend to become teen parents themselves.

The wide variety of needs young parents have

Young parents' needs are many and various, covering the gamut of normal everyday functioning, because of their multi-dimensional disadvantage and relative impoverishment. When asked about what needs they have, one interviewee ran off this list:

- we work on the personal development stuff, so the confidence building, the motivation. We do some budgeting stuff with them. We also support them with their Centrelink stuff and sit on the phone with them and take them to their appointments, taking them to psychologists and getting them linked with all that side of things. We can take them to their TAFE, help them enrol in courses. We do … some food stuff with them. We've also got a goodwill thing out the front where we have free second hand clothing and stuff for single parents that can't afford things like that for their children. … and then obviously the job seeking and stuff as well to try and get them back into employment and doing their resumes and doing their applications and all that sort of stuff. …We've been to meetings at kindergartens with parents and linking them with [autism support agency] and … navigating around [the] NDIS and getting the supports for their children, because they don't understand. So yeah, it's very varied. It's whatever they need really.

These multiple needs and the specific and common vulnerabilities that these young parents and parents-to-be share, require a high level of wrap-around care to effectively get the clients accessing the right services and engaged with the task ahead of them in positive ways, against a backdrop of many barriers and disadvantages:

- The parents of the expectant mums suffer from mental health issues, so that also adds to the dysfunction of the family unit as well. There's a lot of alcohol and drugs, domestic violence. They've witnessed that as well
- others had obviously had domestic violence relationships. So, it was just a wide variety. We obviously got clients from all different backgrounds. So, yeah, a really big variety really. Some with very little needs and some with quite complex needs such as mental health, relationship issues, domestic violence and all of those kind of things, and then others that just had homelessness

- So, I have to make sure that I'm available, [or] one of my colleagues is available, to provide transport to these young mums to get them to antenatal clinics. I often go into appointments, into ultrasounds and help explain in layman's terms what doctors are saying. They don't seem to have very good bedside manner sometimes some of the doctors and nurses, midwives that we work with. And, young people often come going "I don't even know what they've just told me". So, I think that it's very important, that's definitely a very important part of my role, to go along and go in and attend those appointments with the young mums and dads and make sure that they are informed and understand what it is that's going on for them in their pregnancy

Young parents have only their own experience of parenting upon which to draw in becoming parents. Consequently there are some aspects of that experience that the young person may replicate, and there are gaps in that experience that the young person cannot "fill" on their own:

- I suppose the thing that we see here is that we have teenage parents that continue having children. So, we've had a few of our clients in particular that have been 13, 14 having their first child and then have subsequent children after that. So, one in particular she has five children and she started when she was 13. And, I suppose a lot of issues that she faces [are] that she wasn't in her family home when she became pregnant, she was kicked out, so she's had to do it herself. So, she hasn't had, I suppose, that role modelling or the support of her own parents.
- Largely, in that role I was in it was dealing with a lot of low socio[-economic status] families, where there was drug issues or domestic violence. Gambling. And, a lot of [inter-]generational issues where, you know, things have been on-going like that for several generations and they just, you know, their children tend to follow suit if they're parents were young parents then they tend to become teen parents themselves

Social isolation, judgement and stigma

The judgement of others is a significant experience for pregnant teens and young parents, especially mothers.

- … one of the girls has told me that she felt quite judged by her school friends and her ex-school friends, but also her own social network of people. And obviously there wasn't necessarily …[an] … abundance of positivity around the decision to keep the child, go ahead with the pregnancy from her mother and also the boyfriend.

And that judgement could be about one or more quite different things. It could be that keeping the baby is seen as a foolish thing to do, because the consequences are so large and significant. But at other times there is the view that young parent / pregnant teens are stigmatised because they are a burden on the welfare system, in which case the judgement is based on the idea that they have chosen this pathway voluntarily:

- … also the sense that she was maybe playing on the system in some way as well, that she was using the child to help her get out of a financial situation by being able to then claim additional benefits.

The imperative then on services is to remain accepting and non-judgemental, for if they do not, clients will withdraw and not access much-needed and valuable services.

- … I certainly don't approach any client I guess as much as possible in a conscious way with any value judgment around what is right for that particular person and the decision they've made. We're looking at how we can help, whether it's improve or continue to make things as easy or as smooth as possible in their transition in whatever situation they might be, but with the ultimate goal of hopefully them feeling that they can come to us and feel that they've got that rapport and trust and they're not going to be judged.
- I know some of the challenges that they face, some of the barriers that they face. …they're not going to get a judgment from me. … just being able to see it in a positive light and see that – obviously there's a lot of negativity around the teen pregnancy and around – all of that stigma stuff. So, just being able to see that this is obviously their circumstances and thinking about what we can do to support them rather than judge them for the decision or for the circumstances they're in
- Or course, if anyone feels judged they are not likely to engage and feel that you're the best person to help them out in a situation.

Clients are very quick to respond in a self-negating way when faced with stigma and service staff need to ascertain if the service to which they refer clients is appropriately accepting:

- There's a … women's only service here not far from the library and many of our young girls go there too. … simply because … [it] is very nurturing, very non-judgemental and that's what we want[you can see that] this would be a place that our young clients would come to, they feel – when they walk in they feel, oh yeah, I can see whoever in here that can help me with my need. … I've been to other services also that as soon as you walk in the door you feel straight away, no, this is not for them.

The acceptance offered by service staff is designed also to recognise that clients "come from kind of backgrounds where they are marginalised in one way or another. It's just best to not judge them on one or two things, make sure you always look at it from a holistic perspective".

One example of social stigma, particularly poignant because it was not a client but a student on an assessment task for a VET qualification:

- [the student] was part of [a VET] course with school for child care and she got given – they had to take home these fake babies essentially and they cried and they had – she had to tend to it whenever it cried and she had it for two weeks. It was essentially just acting like a baby. And, she went to the shops with it once and she was walking it in her little bassinet type thing and she actually had a woman who was in her fifties … looking, [and she came] … up to her and kind of berate[d] her for the fact that she was a young mum and in her school uniform carrying a baby. … that kind of just shows what I mean by social stigma. It doesn't happen all the time but a lot of people they do get approached for being young mums. …you get those little comments from members of the public to young mums, you know, "you're too young to be having a child" or "what are you doing", you know, "who's looking after you". Little comments like that, you know, which do stigmatise them. I also think that excludes them, it makes them feel excluded, like they are being judged. It may not happen a lot but it does happen,

One of the saddest parts of this social stigma story is that the prejudicial behaviour is sometimes engaged in by professionals in care relationships with young parents:

- Most teen pregnancies or teen mums and teen mums I should say, young parents, they definitely have issues, they often say they have issues with health practitioners treating them differently, talking down to them, looking down at them, feeling like they're being judged, that's definitely a common theme with young parents

The social stigma experienced by young parents or pregnant teens often relates to the assumption that young parents are a welfare burden. Practitioners often point out that this is detrimental to clients and should be addressed:

- On a community or society level, breaking down that stigma of every young parent is on welfare, every young parent is a bad parent, every young parent is disengaged from education, because quite frankly they're not.

Antenatal classes are not inclusive, so don't get accessed

Getting access to very basic education about birthing and parenting in the very early stages can be a challenge for the young parents and pregnant teens services run by **yourtown**. On the one hand there is the barrier of social distinction between these young parents-to-be and others in attendance at ante-natal classes:

- With being the pregnant I think the challenges they face are the antenatal classes are just too mainstream.
- …it's just very stock standard. … the antenatal classes are sort of just suited to the regular everyday person. … not really suited to people that have different struggles and needs as [does] a younger parent. It's very your everyday sort of family.

The reason for this problem has to do, again, with stigma, though perhaps internally felt stigma:

- Because of the social stigma. They've got to attend these sessions with middle class or high-class families who are in their late 20s probably mid-30s. So they find it very confronting, so we offer them that as well.

But the implications of this can be that young parents-to-be do not get to crucial appointments that are used to monitor their pregnancies:

- So it's around the antenatal care, ensuring that they go to their midwife appointments, ensuring that they go to their obs appointments, their scans.

Further, the complex of inter-relating, co-morbid, and collateral issues requires that service providers have special knowledge and extra empathy to deal effectively with some young parents or pregnant teens:

- I guess one of the barriers that we often find here is that some of the other people in the services that we deal with don't necessarily understand the barriers that they face. For instance a specific example might be recently someone with mental health issues presenting to antenatal and having a bit of a breakdown mental health wise, and then being banned from attending that service.

Motivation of young parents - "Doing it all"

Not all young parents are destined by low aspirations to reproduce the poverty of their origins:

- Interesting that [my] clients, even though they're through their pregnancies, they've actually communicated to me that they're very keen to find work. Even though they know that it will be a full time job with raising their newborn, they are also of the understanding that they want to actually continue with developing some kind of career path as well.

Inter-generational unemployment and financial challenges

Financial challenges are numerous for young families and young single mothers. The idea that engagement or re-engagement in the world of employment is an important protective factor to prevent on-going poverty, or the downward spiral into (probably intergenerational) welfare dependency, makes theoretical sense, but is scuppered somewhat by the reality that it costs money to engage in employment – for childcare, for clothing, for transport and so on. The young parents most in need are those who come from backgrounds of intergenerational poverty and welfare dependency – they do not have capital to draw on to help smooth over the bumps in the economic journey – and the costs of parenthood are substantial:

- they all seem to present with difficulties getting baby items, things that you need before your baby comes and you're obviously not on any payments for babies before they come, so car seats, cots, sterilisers, bottles, things – basic things are quite hard for them to acquire before the birth of the baby. So, that's definitely something that we help out with all of our pregnant mums on site, teen pregnancies and young pregnant parents. Car seats, I said that. Prams, you know, just the basic things that are quite expensive and they just don't have it in their budget to have those available before the birth

The provision of subsidised access to childcare has a bureaucratic cycle that itself can prevent its uptake by the very people who need it most:

- In regards to engaging in [a training] activity or employment, I think one of the highest barriers is the cost of childcare and the timing which it takes to get your assistance and things like that approved. At the moment we're talking eight to 12 weeks, which they might be finished their course or activity in that time. So by the time they get their subsidy the course has come and gone. So the cost of childcare is definitely up there. I don't think the availability of childcare is an issue. I think there's plenty of childcare centres around. It's just really getting the funds to be able to pay for it or to pay for the bond. Because the childcare centres [in this State] ask for bonds, so they don't have the bond money to be able to pay upfront. So childcare is definitely one of them.

Of course the same issues that apply to the challenge of engaging in service activities or education or training, apply to engaging in employment:

- they all find it very hard once they've given birth to actually find employment, to find someone to care for their child while they go to work, to find something with suitable hours for them. So, that's a really big one, finding employment. Because we're talking about young kids, they've generally, you know, have barely started on a career path let alone have significant work history. So, it's harder for them to get into work once they've given birth or to maintain work

Legalities of being a non-adult

One of the perennial challenges faced by young parents is the fact that, when under 18 years of age they cannot enter contracts, therefore they cannot sign tenancy agreements among other things. This presents a legal-structural barrier to young parents' engagement in the economic-legal system:

- I guess if you're looking at some of the challenges you could look at some of the structural challenges. So some of the challenges that come with working with young parents, young families is the legalities around – for instance obviously we're working with Housing, signing leases, signing all of that sort of stuff. All the legalities around them not being eligible for housing, can't apply for leases.
- Definitely a challenge is housing in the rental market obviously. Under 18s can't sign a lease, so there's always the problem of trying to find somewhere, an exit point out of the service. And, social housing, their waitlists are very long, so housing is always a very big issue for teen mums and young parents, there's not really anywhere else for them to go ….

Impoverishment of education, emotional and intellectual capital

Challenge – children rearing children

Developmentally becoming a parent whilst still a child presents a variety of issues, two of which are adjusting to the sacrifices of parenthood when the client has their own needs as developing children / young people.

- I guess probably supporting them to manage that balance between meeting their own needs and then meeting a child's needs, because obviously they are still developing, they still have their own issues and their own things that go on.

And young parents' own lack of maturity, development, and worldliness:

- Essentially, when you're talking about teen pregnancy in particular, the lack of education, the lack of understanding.

Of course there is the possibility that their peer social networks, etc., can exacerbate the challenge of making sacrifices of various kinds in order to parent well:

- I think there's quite a lot in that idea of where they are developmentally. For example, I suppose risk, are they more likely to engage with peers that are not necessarily healthy for that child to be around. …it can mean that they engage in risky relationships where the child may be around – you know, for example, if there's drugs or alcohol use, are there parties going on where the child's sleeping upstairs and there's more people in the house or that kind of thing. That can happen as well.
- I find things like post-natal or postpartum depression or stress can be something that's present… in a younger person because they're not ready in terms of age and development in their own cognitive thinking, they're not quite as developed as, say, somebody who is in their thirties or their late twenties who's having a child. So, it's very overwhelming for them to have another child and those sorts of stresses can become present.

The problem of children raising children, if not handled skilfully by practitioners, can have ramifications for the new-born babies of young parents:

- we try to work in a way that is as non-judgmental as possible. We don't work in a judgmental way. So, our focus is trying to unpack with that person what happened to them and for them to have some self-awareness and self-discovery while they're with us. … it's about balancing always, providing them with knowledge around where they are developmentally and the reasons they may be struggling …They are supposed to be more self-intimate at that age because they're trying to individualise, they're trying to form a sense of identity. And, that's a normal part of development. So, I suppose it's trying to normalise that for them. But, also to raise awareness and of course we have to advocate for the child and focus on the safety for the child that they're caring for, so how can they have a balance between I suppose where they fit and how they continue to develop themselves whilst also always holding in mind the child and the child's needs. So, I do a lot of parenting support around psycho education to do with child development and for the parent to gain more insight into how their child be communicating. So, to view the behaviours as a form of communication, as a form of communicating a need rather than sometimes, you know, it's often common for parents to see the behaviour as a personal attack on them or as something that's vindictive if you like. So, reframing what the child's behaviours are so the parent understands that and can meet that need more, so respond to what the child needs. Yeah, so I suppose the balance between the parent's own self-discovery and then also parenting skills around how to respond to the child.

Service provision issues

One challenge faced by service providers is the coordination of integrated or wrap-around care to clients. In any community there are a variety of services providing a variety of different (and sometimes similar) services to clients. This collection of service-providers, and the services that they provide, is different from community to community, depending on the size of the community, whether it is in a government catchment area for a government-funded service and so on. The problem for service providers is in identifying who is in the community, what service they provide, and importantly, whether and to what extent the services are a good match to the needs of young parents / pregnant teens.

Overlapping service provision is inefficient:

- Sometimes maybe when we do much of the same thing. So, like having two services that do the same thing. Instead I'd probably prefer to either refer to them after or have them refer to us after they've spent time with the client rather than saturate the client with the two services of the same sort of natures.

Service access can be challenging for young families because of the relative impoverishment. Accessing the service they need can be contingent upon them having access to transport, a phone, and sometimes childcare.

- I think, a big one is them connecting with us. So, often they don't have phone credit.
- transport is a big one, not having a licence or a qualified driver to be able to [help them] get their licence. …Most of them can find cheap cars and get a car, but [they don't] have somebody to take them for the … 75 hours to get your provisional [license]

The young parents serviced by **yourtown** services are in some of the most impoverished communities etc. There are risks in some locations even of using public transport:

- … they're relying upon public transport. Some, [because of] their anxiety … won't travel on public transport because they're scared of getting injured or hurt or bashed on the trains or the buses, especially out in this area, because there are those types of things happening on the train stations and that.

Getting from A to B is a challenge though regardless of the other risks associated with public transport specifically:

- So just their ability to get out to the shopping centres to get their shopping home, to also access kindergarten, especially for those that have three to four year olds that are heading or doing transition programs to kindergarten. They just can't get them there.

Urban clients face distinctly different challenges in being away from urban support networks compared with those in cities and urban centres. Chief among these is the difficulty in accessing services and engaging in the day-to-day activities of life, when there is no money for transport, no car, and probably no licence to drive. Limited transport options exacerbates the problem of access to medical and care services, which might be some distance away from home. Rural centres often have greater concentration of relative disadvantage through unemployment and lack of access to medical, and therapeutic services, and educational and vocational opportunities.

On the other hand, rural and regional clients' experiences of service delivery can be enhanced by closer ties to communities, closer relationships between clients and service providers, and more detailed understanding of each family's unique needs, by practitioners across multiple services, which helps achieve well-integrated wrap-around care regimes. It is not always as simple as it sounds, because some regional or rural centres have a greater need and/or fewer services than others. Nonetheless, understanding that the urban-rural divide can play out with relevant consequences for the support of young families can enhance service delivery. Furthermore, thinking about the children of young parents, it is worth noting that child protection arrangements and State interventions can be made all the more difficult to enact and monitor in regional and rural locations, compared with those in the cities and larger urban centres.

Frameworks and program designs that work

Strengths-based approaches are endorsed by the practitioners interviewed because these build up young people and help to ameliorate some for the damage done by negative perceptions of others, the lack of love and support from dysfunctional families, and the developmental prematurity of the young parents; it starts from where they are and gradually builds them up. Such programs need to be underpinned by empathy and a recognition of the complexity of client needs; to do this, a mix is needed of strong professional networks, up-to-date information about local service providers, and wrap-around care approaches.

- the approach would be for …clients that are going through pregnancy for example, the ones I work with at least – it is very much client centred and it is very strength based, but at the same time as I said listening and being completely empathetic about what their situation is and how they can be best supported by us and by the ancillary support services around us. So we're not the complete answer. So in my mind I certainly have an approach where it's very much collaborative amongst the different services to make sure that client's getting the best possible support. Is that what you're referring to?

Trust is a key ingredient in successful practice to support young parents; without trust, young parents quickly withdraw from a program and may never return.

- it's complicated, you know. It can be a mistrust in people, a mistrust in adults in general but also disbelief that they can stand on their own two feet and that they're fine. And, then you can get the opposite, you can get people who are quite anxious and in quite high need and quite desperate and want all of their problems solved immediately. But, I think it's more so with the teenagers, with the younger mums that they – it just takes time. I think it just takes a bit longer for younger people to develop trust. So, I think it's not that they don't engage it's

> that it just takes a bit longer for them to engage and there's more of those conversations that need to happen before they believe that we're really saying that we're going to support them the way that we say we will

Sheeran et al. put it bluntly: "if the mother had not built a good relationship with the individual, they would not engage with the service" (Sheeran, Jones, Farnell, et al., 2016, p. 48).

For many clients, particularly victims of abuse and domestic violence, counselling and psycho-education must form part of the practice framework and service delivery, so that fundamental psychological issues can be addressed which may be barriers to further development and engagement in "normal" life.

- I have to …look at what are the key issues going on for that client right now, but then also looking over time at addressing those key issues and what things that we can do to help them with that. But then over time with the ongoing sort of meetings or appointments that I have with the client, learning more about their background, if they're prepared to talk about that. Some don't want to, and I have got to respect that as well. But certainly getting context to where some of this may be coming from, and looking at their outlook and where that may be distorted in some ways or sort of paralysed. …and then giving them maybe some insights to perhaps look at where that stuff may be coming from if they're open to talking about that. In some cases the clients even aren't ready to be able to talk about that, so I don't go there. …That's more to give me context so that if there was a contact that was made by a mental health professional that had contacted us to get some more discussion around what may have happened with a particular client and their situation, then I would be able to kind of perhaps provide what I understand has happened for the client based on what they've told me, but obviously respecting their privacy and confidentiality around that as well, and not being able to do that unless I got permission from them as well

High-quality, consistent, supportive wrap-around care is for many clients an antidote to years of emotional impoverishment and neglect. As one domestic violence refuge worker reflected:

- …we have so many women who come here who say I've never experienced this kind of support in my life. If you think about that statement it's so sad. We can have [age] year-old women saying that they've never experienced that kind of support in their life. That's from their own parents, from their own family, from any other service they've linked with. And, we're only a three-month service so we have to really consider when they leave what then, you know, are they just left without any support. So, it's one of the reasons our outreach support has grown exponentially over the last few years, we're supporting families for longer and longer …. Because we recognise that when they leave our service they're still in such high need.

The idea that services should provide short-term interventions may be attractive to government, but this study shows that the reality of these people's lives is such that any service provision that targets an aspect of need – say employability skills – without addressing the totality of the persons history and circumstances, is not likely to succeed. This idea is sometime borne out of a focus on particular issues – such as unemployment – and sometimes there is a belief that a service can provide "too much" care, and that the consequence of this is the creation of "dependency". The trouble with this view is that it sees the need for care as a "problem" rather than a legitimate state on a sometimes long journey to independence. Many of the clients serviced by **yourtown** services are the most vulnerable in our communities, for whom the need for care is legitimate:

- I suppose just going back to that holding, I think I just want to raise a point about dependency. It's not that we're holding them because we want them to remain dependent. I suppose we're holding them with the knowledge that it takes them time to link with a new service. So, we're holding them in the interim in the transition with the knowledge that with time when they get – as they develop relationships with the new services they will begin to build trust with those new services and move on from us. So, dependency I suppose in that sense that they're going from one service to another but not – we try to encourage them to not remain dependent upon us. And, we also try to encourage them each step that they take that they try it themselves to make those links

Summary and conclusions – Practitioner interview study

Vulnerable young parents and pregnant teens particularly those in disadvantaged communities have a variety of needs because they are often dealing with a variety of circumstances and vulnerabilities. To summarise their needs however one might say they need:

Wrap-around care

- because they often come from childhood experiences of families in which the parenting they experienced themselves was poor, unhelpful, unsupportive and/or ill-informed

- because they need support across a range of very different kinds of services and needs, creating the need for high quality case management and strong liaison skills between services.

Psycho-education and emotional wellbeing support

- because they are children themselves and lack the educational resources and the personal insight, sometimes, to understand their own children, or their own experiences as vulnerable children

Material support

- because their reduced financial resources are insufficient materially to support the needs of new parents, and these young parents in particular come with an extra burden of financial vulnerability consequent upon generations of unemployment and welfare-dependency

Basic parenting skills development tailored to them

- because they are young and do not have good models of parenting in their own biographies to help them and
- because the "normal" sources of this learning, apart from observing one's own parents, the ante-natal curriculum is implemented in ways that young parents find alienating.

Fictitious case studies to emphasise the points

Two fictitious case studies are now presented to exemplify the unfolding trajectories of two very different kinds of young parents' experiences. The first case studies pulls together the worst of the accounts so far considered into one worst-case scenario in which multiple aspects of disadvantage all play out together. The second case study is a very similar story, told as though the context contains various supports and remedies for the disadvantages that unfold in the first case. They are fictitious partly to make a point about the interplay of dimensions of disadvantage, and partly because describing such detail in a real case would potentially lead to the identifiability of individuals.

Meet Jayney

Whose parents were themselves pregnant when her mother was 14

Whose parents have never worked

Whose dad was a violent alcoholic who used to beat her and her other siblings, and sometimes her mother

Whose mother was depressed, as far as she can recall, for all of Jayney's life

Whose parents have slipped from one public housing rental home to another taking all 12 of their children with them, for the past 12 years, 9 different homes in all

Who is 13 when she gets pregnant

Is kicked out of her home by her parents who say that she has to fend for herself now she will get benefits from the government

Who is homeless

Unemployed

Has just been beaten by her boyfriend

Who has no car, no license, no money

Who dropped out of school when she started to "show" and when the kids at school called her names

And who desperately wants to give her baby a better life than she had

But whose friends, all drug addicts she met in a half-way house / squat, keep tempting her with drug use because that sounds more exciting than facing the drudge and terrible prospects of being a single mum with no friends and a hungry, cold, crying baby.

And who has just heard that the department of child safety is looking for her, and she fears may want to take her baby from her

Jayney wonders whether it might be possible to go back to school now the baby is a bit older, but she doesn't think that will be a good idea because she fears ridicule, and in any case, who will mind her child when she is at school

Jayney's baby seems unwell, and is crying a lot just at the moment, but she has no money and no way to get her baby to a doctor, and in any case the last time she went to the doctor, s/he looked down her nose at Jayney and threatened that the department of child safety would not look kindly on how she is caring for her baby. To make matters worse, both the doctor's surgery and the hospital's A&E departments are a 40 minute drive from where Jayney is living and she has no way of getting to those services.

In contrast, this is Nariah:

Now Meet Nariah

Whose parents were themselves pregnant when her mother was 14

Whose parents had never worked until both her mother and father got opportunities for employment skill training, returned to complete their schooling, and found work

Whose dad was a violent alcoholic who used to beat her and her other siblings, and sometimes her mother, but who has been supported to understand his anger and is now loving and caring

Whose mother was depressed, as far as she can recall, for all of Nariah's life, but who lately has been seeing a therapist and has enjoyed some improvements in the metal wellbeing

Whose parents have slipped from one public housing rental home to another taking all 12 of their children with them, for the past 12 years, 9 different homes in all, but when they got jobs, their parents were able at last to get a loan from a community bank and they have been at the same address now for 1 year

Who is 13 when she gets pregnant

Is told by her parents that though they think there are risks ahead, for Nariah, and for her baby, they will of course let her stay with them until things get sorted out – and yes they understand it could take some years

Who is not homeless

Who is unemployed, but having seen the turnaround it meant for her parents is committed to finding work, even if she keeps the baby, once the baby is old enough and appropriate care arrangements are in place, and even if it means further study

has just been beaten by her boyfriend, but who has to inner strength to break off the relationship and

who has no car, no license, no money, but whose parents will foot the bill for driving lessons, license fees etc., and

who talks to the school principal about being pregnant and the school principal tells Nariah that there is no shame in it, that she will not need to drop out of school, that the school has a crèche and that there is a strong culture there of zero tolerance to bullying and high levels of tolerance to difference and diversity, including to young parenthood

Nariah, who desperately wants to give her baby a better life than she had

has friends, some the same, some new (other teen mums), none of whom is a drug addict living in a half-way house / squat

now has to weigh up the very real implications of being a mum and not being able to do what she would like to, with her other friends, like going out, swimming on weekends, shopping and going to the movies.

And who has never heard that the department of child safety sometimes can take babies away from their mothers if the babies aren't cared for properly

Who wonders what it might be possible after she has gone back to school, when the baby is a bit older

Nariah, whose baby seems unwell, and is crying a lot just at the moment, but Nariah has no money and no way to get her baby to a doctor, however she does have a good relationship with a caring and non-judgemental family doctor, and her family arranges to take her there to get a full medical and to let the doctor know about the pregnancy and their plans for the future.

Conclusions and recommendations

Informational Needs

Both clients and practitioners have expressed, either implicitly or explicitly, the need for information that would be helpful to them.

Biology of pregnancy and knowledge about contraception

There is an evident need for information about and education around the biology of pregnancy. Most contacts to Kids Helpline about pregnancy are information seeking or based on the concern that the client is unsure if they are pregnant. Some of these contacts take place during the uncertain few days immediately following intercourse, and are more triggered by anxiety about the possibility, but many times those contacting seem to be only vaguely aware of the mechanism and probability of pregnancy, and the risks associated with protected and unprotected intercourse and some doubtless adopt what one American campaign (www.TheNationalCampaign.org) organisation calls "Magical Thinking" when contemplating how pregnancy occurs.

Recommendation – Information and education about biology and human sexual relationships needs to be given high priority and implemented by all secondary schooling authorities to ensure that these educational and information deficits do not contribute to the occurrence of unplanned pregnancy. Although campaigns currently address these issues, a more thorough approach to this aspect of the curriculum, one that is somewhat more rigorous and able to guarantee outcomes, seems to be needed.

Services, provisions, options – a service directory deficit

Practitioners mentioned the difficulty they have in both keeping up with the ever changing mix of service providers for an area, and establishing and maintaining relationships with service providers so that good quality case management and wrap around care models can be used to the benefit of their clients. Service providers come and go, and new provisions arise and others disappear according to the funding and policy arrangements from time to time.

Clients themselves could utilise mobile phone apps and websites to help them discover appropriate service providers according to their needs, but such things do not exist, or exist only for some need-groups, and require maintenance of the information that is within them, in order for them to be useful.

The information in apps and websites must be detailed enough that a potential client can see easily that the service will meet a need they have, and what they, the client, must do in order to meet eligibility for accessing that provision. The information must be up to date. The information must also be tailored to the geographical location of the client to a fine enough level of detail that the client can assess their transport costs of access.

Recommendation - A project should be funded that addresses the problem of the lack of accessible information about services for disadvantaged young people, and proposes and develops solutions that ensure that whatever central database approach is adopted there are ways to ensure that service providers are able to keep the information up to date, and that the other informational needs (such as geo location) are catered to. Although attempts have been made to provide such a service (e.g., *InfoXchange*) the need is a substantial one which requires a more thorough approach to the integration of services. The need here is detailed and comprehensive information about services that can be used to support wrap-around, integrative, and holistic care that takes into account the complex and inter-related issues within pregnant teens' / young parents' lives; those who need services, need them because of an interplay of factors, that demands a holistic approach to care.

Social Acceptance Needs

Social stigma and judgement by others is often either a pre-cursor for the most negative consequences of teen pregnancy – as when the family of the teen judges her negatively for getting pregnant, and kicks her out of home or in other ways punishes her for her "transgression" – or a consequence - as when

young parents feel anxious about using public transport or going to shops and public places for fear of judgemental glances and gazes, or comments from strangers.

Recommendation As a society we need to find ways to change societal attitudes to pregnant teens / young parents. This is not to say that being pregnant or a parent young is a good thing that should be endorsed socially – it has many social and individual costs and negatives associated with it, but it does not ameliorate these negatives to burden individuals with social disapprobation once they become young parents / pregnant teens. This is not only pointless because it is a case of shutting the gate after the horse has bolted, but is damaging and merely serves to exacerbate the negative consequences for these young people. The discourse on teen pregnancy and young parenthood needs to be changed from one of disapprobation to acceptance, to ensure the needs of these young people are catered to appropriately through integrated service provision, education, work-skill development and eventually support to transition to work. Education and attitude change interventions should target parents of pregnant teens, other teens/children in schools, school leaders and professionals.

Educational continuation needs

On the assumption that the risk of an economic burden of young parents who become and stay disengaged from employment is worth avoiding, steps need to be taken to ensure that access to school during pregnancy, and post-partum, until the minimum level of junior or senior schooling is completed, at minimum, is guaranteed.

Recommendation Policy should be written and associated practices implemented to encourage schools to accommodate pregnant teens and young parents to stay in the schooling system. This might mean not just changing attitudes but providing facilities such as crèche care, special classes, breast-feeding rooms, etc. there needs to be education for the rest of the children within the system to embrace the pregnant teen / young mother, not vilify and isolate her.

Aspiration-raising

Not necessarily a need *per se* of young people, but certainly an issue for some, is the problem of aspiration. Inter-generational patterns of early parenthood and long-term unemployment sets up aspirational horizons that are hard for young people to see beyond. There is a need to address this issue head-on, since it is a "sacred cow" of private family life that morality and expectation are set in the home. Sometimes there are stories of young people who generate an aspiration to go beyond their own parents' achievements and aspirations, but in the main there is a stronger pull towards reproduction of the social and economic microcosm of the family. The impact of this pull, when it is negative, is exacerbated when the parents of a young pregnant person or young parent, kicks them out of home, since they are now able to get social welfare benefits in their own right and should live independently. If people exposed to inter-generational norms of low-employment engagement, social welfare dependency and unemployment do not raise their aspirations beyond these horizons, they will most likely reproduce that social and economic dependency.

Final summary and conclusions – three questions to be addressed by the National Children's Commissioner:

What are the types of early interventions likely to decrease the risk profile and trajectory of young parents, young parents to be and their children

Early interventions, for them to be effective for vulnerable young families and pregnant teens must have the following characteristics:

- The should be based on a culture of support, building up young parents' "surrogate family", building up their relationships with family where possible, helping to engage young parents in positive value social networks ,that enhance their connections with others and grow their social capital
- They should be strengths-based in framework and delivery focusing on and building from clients' strengths, raise aspiration, enhance personal development and provide skill acquisition opportunities tailored to the client's developmental stage;
- They should be based on empathy and relationship between practitioners and clients and create contexts and relationships that are non-stigmatising, and that provide an alternative discourse for positive identity formation and aspiration (McDonald, 2010);
- They should be based on trust and build participant autonomy through negotiated outcomes and appropriately staged engagement
- They should address accommodation and housing insecurity and proved solutions that address the twin related issues of limited capital for bonds, little money for rents, and the problem of not having the legal status of adulthood and attendant right to sign a lease;
- They should recognise the need for low cost child-care solutions to assist in the transition to employment when it is appropriate
- They should build skills in conflict resolution, self-empowerment, confidence-building, but should also provide appropriate advocacy for young parents;
- There should be within schools and other education institutions provision for crèche care and peer networking to support a return to or retention in education and training; such services should recognise the special cases of need around transport and access to child care experienced by young parents.

What are the types of early interventions which improve their capacity for safe and effective parenting

- First and foremost programs for young parents should adopt holistic approaches that look at the totality of the young parents' situations, and not adopt "single issue" approaches that focus on one dimension or aspect of their lives – like "employability skills", or "baby-care". These single issue approaches fail because at each moment of engagement, they fail to recognize young parents' complex of background issues (prior family culture, support, abuse) and current needs (psychological, social, financial, developmental, educational, accommodation, self-efficacy etc.), that increase the risk of dis-engagement;
- They should be based on trust and a strong relationship between client and provider (McDonald, 2010)
- They should develop basic child care skills, in contexts of real peers, and in a supportive environment and include parenting development programs, appropriate to their needs and situation, their reference groups etc., (Parker & McDonald, 2010) Parental involvement and development programs are an important investment, and these should be designed taking into account the issues already described and discussed: trust, collaborative decision-making, stigma-reduction and should be designed in specific ways to ensure the continued involvement of fathers (Lyra & Medrado, 2014).

- They should operate in culturally sensitive ways; specifically designed programs may be needed to reduce the risk of non-engagement; advice on programs for many culturally specific groups exists (for instance, for indigenous Australians see (McDonald, 2010; Reibel, Wyndow, & Walker, 2016).
- That are Collaborative and based on shared decision-making and autonomy of the client (McDonald, 2010)

What are the types of early interventions which increase their likelihood of becoming economically secure.

The kids of programs that might increase the likelihood that young parents will be economically security

- Must be holist, and take into account the complex array of inter-related issues that impact on young parents' lives; to do this
- They should focus on employment skill development but include
- wrap-around care for multiple disadvantage and co-morbidity;
- They should raise aspirations, through contact with peers that form a positive value social network;
- develop budgeting skills, financial management, and planning.

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