



CO-DESIGNING THE TEENAGE PREGNANCY & YOUNG PARENT STRATEGY



PREPARED FOR
THE SCOTTISH GOVERNMENT



EXECUTIVE SUMMARY

3

INTRODUCTION

10

METHODOLOGY

12

RESULTS **NATIONAL SURVEY**

18

EXPLORATION WORKSHOPS

37

NATIONAL IDEAS GATHERING

60

CONCLUSION

67

CONTACT

70

EXECUTIVE SUMMARY

The exploration activity has revealed a broad range of insights from the participating young people about their experiences, opinions and ideas to demonstrate how the Teenage Pregnancy and Young Parents Strategy should appropriately support young people. We cannot necessarily assume that those engaged are wholly representative of the broader demographic; but this piece of work has provided a 'snapshot' of insight into young people's attitudes and opinions from across Scotland.

All of the young people who participated felt strongly about their involvement in improving services and their enthusiasm for this process. They expressed the importance of shared ownership; empowerment and increased understanding of the way local services work



to develop their knowledge and skills. They recognised the value of sharing their own unique experiences and supporting each other as a larger voice to improve the experiences of others.

Unfortunately this project did not engage with many young fathers. Efforts were made through Young Scot and through local partners to ensure they would be able to participate in the workshops and survey activity. Unfortunately, there was a lack of willingness or access to engage. The female participants shared that their partners and fathers of their children had a lower level of engagement in services and felt this was to do with most services being focused on the pregnant mother. This is reflected through the local workers experiences and more widely from the females' participants' perspective.

Whilst many young parents feel that they are treated differently from other parents, many of the findings are indicative of the experience of other mothers' and fathers' access to services. However there appears to be some inequalities in access to opportunities, welfare, and education alongside the wider stigma that young parents face.

Young parents taking part in this project commonly experienced stigma, judgement and discrimination, both during pregnancy and as a young parent, from a range of people including trusted professionals. The young people questioned why this should be allowed to happen and felt that Scottish Government has a responsibility to challenge this in society, tackling this in a similar way to other hate and anti-bullying campaigns.

The young people we spoke to repeatedly felt that a sensitised approach to support them, based on their individual needs and circumstances, is important. They were clear that the service approach should not only consider health information and support during pregnancy and as a parent, but also have a holistic approach to developing wider social and life skills.



Through the participant's awareness and discussion with workers, strong partnerships and connected support needs to be more transparent and consistent to service users across Scotland. Just over half of young people think there is enough support for young parents – but it needs to be better.

Services should be more accessible, young people friendly and sensitive to individual needs. More visible support is required for young women disclosing a pregnancy (whatever the preferred outcome). Support on the transition to becoming a parent is required, particularly for those who have had unplanned pregnancies.

To ensure young people maintain trust and engagement, an appropriate professional who the individual feels comfortable with should be readily available - potentially a named person who takes the lead pre and post-natally, ensuring that the young person is appropriately supported. This professional should be who the individual young person feels most comfortable with.

It's clear that word of mouth and peer recommendation can either have a positive or negative influence on whether a young person accesses services. Peer promotion could

be a real asset to ensure young people are aware of, and have the confidence to access services.

Around half of young parents who participated in this project did not access ante-natal classes – they felt judged, and had the perception that classes weren't relevant to them.

Tapping into young people's networks in the community and building relationships in a relevant way can, through word of mouth, provide an informal infrastructure for service awareness raising, information sharing and experience led education. The participants agreed that they trust and would go to peers and family first for advice and information.

Youth groups were also seen to play a key role in providing wider information and life skills to young people around sexual health, and how to be a successful parent. Using established youth groups and schools to set up peer-led information and support initiatives could foster confidence on sexual health for all young people, and specific support for young parents.

At home, the value of building capacity in the individual's family and through formal peer-led structures could also ensure that the individual receives appropriate advice, information and support from the best source for them.

Young parents felt that sex education should be integrated across the curriculum, improved and delivered with increased regularity. From their experience, many had not received more than one session and many felt that the content of the lesson and delivery from the teacher wasn't suitable. They felt sex education should be delivered alongside wider life and relationship education and be based on real experiences from a young person's perspective to "share the reality".

The participants were really enthusiastic about experience-based learning to break down perceptions and increase confidence by going on class trips to the

local sexual health clinic, role-play of scenarios and being able to ask any question without feeling embarrassed. Most knew where to access contraception but willingness to access services for contraception was inconsistent. From the comments provided this was based on lack of knowledge, perception of the experience (feeling judged) and embarrassment. They felt face to face access (shops, clinics, school) can be an embarrassment and more accessible faceless services should be available.

Experience-based education in this instance may help alleviate the 'fear factor'. They also agreed that encouraging peer-led initiatives for sexual health education, including contraception, and integrated wider life skills classes would make it relevant to them.

Cost of childcare was one of the most common barriers to young parents continuing or getting into education. Access to and the cost and proximity of childcare often meant that caring for their child on their own was the only viable option.



The participants also mentioned wanting to prioritise caring for their child (particularly in the earlier months/ years) and felt they shouldn't have to go straight back into education because of societal pressure to do so. They expressed that they would like the option of 'maternity education leave' or more accessible support to attend part time.

Furthermore, many of the participants shared the financial difficulty of attending education. They shared the expense of looking after a child and other living costs, so getting a job to earn money or applying for benefits is a priority. They also felt that increasing understanding of the welfare infrastructure and raising awareness of available finance and childcare support was vital - several didn't know what they could be entitled to.

Many of the participants expressed their desire to have the responsibility of independently bring up their children but require relevant support and finance to enable them to achieve this. They felt there were barriers to enabling this including housing support application forms, the process of renting privately and managing bills. They sought advice from key workers and family, but felt there should be more young person relevant information and support. Without formal and informal support they felt at a disadvantage and did not have the equal opportunity to reach their aspirations (both for themselves and from their child) in comparison with other young people and other parents.

Again experience based skills development (with access to childcare) for young parents, such as money management, cooking classes and other short training sessions, were seen as valuable to increase confidence in parenting but also to inspire them too.

For those who do not have access to a car, it is difficult to go out due to the lack of buggy space on buses. This is more important in rural areas where young parents have further to go to access their GP, food and education.

Waiting for a bus and then not be able to get on it because the buggy spaces were full was a common occurrence, alongside several negative experiences and discrimination from bus drivers.

It is clear that the young people from all four workshops valued the opportunity to actively voice their opinions and ideas. Allowing the young people to explore their pregnancy and parenting experiences first hand empowered them to prioritise issues that were important to them and their peer groups. This is evident in the insights presented across the four workshops and from the survey responses.

Every participant's experience differed based on personal and external factors impacting on their journey to date. Personal circumstances, such as living arrangements, family, financial and emotional support, as well as their current peer groups, were identified by the young people as having influenced their parenthood journey. Past positive and negative experiences were also drivers to change outcomes on the individual's experience map.

It is clear that young people are aware of the barriers, difficulties and challenges they have to face and overcome. However young people do recognise opportunities to break down these barriers, but need support to enable them to achieve their aspirations.

INTRODUCTION



In response to the recommendations from the Scottish Parliament's Health and Sport Committee's Inquiry into Teenage Pregnancy in 2013, the Scottish Government committed to producing a Teenage Pregnancy and Young Parents Strategy.

The new 'Teenage Pregnancy and Young Parent Strategy' will aim to broaden approaches to reducing rates of teenage pregnancy and supporting young parents by considering the wider determinants that such as education, attainment, training and employment, providing support and advice for those most in need or vulnerable and considering the impact of socio-economic disadvantage.

In order to ensure young people to have an opportunity to feed into and shape the development of the Teenage Pregnancy and Young Parent Strategy, Young Scot worked with the team in the Public Health Division at the Scottish Government to formulate a co-design methodology to engage young people in the process.

Together we explored young people's views, experiences and insights in order for the Teenage Pregnancy Strategy (TPS) Team in Scottish Government to understand how young parents aged 14 to 20 think the aims of the strategy could be achieved, namely:

- Achieve a reduction in unintended teenage pregnancies
- Respond effectively to teenage pregnancies
- Achieve positive outcomes for young parents

The co-design project:

- Delivered a national survey of young people from across Scotland to gather quantitative data on young people's views around teenage pregnancy, young parents and the strategy
- Established four Exploration Workshops to conduct in-depth qualitative investigation into issues around teenage pregnancy and young parents
- Hosted an Ideas Gathering to bring together young people and decision-makers to discuss the findings and begin to create recommendations and solutions

METHODOLOGY

Young Scot plays a key role in supporting partners to engage and consult young people across Scotland, helping them to influence the design and delivery of policy and services. Our co-design service involves young people systematically co-creating, co-producing, co-designing and co-delivering solutions. Young people are involved much earlier in decision making process through a highly participative approach, developing informed insights, ideas, recommendations and solutions for policy and practice.

The Young Scot Co-design process enables young people and organisations to explore insights and experiences and develop ideas together:

EXPLORE

Define by uncovering the issues through gathering insights and genuine experiences.

CREATE

Generate ideas and co-produce solutions with/by young people.

REFLECT

Consider the future impact and sustainability of the ideas produced.

RECOMMEND

Produce influential ideas/solutions with young people.

ACTION

Implementation of ideas/solutions with young people.

Through the co-design process, young people have ownership of what they have to say; relating their views and opinions on a particular subject or policy area to deliver ideas and solutions in a spirit of co-design and collaboration.

In the **Explore** phase of the co-design process we opted to conduct a national young people's survey and four Exploration Workshops.

1. NATIONAL SURVEY

Working with the Scottish Government we devised a youth-friendly national survey to gauge the views and opinions of young people from across Scotland. The survey was hosted online for eight weeks on Young Scot's consultation platform – Young Scot Says Who (www.youngscotsayswho.org). The survey was promoted through social media channels and on the ground at events, school visits and on the street. For anyone unable to access the online version a paper version of the survey was sent out to them on request.

The survey was promoted via the Young Scot websites, our social media sites, and offline via Young Scot's Outreach team attending youth groups, schools and events. We encouraged participation in the survey by circulation throughout our partnership networks. The survey was also distributed through the local networks of the Teenage Pregnancy and Young Parents strategy Steering group.

The survey questions were devised by the team in the Public Health Division at the Scottish Government and tested by a Young Scot panel to ensure that they were youth friendly.

The survey was open to young people aged 11 – 25. An incentive of 25 Young Scot Reward points was made available to young people who completed the survey.

The data was segmented and downloaded in datasets and analysed in Microsoft Excel.

2. EXPLORATION WORKSHOPS

In the first phase of the co-design process (Explore), Young Scot recruited and supported four Exploration Workshops, each made up of eight to 15 young people in Scotland from a variety of socio-economic backgrounds. The locations for recruitment were agreed between the Scottish Government and Young Scot, to cover four separate geographical areas and to ensure representation from rural and urban populations – Aberdeen, Fife, East Ayrshire and Shetland (delivered remotely by Local Authority partners).

A two-three hour workshop session plan was developed to ensure a youth led approach and a qualitative rapid response. The sessions used a holistic approach to exploring the main themes and questions identified by the Scottish Government TPS Team. We encouraged both visual and verbal exploration using dynamic tools such as experience mapping and story-playing. Slightly different activities may have been used in different workshops depending on the types of engagement with the group and priority topics/issues.

Working with local partners, the participants used their shared knowledge and discussion questions agreed by TPS and Young Scot, to engage in debate to prioritise the main issues and develop their insights and ideas on the topic areas.

Each full session write up was sent to the group contact for content sign off.

PARTICIPANTS

ABERDEEN – 23RD SEPTEMBER 2014

Aberdeen Choices promotes positive relationships and support and empower people in making choices which will enhance their physical, emotional and relational wellbeing. The charity runs two young parents support groups in Aberdeen, meeting on a weekly basis.

13 young women age 15 to 23 attended the session in an urban area. 11 were young mothers and two were pregnant. Half of the participants meet up with the young mums group regularly and have a good relationship with the group's support worker. For a number of participants this was the first time they had participated in the established group, all had not participated in a workshop with Young Scot. Many did not have any experience of meeting with other young parents in this type of setting prior to their involvement with the group.

All of the young women were made aware of the support group through word of mouth, their GP, social worker or education provider.

<http://www.choicesaberdeen.org.uk/>

FIFE - 2ND OCTOBER 2014

Fife Gingerbread is a charity that provides accessible, approachable and non-judgmental support, advice and information to lone parents in Fife.

11 young women attended the workshop in an urban area with families ranging from one to two children and one participant being pregnant with their second child. The age range of the group was 17 to 21 years old.

The participants came from three different groups in Fife. Some of the group knew each other from previously attending a young mums group.

www.fifegingerbread.org.uk/

EAST AYRSHIRE – 23RD OCTOBER 2014

Vibrant Communities (East Ayrshire Council) is part of a Community Led Action Plan to empower and enable local communities to take on the development and delivery of local programmes, services and facilities.

Five young women attended the workshop in a rural area and had one to three children. All had their first child at 20 or under. Although the age range had been specified, the attending participants were aged 22 to 30 years old. Their views were still felt to be relevant because some of the young members of the group knew the older participants from previously attending a young mums group - they live in a very close-knit community. They had all come within walking distance of the primary school where the workshop was held.

The worker has supported young parents groups in the past and has a good relationship with the local community.

SHETLAND – 27TH OCTOBER 2014,

The Young Mums Group was established in March 2010 when the need for a 'young mums' group was identified as there were a group of girls that were expecting or recently had babies that were not accessing services including NHS, housing and careers. In late 2011 the group in partnership with the local authority, progressed onto becoming a voluntary group and drew up their own constitution:

- Provide opportunities for young mums to meet together, to learn and grow in a safe, supportive and secure environment.

- Promote and develop activities which help develop their physical and emotional well-being.
- Provide opportunities for young mums to develop the confidence, skills, knowledge and motivation to participate fully in community life.

Four young women attended the workshop. Half of the group had one child and the others had two children. One member of the group was pregnant with her second child at the time of the workshop. The age range of the group was 18 to 21 years old. All members attend the Young Mums Group on a regular basis from a variety of locations in Shetland including: Bixter, Lerwick & Tingwall.

3. NATIONAL IDEAS GATHERING

In the second stage of the process (Create), we held an Ideas Gathering to provide the young people who took part in the Exploration Workshops with a platform from which to present their findings and insights; co-designing further ideas to inform current and future policy, decisions and services. A range of key stakeholders from the Teenage Pregnancy & Young Parents Strategy steering group attended the event.

- Nine young mums from Aberdeen and Fife, who had previously attended a workshop, attended the Ideas Gathering Day.
- Four workers from Fife Gingerbread and Choices Aberdeen to support the groups.
- There were representatives from the Scottish Government, the Teenage Pregnancy and Young Parents strategy steering group and other partners, such as Scottish Prison Service.

The meeting also provided an opportunity for the professionals attending to begin exploring with the young people how their work could be used in developing policy.

RESULTS

NATIONAL SURVEY

The number of survey responses **totalled 807**.

Please note, when reporting on “all respondents” this indicates 100% of the 11-25 year olds who participated in the survey.

Q: What age are you?

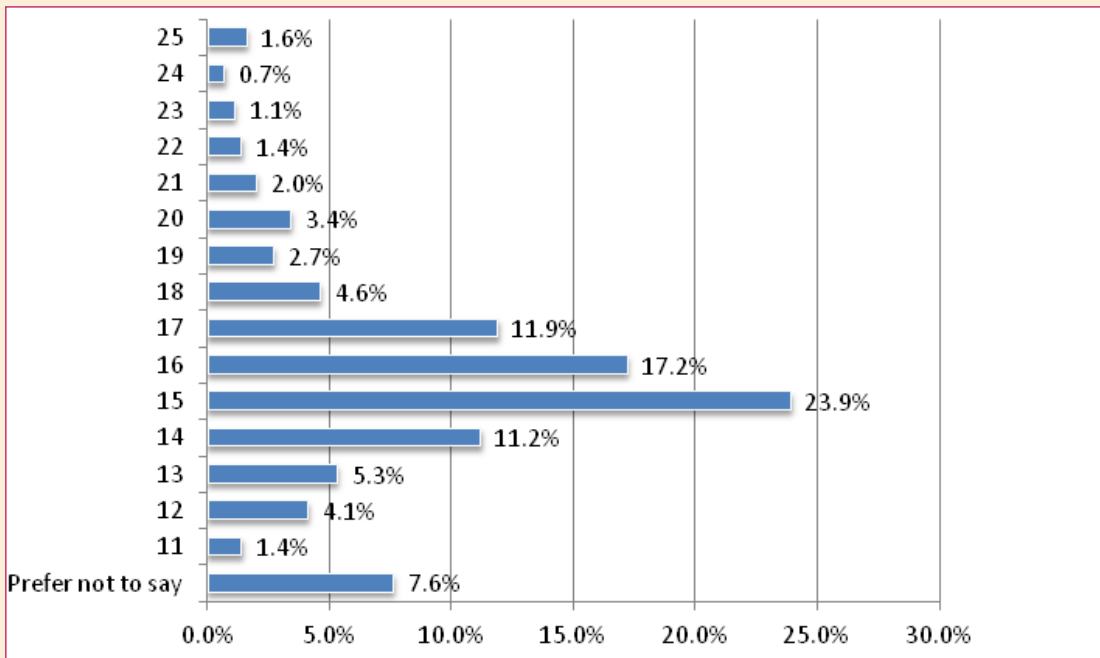


Figure 1 - All respondents

The majority (71.5%) were aged 14 to 19.

Of all respondents, 63% identified as female, 30% male, 2% transgender, 4% prefer not to say and 1% selected 'other'.

63% are currently attending school and participation was particularly strong in **Aberdeen, Glasgow, Falkirk, Edinburgh and South Ayrshire**.

13% of all participants identified themselves as young parents, of which 4% were young fathers.

SECTION 1: PREGNANCY IN YOUNG PEOPLE UNDER 20.

Q: Do you think that young people having babies before they're 20 happens often in Scotland?

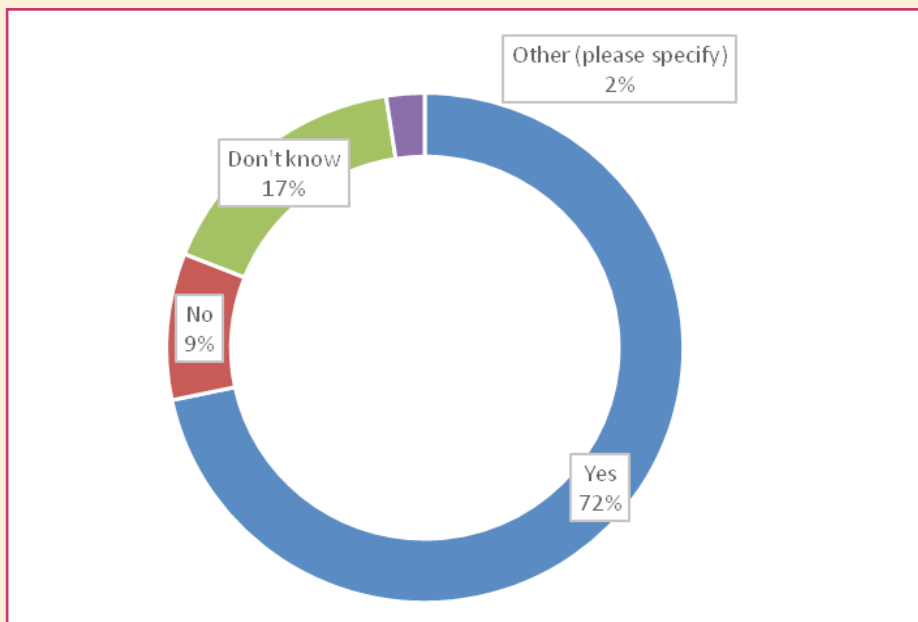


Figure 2 - All respondents

72% of all respondents thought that young people having babies before 20 happens often. This raised to 79% of respondents identifying themselves as young parents.

"I think it is very common! Very!"

"Unfair to make an assumption."

"I think it does happen but probably not as often as we think it does"

Q: How do you think having a baby before you are 20 affects young people? Please provide details below.

In total 581 comments were submitted. A snapshot is provided below.

All respondents

“Your body is not fully developed (fully developed at 21) and that could cause problems. It could affect your education as some people go to school till 18 and go to college and university.”

“I think it affects young people in a big way as the young person will have to balance life to take care of their baby and also balancing a job or education.”

Young parents

“Best decision I ever made was to keep my baby boy”

“Depends on how the person manages raising a child. Age should make no difference. It’s the capability of the parent.”

“Changes the parent completely my life changed for the better when I had my daughter”

“It’s hard, you have to get independent, no support, not finishing education”

Q: If a young person didn't want to become a parent before they were 20, is there enough support to help them prevent a pregnancy?

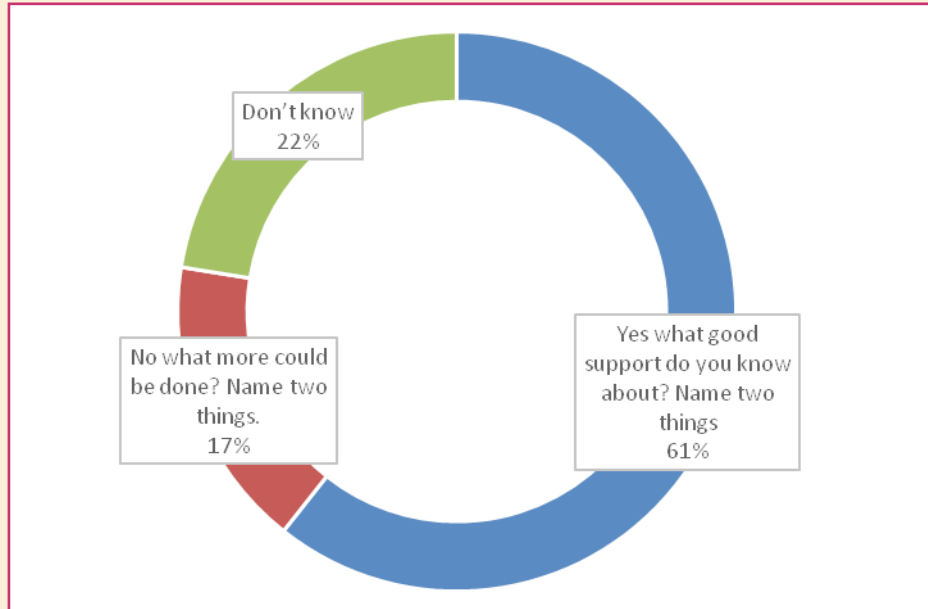


Figure 3- All respondents

61% of all respondents' thought that there is enough support to help them prevent pregnancy. This raised to 67% respondents identifying themselves as young parents. Most respondents mentioned GP's, clinics, school nurse, pharmacy and free contraception as support that is required.

When commenting on what support, more sex education in school (including earlier and improved education), comfortable, youth-friendly locations for clinics, youth worker support and abstaining were mentioned.

Q: Do you know anyone who had a baby before they were 20?

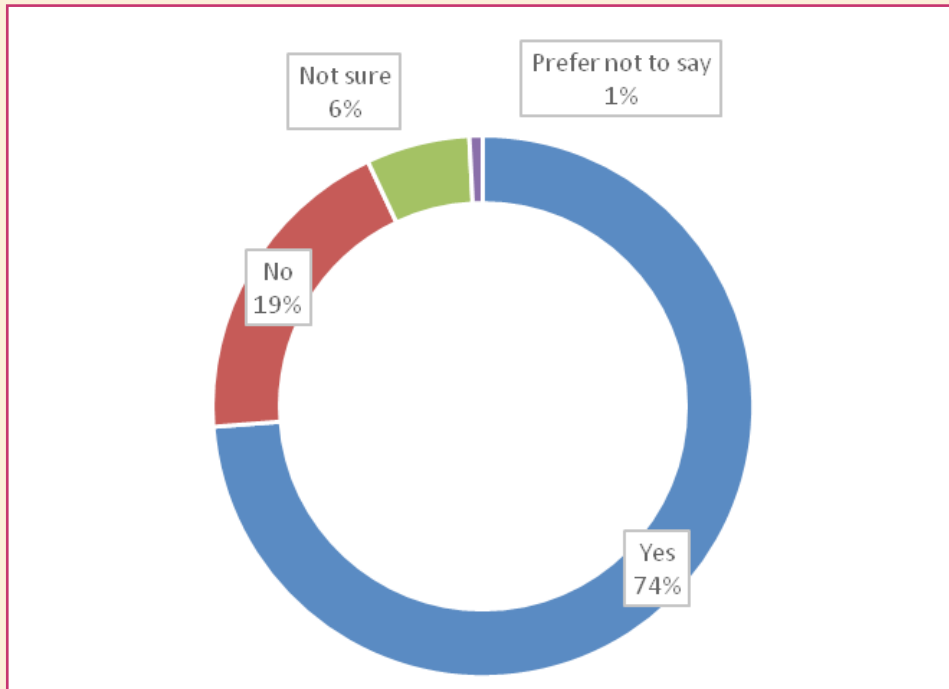


Figure 4 - All respondents

74% of all respondents said that they knew someone who had a baby before they were 20. This raised to 90% of respondents who identified themselves as young parents.

If yes, how do you know this person?

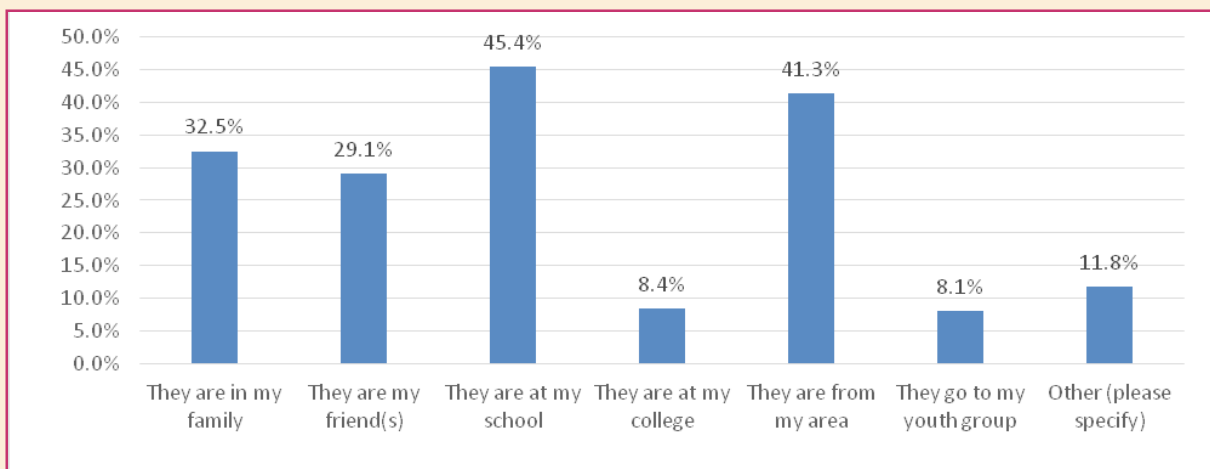


Figure 5 - All respondents

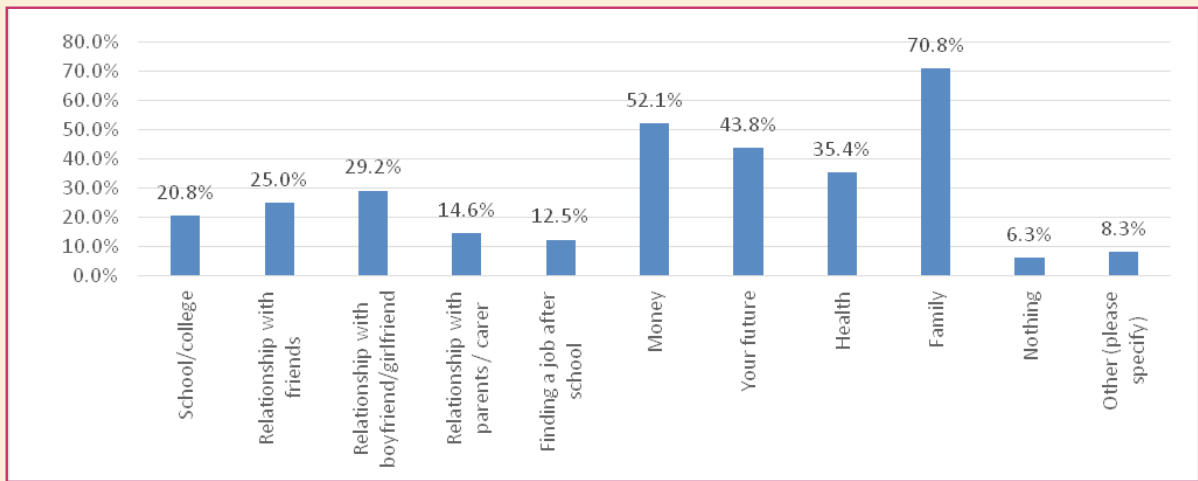


Figure 6 - Young parents

Most knew someone who had a baby through school, in the area they live or in their family. There is a marked increase - more young parents are friends with those who have had a baby before 20.

SECTION 2: HEALTH AND WELLBEING.

Q: What are the three things that matter to you most at this point in time?

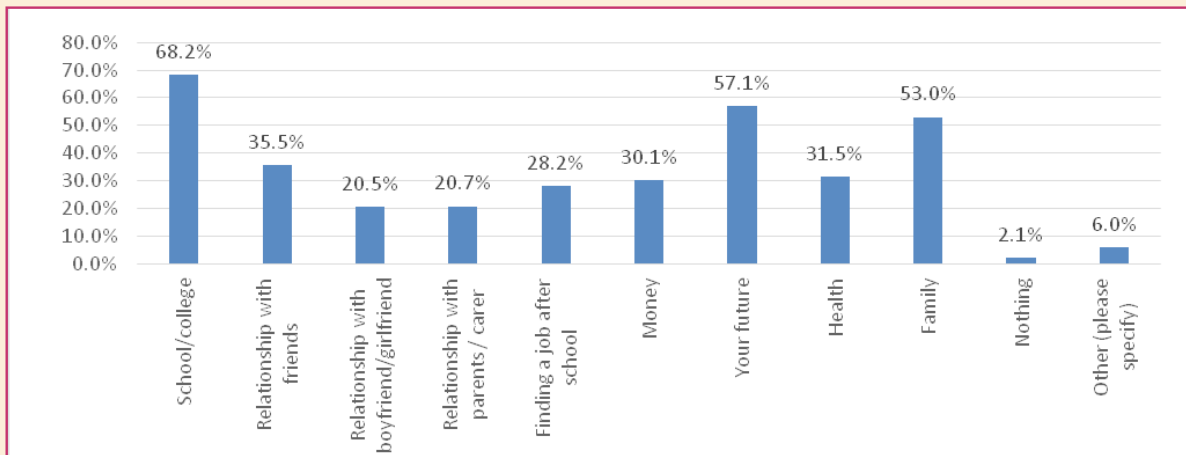


Figure 7 - All respondents

The most important thing that matters to all respondents is school/college (68.2%), however this dramatically alters to family (70.8%) for young parents. Second for all respondents is the future (57.1%) then family (53%).

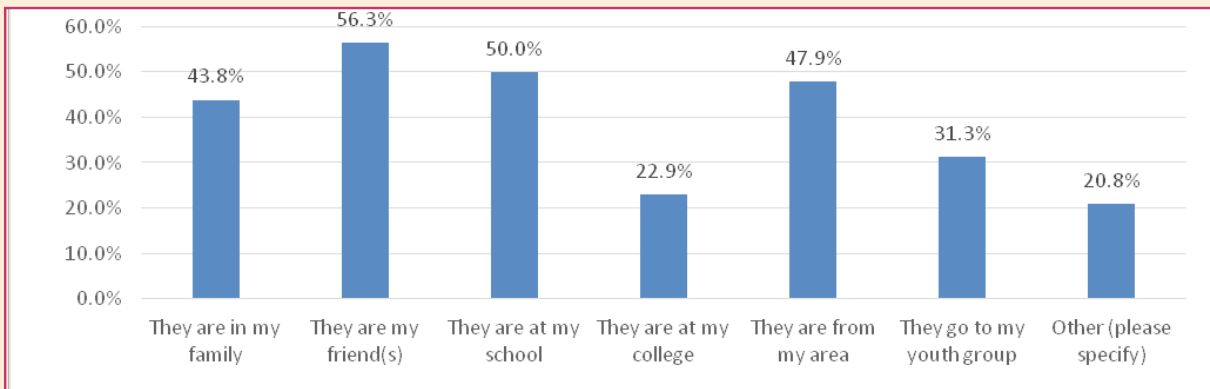


Figure 8 - Young parents

However to young parents, after family, money is more important (52.1%) followed by the future (43.8%).

Q: Who do you trust to speak to about important things in your life?

All respondents felt that either friends (66.3%) or someone in a parental role (64.4%) would be most trusted. This changes slightly with friends (57.1%), someone in a parental role (53.1%) and boyfriend/girlfriend (44.9%) being most trusted by young parents.

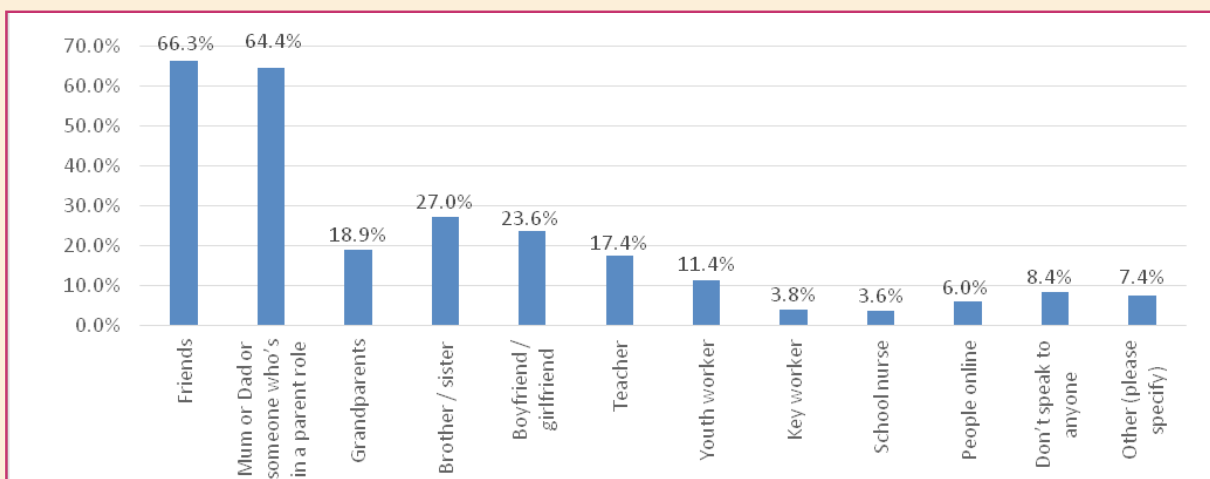


Figure 9 - All respondents

Out with family and peers, all respondents identified teachers as most trusted (17.4%) which reduces to 4.1% in young parents. Youth workers are identified as most trusted by young parents (24%.)

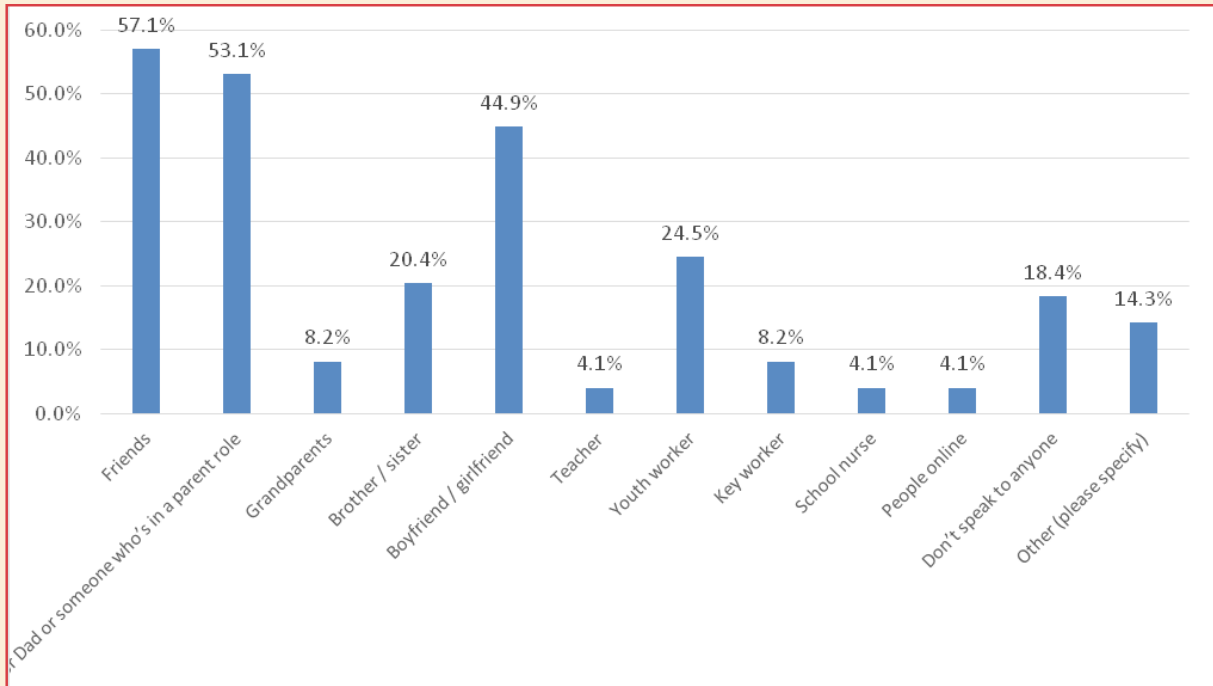


Figure 10 - Young parents

Worryingly 18.4% of young parents selected 'don't talk to anyone' – compared to 8.4% of all respondents.

Q: Where do you go to get information about relationships or health issues?

44.8% identified someone in a parental role as their information source followed by their GP (28.5%) and online sources (28.8%). The GP is young parents key information source (41.7%) followed by parents (39.6%). Interestingly, online sources reduces to only 12.5% for young parents compared to 28.9% for other young people.

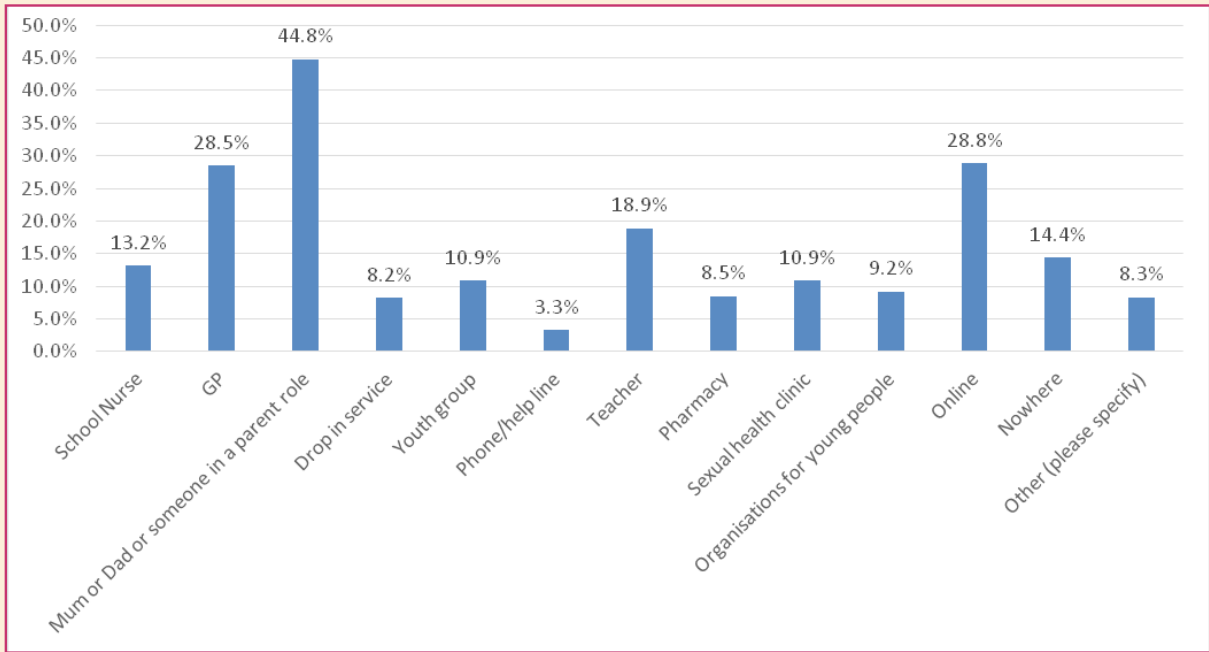


Figure 11 - All respondents

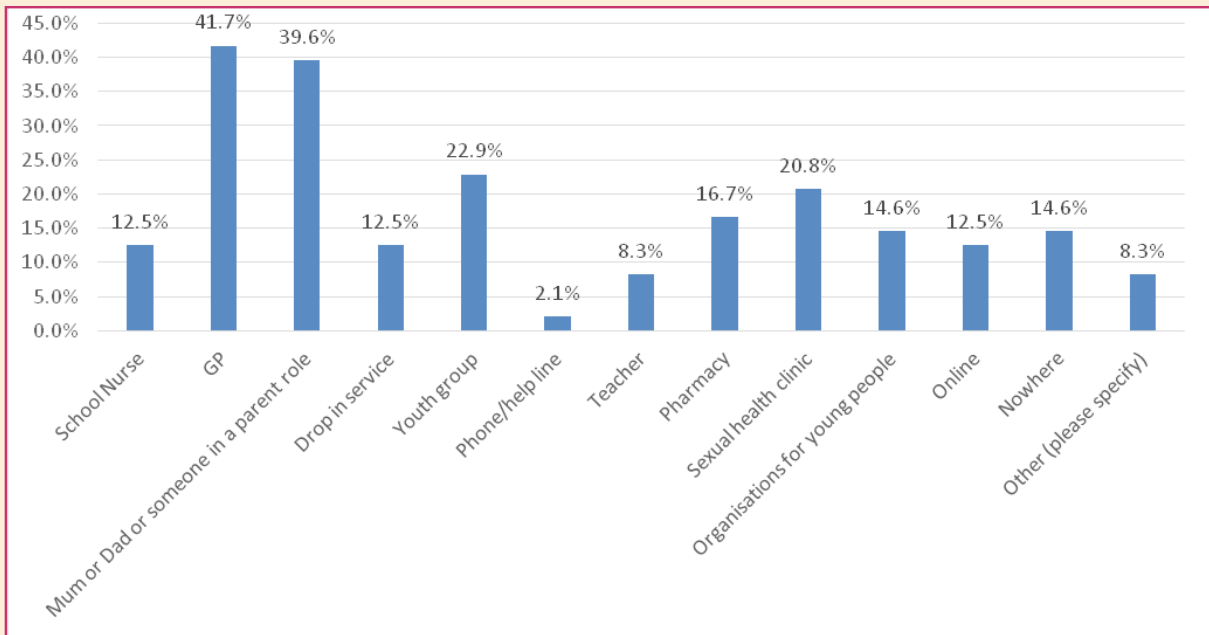


Figure 12 - Young parents

Q: Where would you like to go to get information about relationships or health issues? (Tick as many as is appropriate)

For the wider responses, 39.9% identified someone in a parental role as their preferred information source followed by their GP (29%) and online sources (26.5%). The GP is the young parents preferred information source (38.8%), followed by parents (32.7%) then drop in service (30.6%) and youth group (28.6%).

Q: Where would you go if you needed contraception?

This question was open for comment and received 515 responses. The most replicated responses included GP or Sexual Health clinic, school/college, pharmacy, youth group and supermarket. Several young people mentioned they were too young at the moment to be thinking about contraception, or that they don't yet need it and a few said they didn't know.

Q: Do you think there are any difficulties for young people in accessing contraceptive services?

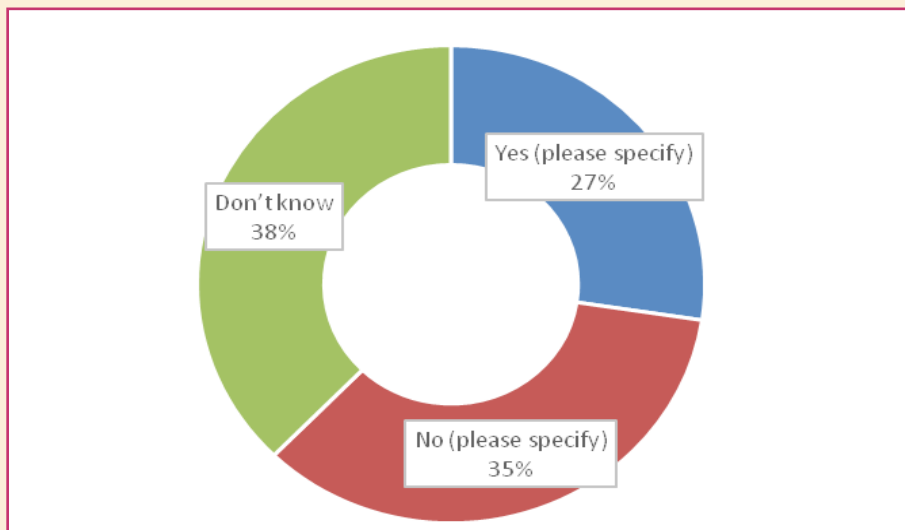


Figure 13 - All respondents

All respondents

Yes 24%

- Embarrassment is a massive difficulty for young people, they don't want adults to know they are thinking about things like that

- You are judged if you are a certain age
- Girls are afraid they will be seen getting contraceptives because they can be victimised by their peers for being a “slut” because they are sexually active or think they may become so.
- Perception of confidentiality

No 35%

- It is easy if you ask the doctors etc.
- Young people are taught about where to go for contraception in school so I don't see there being any difficulties
- There are many places to get them, some don't involve speaking to someone, face to face.

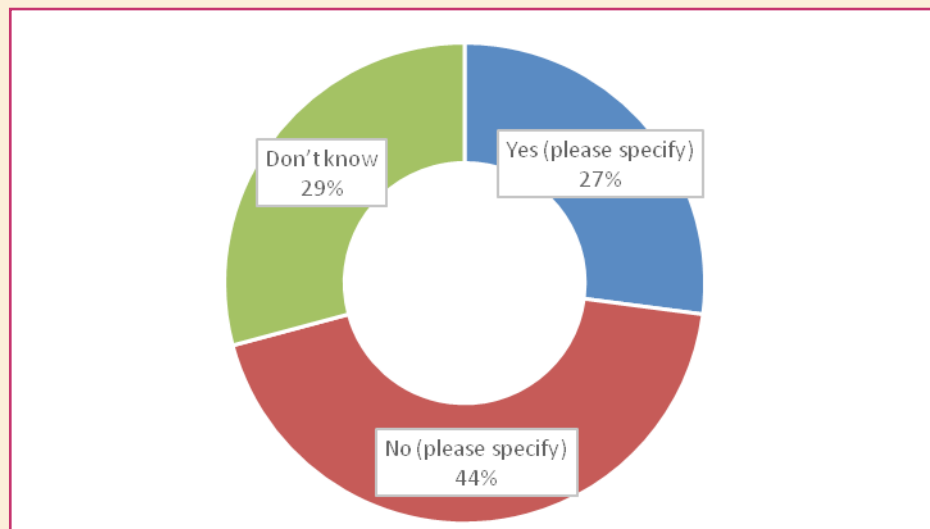


Figure 14 - All young parents

All young parents

Yes 24%

No 44%

“There is difficulties for girls as long term contraception is not talked about enough. There is not a lot of help

or support in getting contraception from a doctor; most can't talk to their parents so have to do it secretly. There is no information told about the morning after pill only that it exists."

Q: At school did you learn about:

- Relationships
- Consent
- Contraception
- Parenthood

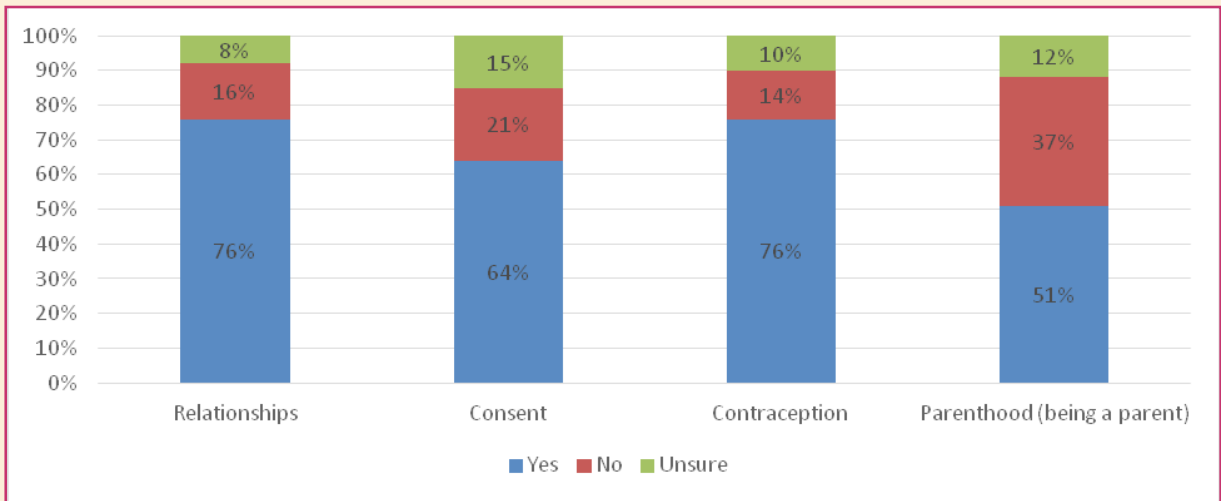


Figure 15 - All respondents

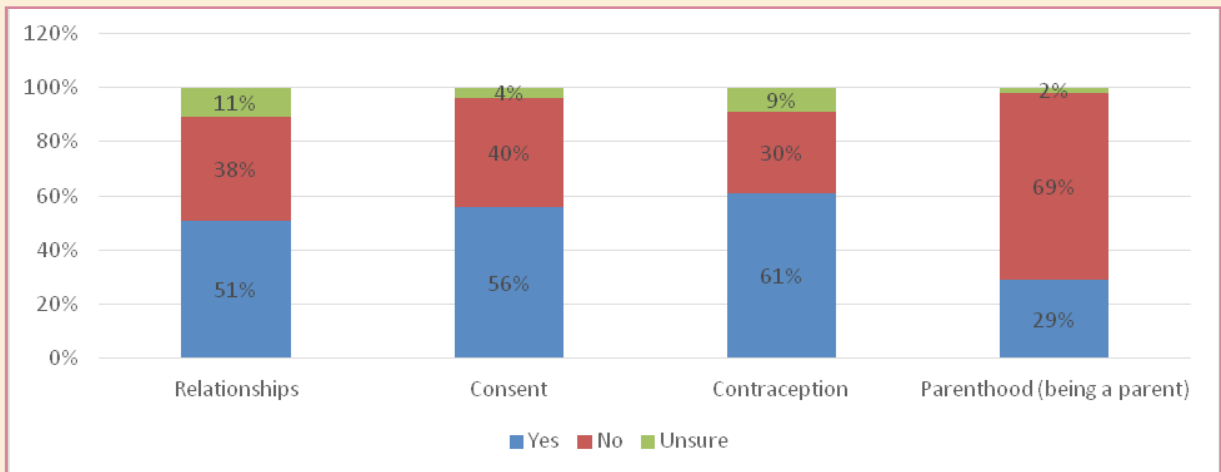


Figure 16 - Young parents

Q: Have you been taught about relationships, sexual health and parenthood anywhere else?

The majority of respondents answered no. Additional suggestions included '16 and Pregnant' amongst other television shows and personal research.

Please choose the two options you agree with most:

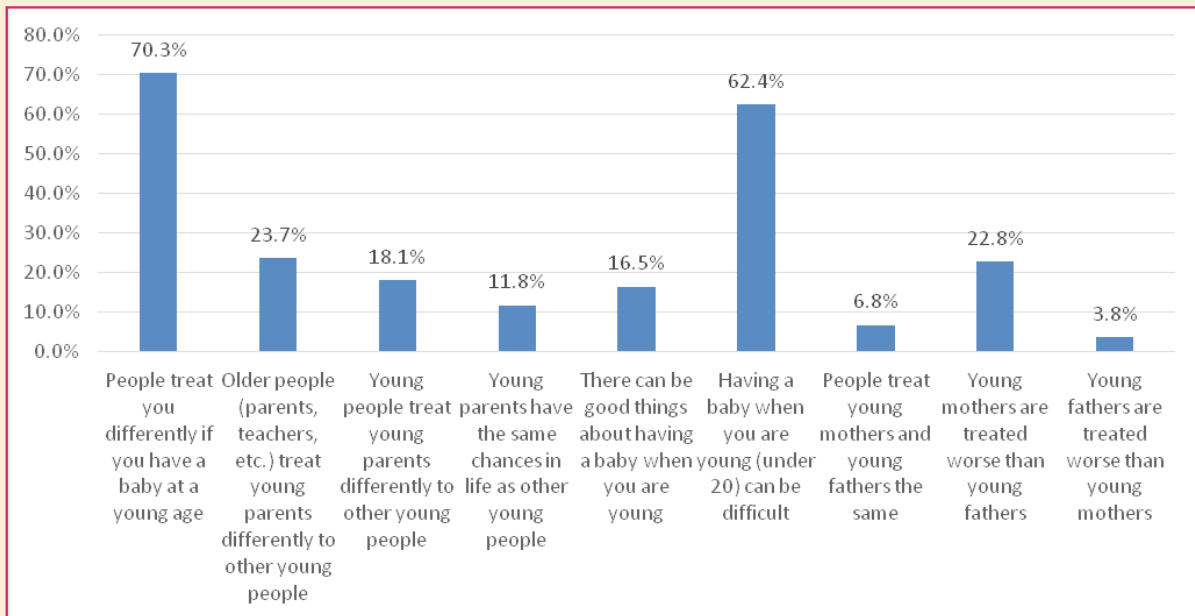


Figure 17 - All respondents

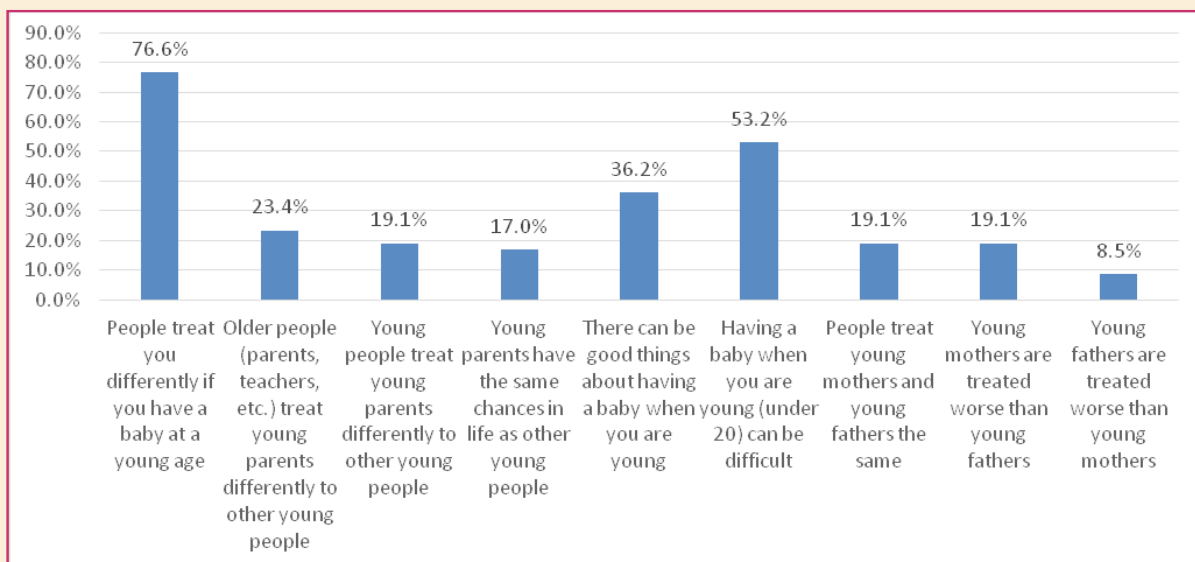


Figure 18 - Young parents

Amongst all respondents, the majority agreed that people treat you differently if you have a baby at a young age (70.3%), and having a baby when you are young (under 20) can be difficult (62.4%).

This was replicated in the responses from all young parents, who agreed that people treat you differently if you have a baby at a young age (76.6%) and having a baby when you are young (under 20) can be difficult (53.2%).

However, whilst only 16.5% of all respondents agreed that there could be good things about having a baby when you're young, this doubled to 36.2% amongst young parents.

Q: What are two things that the Government and other people could do to help those who do become a parent before they are 20?

The text analysis of the comments provides the key themes from the young people's responses to this question.

All responses

- Education
- Benefits
- Services
- Financial Support
- Support

All young parents

- Childcare
- Education
- Stop judgement
- Support

SECTION 3: QUESTIONS FOR YOUNG PARENTS.

The following questions were asked only to those selecting 'Yes' when asked 'Are you a parent?'

Q: Are there support services for young mums and dads in your area?

Almost half of respondents were aware of support services in their local area. However, a significant 31% didn't know if there were services in their area.

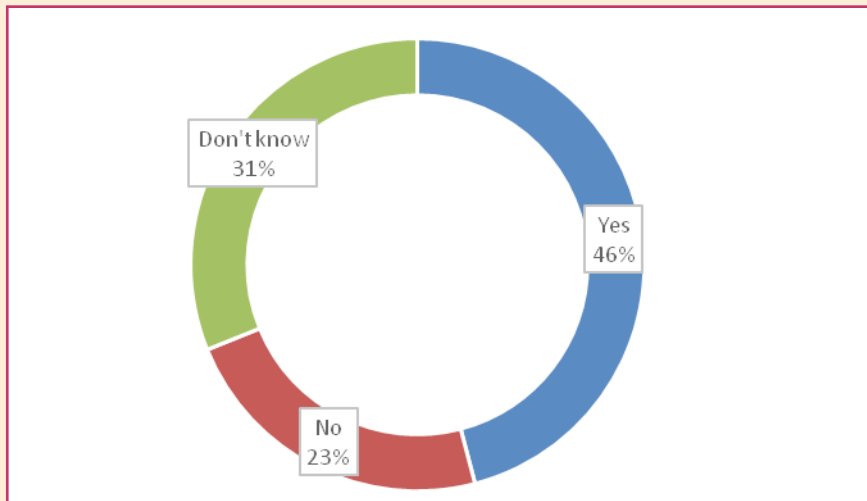


Figure 19 - Young parents

Q: Did you go to antenatal classes before your son/daughter was born?

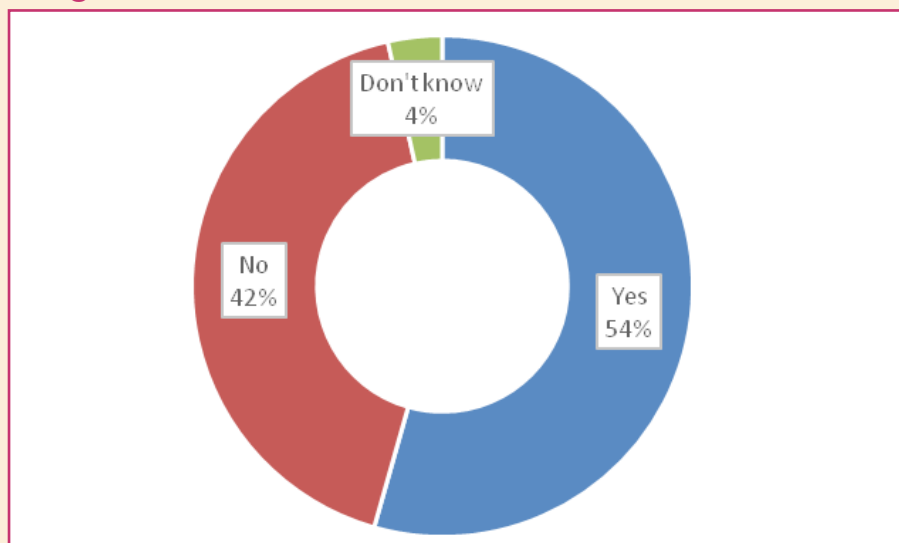


Figure 20 - Young parents

Over half of all young parents had attended antenatal classes (54% Yes). However a significant 42% had not attended classes.

Q: If yes, did you find them helpful? If no, what could have made them better?

Overall 38 comments were received, the majority replicating one word answer, either yes or no. Below is a selection of the comments provided.

Yes

“There are no support services for young dads! But I found them very helpful and enjoyed every minute!”

“Yes, but I don’t recall there being any mention of post natal depression”

No

“I had no idea there was such a thing”

“There were groups but we did not feel we needed groups we had a strong family.”

Q: What support did you receive after your son/daughter was born (post natal support)? (e.g. health visitor, midwife etc.)

51 comments were received and support most mentioned includes:

- Family
- Midwife
- Social Work
- Groups

Q: Did you stay in school / college after you found out you were going to become a mum/dad?

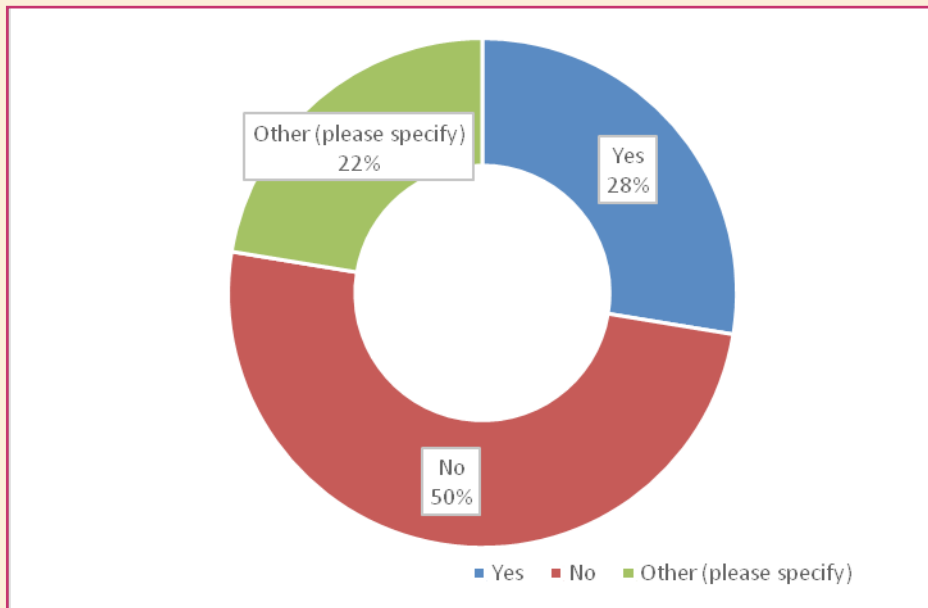


Figure 21 - Young parents

Other

- I finished that year but only took two classes
- Stayed on and returned to school with support from the project

28% of young parents responded that they stayed on in education after finding out they were going to become a parent, whilst half of respondents did not stay on in education.

The majority of those who answered "Other" had already left school or were in work.

Q: If no, would you have liked to stay in school / college?

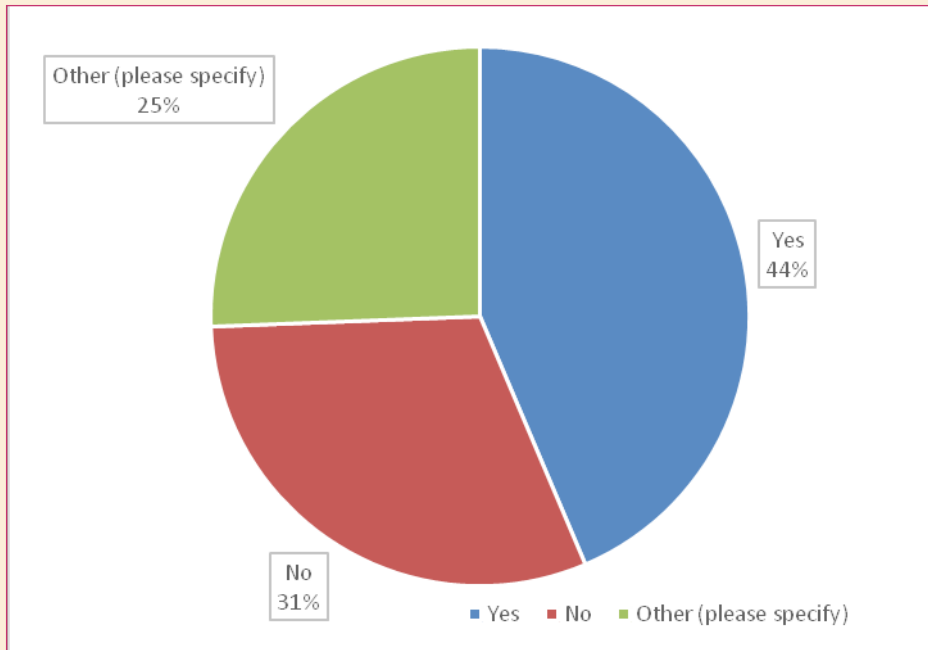


Figure 22 - Young parents

Interestingly, less than half of the young parents agreed that they would have liked to stay in education (44%), with 31% stating they wouldn't have liked to continue in education. Other responses were from people who were no longer in education and were working, although one response stated that they would have liked to stay on but they didn't know who would have looked after their baby.

Q: If who, were you encouraged to stay in school/college by:

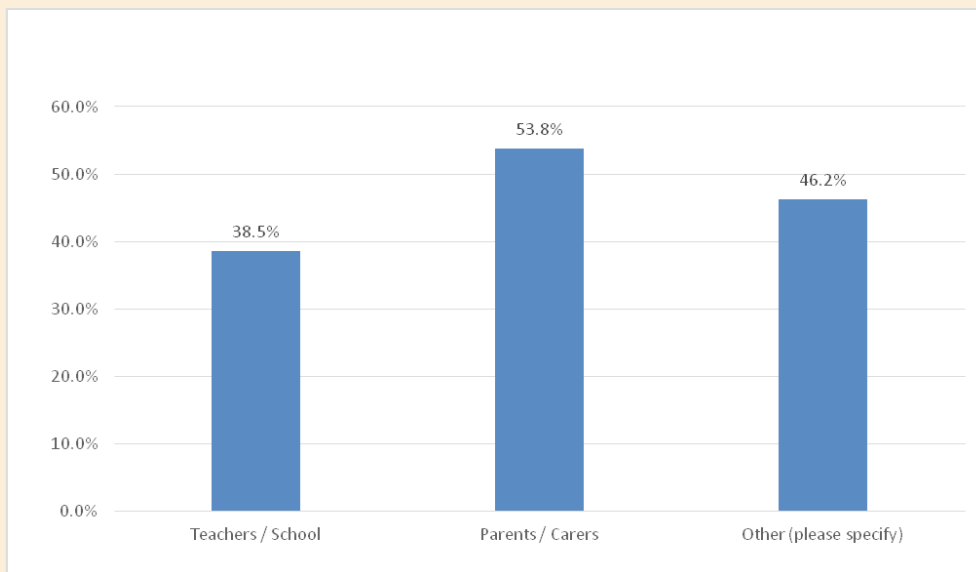


Figure 23 - Young parents

There was a fairly even split across all answers, with parents in the majority. Three respondents answered "Myself" to this question. Other responses included a local young parents project, friends, and team leader.

Q: What do you think is the one thing that would make it easier for young mums and dads to stay in school / college?

The text analysis on the 43 comments provided childcare, money and support from the school would make it easier to stay in education.

"It was easier for me to stay in school because my school has a nursery strictly for young mums which therefore is useful as you can still get your education and do your exams at the end of the year."

RESULTS

EXPLORATION WORKSHOPS



EXPLORING EXPERIENCES

-ABERDEEN-

BEFORE PREGNANCY

All participants said their families and friends influenced their lives. They said school played an important role in maintaining their social life, and on reflection providing a sense of purpose and aspiration.

DURING AND AFTER PREGNANCY

Most of the participants found out about their pregnancy between four and eight weeks, with the latest finding out at 12 weeks. For those who hadn't planned the

pregnancy, they shared the initial fear and anxiety that they had experienced about the responsibility of having a baby. Some said that their GPs were reluctant to do their pregnancy test and “just took their word for it when they said they think they are pregnant”. This is standard practice which demonstrates a lack of knowledge.

Participant E shared a very sensitive experience when she found out that she was pregnant at 15 years old. Her social worker booked a termination of the pregnancy without her consent or any previous discussion. She was unaware of this until she met with the social worker and was put on the spot with the termination arranged for her there and then, which she declined. She was very distressed and never returned to see the social worker. She was extremely unhappy, as she never considered a termination.

Many of the participants said they found it difficult to share that they were pregnant with their families and friends. In some cases they ended up in conflict with their parents or carers because of the pregnancy. One participant said she could only share the news with her father in a text, due to stress and not knowing how to talk to him about it face to face.

Some participants said that their friends turned away from them during pregnancy and new people they met referred them to as “the pregnant girl”. This contributed to them feeling alienated and excluded at college or in school.

Many of the participants said their boyfriends ended their relationship immediately after finding out they were pregnant, whereas others were able to maintain a friendly relationship with their ex-partner for the benefit of their child.

The participants shared the barriers they faced attending education. They expressed that the system in school and college can make it difficult to maintain attendance. This was particularly evident for participants who had health issues during pregnancy. At school, many faced a lack

of involvement in decision making processes about their education during their pregnancy. In addition, accessible and affordable childcare was discussed as a barrier to education.

Participant D felt discriminated against at college for being a young parent - short-term deadlines and class timetable changes made it harder for her to succeed. She also mentioned the judgement she felt from tutors who knew she was a mother. However she would still like to give college another go in the future but would require some extra support.

Participant J was signed off school while pregnant for "health reasons", however, she had wanted to attend school and she felt there was nothing wrong with her health. She wasn't involved in the decision making process.

During her exams participant C had to sit in a separate room because she could not fit into her uniform. This made her feel very unhappy and isolated.

All the participants valued the opportunity to live independently. Some of the participants have their own flats and have to deal with finance, utilities, landlord etc. without any support which they found challenging.

A few participants would like to find work once their children are older, but they have experienced discrimination in the workplace because of their circumstance as a young parent. More widely having a parental role, they expressed that employers may worry about them taking time off, particularly if they are a single mother.

Many of the group said that it is difficult to think about the future as they are so busy at the moment with their children and have no time at all to themselves. However the participants said that what matters most to them is that their children to grow up in a happy home.

-NORTH AYRSHIRE-

BEFORE PREGNANCY

When discussing before having children, the conversation centred on conception and if they had planned their pregnancy. Several were on long term contraception before getting pregnancy.

“When I was planning to have a baby, at the time I thought it was right. I thought I knew everything.”

“I was on the pill when I got pregnant with my first baby...”

DURING AND AFTER PREGNANCY

Most of the group found out they were pregnant between four and eight weeks, with one of the participants only found out she was pregnant at five months, and found the whole situation distressing and daunting.

For most of the women the pregnancy wasn't something that was planned and as such, the feelings that came along at this time were of fear and anxiety about the responsibility of having a baby. One of the participants noted that they were they first in their group of friends to fall pregnant so couldn't rely on the experiences of others.

“I was the only one out of my school group of friends, the first one”.

Instead of from their friends, judgement came from outside, at the job centre or returning to work.

“At my back to work meeting when I was pregnant with my second child I was asked if it was at least the same father.”

However many in the group had positive experiences at this point when meeting with medical practitioners, such as meeting with the doctor initially and being referred to a midwife. The group felt they could talk freely with the midwife and felt comfortable asking questions. Some of the participants recalled working with their youth worker and the Prince’s Trust too.

The group had mixed reactions to their pregnancies from family members, some finding it very difficult tell them the news. One of the participant’s mother encouraged her to have an abortion, and another’s father cut all communication after asking “can you just ‘fix’ it?” The majority of the group decided to tell friends before family, but in the end received support from both friends and family.

Finances was a major concern for the group. They found it difficult to pay bills and manage money , and struggled on little benefits (not many available to those under the age of 18) and the uncertainty of living accomodation.

Participant F recalled getting the keys to their new house just before going into labour, having very little transition time, not allowing them to set up a comfortable environment before coming home with their new baby.

When attending antenatal classes in their second trimester the participants felt isolated from the older mums in the groups, feeling they were being judged for being younger. Some of the participants would have appreciated more joint classes for mums and dads. Information such as leaflets (“Going to be a mum?”) was given out, but little value was placed on them as the information was general and not personal to them. They felt the best information was provided face to face

from someone they trusted – including friends and family members.

There was more interest in postnatal classes than there had been in antenatal classes with many attending baby massage classes, mother and toddlers groups and baby swimming classes. These groups were recommended through the midwife but many in the group didn't feel confident or comfortable attending as they felt that the other parents would have been older than them and they didn't want to be judged. The group agreed that after having one child, with prior parenting experience they would feel more confident in attending classes.

A number of the participants in the group suffered from anxiety and postnatal depression. They felt that this was made more difficult as they didn't know how to cope or who to turn to for help.

Participant S received counselling for postnatal depression, but would have liked more relevant support as a young parent. She said she should have had more information and made more aware of postnatal depression both before having her baby and after, to enable herself and those around her to deal with the situation sooner.

Some of the young mums felt confused by mixed messages from their health visitors about their postnatal care and raising their babies. They also felt that there wasn't enough time with health visitor after the birth of their child to allow them to feel confident and this should be assessed on the individual need and family support.

Living in a rural community, one of the biggest issues the group felt affected them as young parents was public transport. Having to travel on buses put them off going out, socialising and being active. Having to fold their buggy down on the bus and hold the baby make bus journeys stressful and therefore felt not worth taking.

“As you can only fit two buggies on a bus at a time, going out together as a group becomes almost impossible as you would have to get separate buses.”

Further, the cost of buses is felt to be too much, all of which cuts them off from friends and their social lives.

Childcare was also identified as an issue. The childcare in the area was perceived to be poor as there is only one child minder, so in such a rural area the group felt they have no choice but to rely on friends. The group suggested that if childcare was more readily available they'd have more opportunities to find employment and be able to support their families. This also meant that the only time they were able to find for themselves was if family or friends look after their children.

The group felt there was a stigma around being a young and often single parent, especially from elderly people.

Housing was discussed as a difficult issue. The older members of the group felt there were “less houses available now”. They compared to other friends and family members previous and current experiences. Although they agreed that it is easier to get a house when you have children, as long as you're over 16.

With only one part time health visitor in the area, it was difficult for them to receive the support they felt they needed, although the support they did receive was highly valued. Although they agreed services can be improved, the group recognised the value of the support they had from their family worker, health visitor, doctors and psychologist. In terms of looking after their children's health they found it very difficult to get doctors' appointments when needed, although there was nothing to fault in the services themselves, once they received them.

When the group was asked about young fathers roles the group shared that they are seen to have more freedom, having a choice of how to be involved in their children's lives, and perceived as having less responsibility.

One of the participants admitted that she and the father of her child got together for the sake for the children but have since split up.

The group felt there should be more recognition of the skills you get from being a parent.

“You’re a cleaner, carer, doctor...all rolled into one”.

They agreed that the best thing about being a parent is having somebody to love and who loves you, watching them grow up and having a sense of achievement.

The group expressed family focussed goals for the future - having a happy and healthy family, watching their children grow up, enjoying family holidays together and being able to support their families.

-FIFE-

BEFORE PREGNANCY

When asked about the time before they became pregnant and what information they were given in school around contraception and teenage pregnancy they could identify very little. A couple of the group remember being able to access a free condom service but they received very little information in PSE classes about sexual education and almost nothing about pregnancy.

“Thought having a baby would make a relationship last”

“Thought having a baby was just dressing babies and pushing prams”

The groups agreed that not many of them paid much attention to the sex education they recieved in school and thought that life experiences and life skills should be taught more in depth. It was suggested that you should

tell young people about what being a young parent in reality feels like: not having money and getting into debt, getting barely get any financial support when you're under 18.

The groups also discussed celebrity culture and how it can glamourise having a baby with the newest fashions in prams and baby wear.

DURING AND AFTER PREGNANCY

The main events identified in the first trimester of pregnancy were finding out they were pregnant and having their first scan. The majority of the group found out that they were pregnant after they were most of the way through their first trimester so didn't have their meeting with their midwife until their 12 week scan. Several said they would have liked to have sooner.

Participant G took "nine pregnancy tests that came back negative" before going to the doctor to request a test and then had another doctor's appointment to only then find out she was pregnant after going to the doctor about heartburn. She expressed that if she hadn't have been so persistent she might not have found out she was pregnant until much later in the pregnancy.

Other common events that were identified were visits with GPs, family nurses; midwives which the participants expressed as a mix of both positive and negative experiences. One of the young mum's shared that she'd had a miscarriage at eight weeks, which was enormously difficult and she didn't feel like she has received the support she needed or should have had.

There was very little knowledge of antenatal classes with only a few mentioning, "Mellow bumps" as an example. About half of the group made use of services such as teen pregnancy groups which they hadn't heard of previously. Most of the young mums found the groups through word

of mouth with friends suggesting they go along.

Accommodation was mentioned by two of the mums, with one who “moved out of mum’s house when [she] was 17” and another struggled to find accommodation and found the whole experience more distressing than it should have been.

“I went down the homeless route but I did not have the right information or support when I went through it”.

There were mixed experiences of the level of support they received from their families, depending on personal situations and the support they received via services, with about two thirds discussing their positive experiences of the Family Nurse Partnership and midwives.

After having their baby, the two issues that were identified as being most notable were accessing services and financial strains. The majority of the young mums agreed that the teenage parenting group and the support workers were the services that they appreciated the most, as it allowed them to be able to meet with other young mums, share experiences, and build trusting relationships with the workers. The majority of the group found these groups through word of mouth or from their midwives but felt it would have been better to know about what services are available earlier in their pregnancy so they could make use of them all. Other services accessed at this point were family health midwives and nursery nurses.

Financial barriers such as benefits and maternity leave pay impacted on accommodation needs, setting up their own homes and many rely on family for support.

“I lived at home, mum helped me through pregnancy.”

The majority of the group acknowledged that they struggled with their finances immediately after having their babies, with one of the young mums sharing that

she had to go to foodbanks, as she couldn't afford to buy enough food, "skint after having the baby for a month".

Some support was mentioned as they were "receiving maternity allowance" but a few young mums in the group had difficulties in claiming their child benefits.

When considering the future, the group agreed their goals were owning their own house; having more children; getting married; going to college; learning to drive; getting a job they are passionate about and going on family holidays.

-SHETLAND-

BEFORE PREGNANCY

All participants had left school prior to their pregnancy. Some had started further education, others were in full time employment and one was on Job Seekers Allowance. Many had an active social life before their pregnancy and spent most of their weekends out drinking with friends. Three of the participants did not plan their first pregnancies and had a varied housing situations. One participant had no fixed address and was relying on friends for short periods of time, another had their own tenancy, one participant stayed with her partner, whilst the final participant stayed in Supported Accommodation.

DURING AND AFTER PREGNANCY

Most participants said that they found out they were pregnant between three and six into the pregnancy. However, many "didn't feel pregnant in the first trimester" and another stating that she "did not use any services" at this stage. Prior to pregnancy many of the participants led busy social lives and it was evident when they found out they were expecting that this stopped.

Many felt that they had “no support from their own family at first but their boyfriends mum had been there for her”. Others had a negative experience from the outset with family “encouraging” them to book an appointment to consider apportion. During the initial stages of pregnancy a number of the participants said that it was difficult to keep it as a secret, this was due to “morning sickness and needing to pee a lot.”

Physically many noticed the development of their “bump” and this meant that their own clothes became too small and feared that they were “becoming fat although everyone was complimenting me saying I was glowing”. This was also at a time when they needed to start buying things for the arrival of the baby and realised how “expensive this was going be”.

The participants shared a mixed reaction on their awareness of available classes during their pregnancy, yet most participants knew about hypnobirthing although only some participated in the classes but were reluctant to attend as they didn’t feel comfortable or confident in amongst other expectant mothers, particularly ‘mature parents’.

Birthing plans was a key discussion at this stage of the task with the following responses:

Participant C said “I had no birthing plan, I thought you did your birthing plan when you went into labour. Turns out I did not have enough time for that when I got there!”

After pregnancy the participants felt that it was hard “to find their routine” and that this was the stage were they were ready to “build relationships” with those that they had lost a connection with. These connections were with family and friends especially those that did not understand the changes they were going through as expecting mothers.

Emotions were running high again with mothers feeling:

“Oh my I felt the baby blues”

“Self conscious”

“I felt ditched by my friends who I thought they’d be there for me but they were too busy with their own social lives. I realised that we no longer had anything in common.”

The hospital was supportive especially around breastfeeding. They felt it was important that they did not feel the pressure to have to choose breastfeeding. This was a different experience from another mum as they felt unsupported by the midwife and “that they did not have time for them”.

Once out of hospital the participants explained that they did not access many of the services available to them these included “baby bond” and “baby massage” as they felt judged by both the mothers and the service providers.

Looking back over their journey as young mothers the majority felt in a better place. This was achieved with support from agencies in particular the local Young Mums Group.

“so welcome as I could access information and advice without the need to feel judged by those around me.”

The majority of mothers were ready to have another baby and felt more prepared this time as this baby is now “centre of my life”.

Transport is a major concern for young mums living in the islands especially for those outside of Lerwick. It was felt that services need to review how they can better support participation as the local bus service could be seen as a barrier to accessing appropriate service. Therefore “learning to drive” and “passing their test” was a future goal moving forward.

Key comments from the session including “having a conversation with a partner about our choices moving

forward” and that they would have a better understanding of the “importance of family planning and being prepared for the unexpected.”

They were excited about the future and despite the difficulties they understood the need to work hard to make sure their baby got the “best start in life it deserved.”

For all of the mothers their successful future was centred around their baby and future children. Overall they wanted their to secure a happy and healthy home for their family.

FEEDBACK FOR THE STRATEGY



VIP MAP

Below is the combined map of services that all groups had been identified. The services and individuals the group identified were placed on the stakeholder map in three categories - those they used and found useful, those they'd heard of but hadn't used or would have liked more of, and those they'd had found useful.

Used/useful

- Parents and families who offer help, for example with childcare, as a key support mechanism in their lives
- Young Mums groups. Support on a daily basis, from socialising to cooking and discussing issues that are important to them, offering personal support
- Health visitors, midwives and doctors were seen as invaluable
- Family nurse partnership
- The Salvation Army are really supportive provide mums with food parcels at Christmas time (when budgets

can be tighter) and are always there if anyone needs to access them

- Other young mums

Heard of/would have liked more of

- Supported learning centres and family centres are used infrequently and could be used more effectively
- It was agreed that there was very little to no support in looking for a job, with childcare etc
- There were mixed experiences of health visitors, where they felt like they weren't interested in them or their personal circumstances
- Health Improvement offers advice on healthy eating but young mums struggled with the cost. Would have been useful to have some support e.g. fruit vouchers
- Barnardo's – Advice and support

Unsupportive/not useful

- Antenatal classes at the hospital were identified, however, only a small number of young mums attended them (two out of the group). Aberdeen felt they were often too big, perceived to be judgemental, lacking intimacy and tailored to young teenage mums a one to one approach that would nurture the relationship between them and the worker, helping them to build trust
- Welfare services – Some young mums in the group had difficulties in applying welfare services, and didn't receive any support around how to deal with this
- Travel– depending on the individual bus drivers. Some had helpful experiences, others felt discriminated against and very little support, making it more difficult for them to travel and visit services or people

GROUP RECOMMENDATIONS

ABERDEEN RECOMMENDS...

- Separate services for teen mums and young mums (up to the age of 25) should be developed as the young mums have different needs and often feel uncomfortable in a group with older mums.
- Among them they mentioned antenatal classes, bumps classes, postnatal support classes and additional young/teen mums groups.

What do you think the Scottish Government should know about young people and young parents?

1. We do not have much money – so please provide us with some affordable and easily accessible childcare, to help us and support us in our daily lives.
2. We are not stupid – we have hopes and dreams and don't want to be written off and treated different from other young people and want the same opportunities.
3. Life is not over when you have a baby – we want to go back into education and employment. We want our children to be proud of us so please support us with affordable childcare and services that are tailored to our needs to enable us to achieve our full potential.

How do you think information around pregnancy/parenting/sexual health etc. should be shared with young people?

1. Better social media awareness as a means of communication to engage with young people – Facebook should be used primarily as most of young people engage through Facebook groups and connect with others. Twitter isn't used as much by that

group and it would be less effective in the process of reaching out to them.

2. More information relevant to young parents in hospital packs. Young parents would like to get a tailored hospital pack upon the delivery of their baby that would include information that is specific to them such as leaflets from local young mums groups, local support services leaflets, a pack of information about post-natal depression for young mums and other relevant and tailored information they may need, to do with housing, benefits and childcare.
3. The government should send letters to new young mums re-affirming their support. The young mums would appreciate getting a letter addressed to them with their name on the envelope and would give them additional and much needed information about support groups and relevant local services.

What service or resource do you think the Scottish Government should provide to young parents?

1. Affordable childcare – easily accessible even in hard to reach and rural areas.
2. Easier housing process – young mums who are under 16 when they have their baby are unable to get their own council flat and that causes them a lot of stress during and after their pregnancy as they can sometimes face the worry of not having a fixed address or being homeless. Some mothers complained about waiting time to get their own flat and worried about the size of the flat, as they are often very small.
3. Access to courses in community centres which provide crèches for childcare – if childcare is available it's a huge incentive for a young mum to attend a course in the community centre or college. Often they would be unable to attend if they don't have support from their family when it comes to childcare. Having a

crèche readily available at the community centre or college would dramatically change attendance of young mums and enable them to fully integrate with the community and achieve their life goals such as finishing school/college/university or finding their way into employment.

NORTH AYRSHIRE RECOMMENDS...

What do you think the Scottish Government should know about young people and young parents?

1. Don't paint all young people with the same brush – don't label us, e.g. "young mums"
2. We need consistent support; we don't feel counted living rurally.
3. Need more thinking about the whole person and what support or people they have around them.

What service or resource do you think the Scottish Government should provide to young parents?

1. Encourage ambition and aspirations with courses and employability skills, e.g. manicure class, cooking class, with childcare support in order to attend them.
2. More regular support and more often. Support around finances, childcare, employment and going back to work would make it easier to be a parent.
3. Tailored classes for young mums and young parents.
4. Opportunities to do something together as a group, e.g. days out, allowing you to socialise with your families.

How do you think information around pregnancy/parenting/sexual health etc. should be shared with young people?

- Opportunities for peer support for parents with more

real “life skills”, practical advice from other mums and young parents.

FIFE RECOMMENDS...

Scottish Government has a role to play in campaigning in order to challenge stigma and judgement surrounding young parents, similar to other hate and anti-bullying campaigns.

What do you think the Scottish Government should know about young people and young parents?

1. The group felt they had been judged at one point in time, either by service providers or other people, just because they were young mums. This doesn't help them to support themselves or their families, and doesn't allow them to make educated decisions about their health and their lives.

“Don't judge us”

“Young parents shouldn't be discriminated against”,
“Young parents are not as immature as you think”.

2. Although most of the group admitted that it was difficult to get by on benefits and very little money, they agreed that they would rather be earning enough to provide a good life for their families.

“Not all young parents are benefit grabbers! Me and my partner both have jobs and yes we do struggle, not just people without jobs! We should all be entitled to the same.”

3. One thing the group specifically wanted the Scottish Government to know about being a young parent was that it isn't easy and every kind of support offered, practical and moral, would be welcome to most.

“How difficult it is to bring up a child on your own”

What service or resource do you think the Scottish Government should provide to young parents?

1. More groups for young parents
2. Financial support -how to apply for support but also how to manage what benefits you do have, including possible practical benefits like a bus pass, to allow them to plan for themselves and their family.

“Give you a bus pass to travel places”

“Child benefits and child tax credits to be sorted quicker”

3. Moral support - with everything they have to deal with as a new young parent they valued the emotional support they did receive and would appreciate more throughout and after their pregnancies.

“Provide moral support through schools and GPs”.

How do you think information around pregnancy/parenting/sexual health etc. should shared with young people?

1. All of the young mums agreed that they needed more information the whole way through their pregnancies and after they have their babies. One of the ways suggested was through information (hard copies) given to them at key moments in their journey, for example when they visit their GPs for a scan.

“A little booklet when you’re going for your scan. Young people do read.”

2. Information should also be provided in a way that is accessible to them 24 hours a day, through platforms they can easily access, or that they already do.

“Online midwife”

“Services that can be phoned 24-7”

3. The majority of the group would value face to face information and advice that would allow them to

fully understand certain issues to go through them in detail, rather than a one-sided discussion. They would prefer information that was specific to their situation and their needs as young parents.

SHETLAND RECOMMENDS...

What do you think the Scottish Government should know about young people and young parents?

1. "Don't judge us, don't categorise us", we just need a little bit of support.
2. "We can manage and we can adapt" as parents living in Scotland.
3. Being a young mum is "not going to stop me from doing what I want to do, it makes me want to do it better... to prove to people I can...to prove to myself I can... to make a better future for my children."

How do you think information around pregnancy/parenting/sexual health etc. should be shared with young people?

1. Provisions and services for young people focussed on young peoples needs e.g. Young Mums Group, young hypnobirthing classes.
2. Affordable/free provisions for parents to learn more about services available – sexual health and family planning. For example sexual health clinic provides such services but is on Mondays 6pm-9pm in the town centre, no buses are provided, no public transport is available due to timetables and is unsuitable for parents to attend if they have no child care.
3. Better promotion of available groups and services in local areas. Focussed on young mums, more leaflets, social media and website searches (young mums website - Scotland)

What service or resource do you think the Scottish Government should provide to young parent?

1. Securing a local Young Mums Service for all local areas in Scotland that is secured through national funding from the Scottish Government. Taking into account the views and opinions of us mums.
2. Affordable/free provisions for parents and young children to access daily linked with local transport – buses (not coaches) e.g. young mums, swimming and activities
3. A local support worker based out with the National Health Service that has dedicated time to focus on our needs. This individual needs to have a number of skills and attributes i.e. be welcoming, caring, non judgemental.

RESULTS

NATIONAL IDEAS GATHERING



All of the participants at the National Ideas Gathering were asked to mix- young people joined up with the professionals to explore young parents experiences, identify barriers and opportunities to subsequently create solutions together.

DISCUSSION

Who is the one person who truly understands you?

- Family, partner, friends
- Support workers

What is one thing that is challenging about having babies young?

- Not having as much life experience

- Lack of support and isolation from friends
- Judgement and lack of confidence
- Education, staying in school or college, and employment
- Finance and accommodation

If you could share one thing about teenage pregnancy what would it be?

- Encourage teenage parents to attend support or young parent groups
- Pregnant young people always get judged in school, like they are in the wrong
- There's a lack of group support
- Family nurse partnership does not value the importance of group peer support
- People are too judgemental of teenagers who are parents including some professionals. British society should value parents and children more
- It's not the end of the world but a new beginning
- It is stressful and you feel judged

One thing you would like to tell the Scottish Government?

- There needs to be a better partnership between health, family nurse partnerships and other services including education departments in the whole of Scotland.
- Should treat young people equally no matter what school they go to or area they live in
- Young parents need to be supported while in school and pregnant, helping them to stay on and help with child care
- Everyone up to 16 that is pregnant or a parent to be given support with criteria needed on an individual

basis.

- More groups for both mums and dads support with life skills
- Childcare needs to be less expensive and more easily available
- Housing benefit takes too long to come through leaving you in arrears
- Make education and learning more accessible (i.e. bursaries, childcare, travel)

What is one good thing about having babies young?

- You are fitter, healthier and have more energy for running around after children
- Having a long career/working life after child goes to school
- You get to spend more time with them
- You have more of an understanding of the situations they go through as you are closer in age
- Physiologically better for body
- You are still young when they are teenagers so you can relate to them
- Having the opportunity to meet new friends at young mums groups, so increase friends circle
- More fertile

What is one good thing that came out of these workshops?

- Sharing experiences and getting your point of view across
- Feeling valued
- Meeting new people and hearing other people's views
- Opportunity to influence change

- Hearing from young parents and their experiences will make a differences
- Young people having a voice, having their view/ comments influence policy
- Informing strategies with real experience and quotes

CREATING THE PERFECT YOUNG PARENT JOURNEY



- Take away the taboo of sex and educate our children in schools, as young as possible.
- Give young people and young parents more clear, direct relevant information.
- Make contraception more accessible. Take away any judgement. Enable young people to protect themselves.

- Educate health professionals to understand the needs of young parents.
- Provide a safe zone for young parents to express how they feel and ask any questions they need to.
- Make antenatal groups more visible and relevant, providing support for expectant mums and dads.
- Family nurse partnership to work in partnership more with voluntary sector groups and place more value on the peer/group sector
- More funding to run teen parent groups and to offer new opportunities
- Allow young parents to support each other and learn from each other by providing a space for them to do so.
- Child benefits and tax credits are too complicated and take too long to come through. Simplify and speed up the system.
- Simplify job centre processes and provide to support to those that need it. For example travel expenses, childcare, and some flexibility for new parents.
- Provide more young mums and dads services, in local areas, and promote them widely.
- Provide more awareness and understanding of postnatal depression and social isolation for new parents.
- Providing affordable childcare so new young parents can make the most of opportunities.
- Support young parents to be aspirational to achieve the future they want for themselves and their family.

QUICK IDEAS AND SOLUTIONS

The participants were randomly divided into three mixed groups of young people and steering group representatives to draw out and describe solutions to the barriers identified through the perfect young parent journey. Each group was asked to come up with an idea or recommendation, with a title, description, target audience, and distribution plan.

Team 1 - "Peer Led Workshops"

Peer-run workshops would create awareness, understanding and empathy for young parents. Peer educators, sharing their own experiences and using tools such as role-play in schools, colleges and youth groups, would facilitate these workshops. They would cover topics such as pregnancy, homelessness, abusive relationships, finance and life skills all things that the group felt were important for young people to understand, not just for young parents, from secondary school and up.

Not only would this create a better understanding for all young people of the impact of parenthood at a young age but would also help young parents to feel less isolated and alone.

Team 2 - "Two sides of the same coin."

Create a flexible system to treat young people based on their individual needs. The first part of this solution focuses on providing information to young parents, around practical advice on finances, benefits, and support.

The second focus would be on providing suitable childcare to allow young parents to further their education and career in order to support their families. This joined up approach should be provided through pregnancy and continue into their journey as a young parent. This helps to combat the complexity of the system and allows young parents to develop their skills.

The information could be provided through a variety of mediums that are already a part of the lives of young people, for example job centres and social media. The practical support, providing childcare, would allow them to make use of the information.

Team 3 - "Young Parent Google"

The third group developed a concept of a tailored "Google" style website but specifically for young parents, providing practical information and support, how to guides, local opportunities with a potential social aspect, sharing views and experiences with other young parents. This could potentially be accessed as soon as the young person fell pregnant, gaining access through their midwife using a specific account made for them.

As an extension of this idea, the group also considered using blogging to share the views and experiences of young parents. Creating content through different media, video, images and sharing experiences, would help other young parents to feel less isolated and that others may be going through similar situations.



CONCLUSION

This project has provided an invaluable opportunity for young people to co-design the Scottish Government's Teenage Pregnancy and Young Parent Strategy.

Through this process young people have shared views, explored their experiences and provided vital insights in order for the Teenage Pregnancy Strategy (TPS) Team in Scottish Government to understand how young parents think the aims of the strategy could be achieved, namely:

- Achieve a reduction in unintended teenage pregnancies
- Respond effectively to teenage pregnancies
- Achieve positive outcomes for young parents

This report recognises that many of the participants experiences are shared by others in society, young parents may be more likely to require individual sensitised services and support.

It's clear that the young people who participated felt that in society young parents face judgement and stigma that make them vulnerable and more likely to be/feel isolated. Several of the groups who participated felt labelled and were keen to challenge the perception society has of young parents.

The participants want equal opportunity to create and work towards achieving their own aspirations and life goals. Caring for their children is at the top of their agenda. The majority of the young women we worked with want to independently have responsibility and care for their child with support where appropriate.

However, the participants felt that formal and informal support should be more accessible and relevant to their individual needs and circumstances. Developing and maintaining positive trusted relationships with key professionals (such as GP's, social workers, midwives and youth workers) is vitally important to build up social and life skills - particularly for those who lack support from family and friends.

Although the participants had a negative perception of antenatal and post-natal classes, most felt that young parent specific groups were more relevant to them. Local professionals and young parents feel there is potential to build on their local offer, but are concerned about the lack of funding and consistency across Scotland.

There was a general consensus that sex education in schools needs to improve and be integrated across the curriculum. Sex shouldn't be a taboo subject, yet the social norm for many young people (and teachers!) is to be embarrassed about it. The participants want to challenge the approach to education and for there to be better local connections with youth work, sexual health clinics etc. and peer led education.

Information, both content and format, could be more young parent friendly and peer led. Communication of information is often disseminated and diluted - young parents want up to date, accurate, relevant 'real' information that they can access whenever they need it.

Young parents agreed that they need more opportunities to develop life skills around areas including financial capability, healthy eating and independent living to ensure they are equipped to look after their family.

Access to childcare (and funding) can be an enabler, particularly for those who do not have the support of family or friends. Childcare can provide the opportunity for individuals to socialise, attend groups, get an education or job.

Particularly those living in rural areas struggled with location based isolation and felt that transport improvements would enable them to get out the house, attend group sessions and medical appointments. Without access to transport, young people shared it would be more difficult to get an education or a job.

Most young parents felt unprepared for the financial constraints of living independently and/or supporting their child. Depending on skills and experience, many found it difficult to get/maintain a job. They felt benefits are difficult to access and many struggled to understand what support they may be entitled to, particularly around housing.

Through this process, we have developed an understanding of young parents lives and we recognise each individual has personal and external factors impacting on the positive or negative nature of these experiences.

Allowing the young people to explore their pregnancy and parenting experiences first hand has empowered them to be proactive, that they have rights and to know that they are not alone - they share experiences with many other young people and parents in Scotland.

We now must ensure that we continue this process, to remove judgement and stigma, build resilience and, ultimately, support young people (and their children) in Scotland to achieve their dreams.

CONTACT

For more information about this report or to discuss any aspect in more detail, please contact:

LISA MURPHY
CO-DESIGN MANAGER

TELEPHONE: 0131 313 2488
EMAIL: Lisam@youngscot.org
ADDRESS: Rosebery House,
9 Haymarket Terrace,
Edinburgh EH12 5EZ

CONTACT:

We are happy to consider requests for other languages or formats.
Please contact info@youngscot.org

Published by: Young Scot | Rosebery House | 9 Haymarket Terrace |
Edinburgh | EH12 5EZ | T: 0131 313 2488 | www.youngscot.net

Young Scot Enterprise (known as Young Scot) is a company limited by guarantee,
registered in Scotland, No. 202687. And is a registered Scottish Charity, No SC029747.
Registered office: Rosebery House, 9 Haymarket Terrace, Edinburgh, EH12 5EZ

