A WINDOW ON THE SYSTEM: A CRITICAL ANALYSIS OF THE CONSTRUCTION OF TEENAGE PARENTS IN SERIOUS CASE REVIEWS IN THE UK
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Vulnerability and responsibility

‘Vulnerable young parents’ that are ‘difficult to engage’

• ‘Youth’ viewed as risk factor
• Referred to as a ‘vulnerable young parent(s)’ (Child M, Dorset 2017), often without further qualification despite multiple “risk” factors in their lives.

‘They were teenage parents with a complex history, had missed appointments, there was some drug use, there were some concerns about housing conditions and father’s mental health and domestic violence...’ (Child J, Oxfordshire 2015).

‘Adolescent’ behavior as rationale for non-engagement

• ‘Adolescent ambivalence’
• Tension between the discourse of teenagers as vulnerable, and teenagers as difficult and resistant
• Start again syndrome: impossible in contexts of overwhelming histories of trauma and struggle?

‘Mother’s lack of compliance [with social workers/community support] was mainly as a product of her youth’ ‘adolescents are often difficult to engage’ (Child G, West Sussex 2015).

Tension in supporting the child, and, parent as child

• Little indication that the teenage parent, still also legally a child, required unique support
• Infantcentric professional practice: where the infant is considered in isolation from the parents
• Some exceptions

‘... the need to consider young people under 17 as a child in their own right, and to include an assessment of their own needs as well as those of the unborn child’ (Sibling 1, 2, and Baby G, Lincoln 2015)

Gendered care practices

• Responsibility disproportionately placed on the mother (even when father was perpetrator).

‘The mother knew enough of the father’s aggressive or volatile behaviour to have been able to make a reasonable judgement that he was not a safe, sole carer for her newborn baby, and hence she did not act with levels of protection deemed reasonable for a mother’ (Liam, Brighton and Hove 2015).

Methodology

• Discourse analysis (Foucault 1976)
• Document analysis (Prior 2003) Document - agent in its own right, represents a set of discursive practices that exist beyond the document.

Method

• Database: The National Society for the Prevention of Cruelty to Children (NSPCC) hosts UK SCR repository; publically accessible
• Search terms: teen pregnancy/teenage parenthood
• 52 cases identified (2011–2017).

Data-analysis

• Statistical overview (see below)
• Thematic analysis: a priori focus on the construction of teenage parents within SCRs.

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father/partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD/disability</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>Poor school</td>
<td>8 (15%)</td>
</tr>
<tr>
<td>Mental health</td>
<td>14 (26%)</td>
</tr>
<tr>
<td>Drugs and alcohol</td>
<td>6 (11%)</td>
</tr>
<tr>
<td>Violence</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>Crime</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Homelessness</td>
<td>3 (6%)</td>
</tr>
<tr>
<td>Looked After Children</td>
<td>11 (21%)</td>
</tr>
</tbody>
</table>

What is a Serious Case Review?

A multidisciplinary review conducted when a child who has been involved in child protective services has died or come to significant harm in the UK.

• Lessons to be learned in how practitioners safeguard and promote the welfare of children
• Chronology of multidisciplinary involvement preceding an event, to improve future practice.
• Public documents that render the multiprofessional team accountable for learning and responsive practice.

Discussion

• A ‘common sense’ understanding of vulnerability but evidence located in traumatic life events
• Optimistic approaches in tension with the challenging reality of the young parents lives
• Assumptions of ‘adolescent’ behaviour led to practitioners stepping back where there was ‘lack of compliance’ or ‘manipulative’ behaviour
• Independence - typical adolescent developmental process, yet dismissed as rejecting professional intervention
• Practice typically infantcentric and gendered - renders the parent, whatever their age, responsible for the protection of their child.

Conclusion

• Shift to a contextualized way of working
• Question normalized ‘adult shaped’ gendered practice
• Acknowledge the unique needs of teenage parents and act on this knowledge
• Resources to be deployed in pro-actively supporting teenage parents and contributing to the avoidance of harm
• Difficult to work in a strengths-based way within a risk-based framework.

References


Chapter in:

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