



What it takes

Supporting pregnant and parenting young people

The Association of Women Educators

by Kay Boulden



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In memory of Nicoline Kovatseff

“As a young parent I have been exposed to the determination of our community to address our needs and to support young mothers. I feel less ashamed and it has been reinforced that I should be proud. Thank you.”

Feedback from a symposium participant



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Executive summary

Key messages

- The incidence of teenage pregnancy and parenting is strongly related to the **quality of life experiences of girls throughout their childhood**, in the family, the community and in schools, which shape their identity and expectations, their decisions about relationships, sexual involvement and their capacity to negotiate the use of contraceptives, as well as the decisions they make when they find themselves unexpectedly pregnant.
- While some serious health risks are involved in pregnancy in girls under 15, the majority of negative outcomes of teenage pregnancy and parenting can be ameliorated by **quality service provision**.
- Improving outcomes for pregnant and parenting young people also means **improving the prospects of their children** for living healthy and happy lives.
- **High quality youth-specific services** are the key factor in helping young people make appropriate choices about unintended pregnancy, and in helping those who choose to become parents to do so with support, dignity, security and an optimistic attitude towards the future.
- **Support services are too few in number, too poorly funded and inequitably distributed** to meet the needs of young people for advice on sexual and reproductive health, and on issues related to early pregnancy and parenting, around the country. There is little provision in rural and remote areas, and little specialised provision for diverse groups of young people with particular needs. Funding arrangements are inadequate and ad hoc, meaning that organisations supporting pregnant and parenting young people often struggle to provide services over time.
- A range of initiatives to ensure pregnant and parenting young people remain engaged in or reconnect to **education and training** is required, as a pivotal strategy for supporting positive outcomes for young parents and for their children. Such initiatives must be part of the core provision education and training authorities make in response to the diverse needs of the student population.
- The experience of teenage pregnancy and parenting is not uniform; there are significant differences between various groups of young women, depending on socio-economic status, location, culture and language backgrounds, and educational achievement. **Further research is needed** to understand and respond to these differences, and to provide an evidence base for future support initiatives. The need is especially urgent in relation to the much higher levels of teenage births in the Aboriginal and Torres Strait Islander community.
- **Proactive work** is as important as responsive service delivery. Work is needed to assist girls to negotiate contradictory media messages about the value of women, and the impact of such messages on girls' and young women's identity and attitudes to the future.
- A significantly higher level of attention must be paid to the provision of high **quality sex and relationships education**, both in schools and in the community, as a critical part of reducing the incidence of unintended teenage pregnancy.
- There is a high level of need for **coordination of, and communication between, services** supporting pregnant and parenting young people across the country to improve interagency sharing, coordination and linkages, to develop a national directory of services for young people, and to advocate for increased understanding of, and improved responses to, the needs of pregnant and parenting young people and their children.
- **A public education campaign to challenge negative stereotypes** of pregnant and parenting young people in the Australian community and promote awareness of their capacities as well as their needs is key to supporting pregnant and parenting young people engage with confidence in building happy, healthy and productive lives for themselves and their children.



Recommendations

- A national approach to **reducing the incidence of unintended teenage pregnancy**, and to improving outcomes for pregnant and parenting young people (including young fathers) and their children be developed, as a matter of urgency, through the mechanism provided by COAG.
- A long-term proactive strategy to reduce the teenage birth-rate be developed and implemented. Such a strategy should be part of a whole-of-government effort to **reduce inequalities in the lives of families**, thereby addressing the factors which predict higher rates of teenage motherhood amongst particular social groups.
- A national whole-of-government working party be convened to develop a comprehensive strategy to **reduce negative outcomes for young people and their children associated with early parenting**, and to coordinate joined-up service delivery which responds to the diverse social, cultural, geographic, and economic circumstances of young families.
- A national working party of education authorities be convened to develop, implement, and monitor policies and programs that meet the need to **retain diverse groups of pregnant and parenting young people in education and training** and to **reconnect those who have left school before completion** of a Year 12 equivalent qualification.

AWE's support for pregnant and parenting young people

The Association of Women Educators (AWE) is a long-standing national association which works to further the participation of women and girls in education. AWE has been committed to actively supporting pregnant and parenting young people to access education and training. AWE's commitment was initially demonstrated by its advocacy for, and support of, the development of the first state education policy in Australia to address the retention of pregnant and parenting students in schools, developed in Queensland in the 1990s.

With support from the Australian Government Office for the Status of Women, AWE was able to publish the monograph, *Present, Pregnant and Proud*⁴ in 2000, describing good practice in schools around Australia. In 2002, with the support of the then Minister for Education in Queensland, the Hon. Anna Bligh, AWE followed up with *Step by Step, Side by Side*⁵, a handbook for schools on developing supportive learning environments for pregnant and parenting young people. In 2005, again with support from the Australian Government Office for Women, AWE conducted a national seminar series on the issues schools and colleges needed to consider when trying to maintain young women's engagement in furthering their education and training. Since that time AWE has lobbied for further research in relation to issues of teenage pregnancy and parenting in Australia's remote Indigenous communities, and research on the services pregnant and parenting young people need in order to build positive futures for themselves and their children.

By 2009, a number of state governments had developed policy positions on keeping pregnant and parenting young people engaged in education and training, and a substantial number of responses had been generated by community-based services to support young pregnant women and young parents. These responses were a positive and important step forward, but they fell a long way short, in terms of coverage and a whole-of-government approach, of the nationally coordinated whole-of-government response developed in the UK a decade earlier. The availability of substantial school-based programs also remained sporadic and disappointingly small.

With these things in mind, AWE successfully applied to the Australian Government Office for Women for assistance to run a national symposium in Brisbane in 2009. The purpose of this symposium was to bring together stakeholders from a variety of fields to share information and insights on the kinds of supports which best minimise the risks young parents and their children may encounter. National attention at this time was focussed on the early childhood agenda and the need for policy and support services to improve access to, and participation in, early childhood programmes. The early childhood agenda is based on the conviction that enhancing early childhood education experiences will in the long term improve the social and educational opportunities and outcomes of Australian children and benefit Australian society as a whole. It was timely to turn our attention once again to the fact that supporting young parents to nurture their children and their futures also makes an enormous contribution to well-being in families and communities, and contributes to a stronger future for the country.

The symposium sought particularly to enable the voices of pregnant and parenting young people to be heard, and the opportunity for both their challenges and their successes to inform the development of a national network of agencies and advocates to secure better support in all parts of the country.



The 2009 Symposium

The *Supporting Pregnant and Parenting Young People* symposium was held on August 4th and 5th at the Brisbane Convention and Exhibition Centre, attracting 150 participants from around Australia including young parents, representatives from health, education, community and school-based services, researchers, and representatives of diverse communities, including refugee and remote Indigenous communities.¹

There was a disappointingly small representation of government departments and policy makers, however, which underlined the point raised by many participants during the symposium that it remained difficult to keep the attention of governments focussed on this issue.

Setting the scene

The keynote presentations provided a context for the panel presentations and discussion that followed. In her address, Kay Boulden provided an overview of the context in which services are operating, and explored the similarities and differences in teenage birth-rates over time and in different parts of Australia.

Birth-rates

Teenage birth-rates in Australia are measured by the number of births to girls and women aged 19 and under, per thousand live births. In 2008 the teenage birth-rate in Australia was 17.3 per 1,000 live births. This represents a dramatic fall over the last forty years from over 50 per thousand live births in 1970 to fewer than 20 per thousand in the late 1990s, where it has remained (see the graph overleaf).

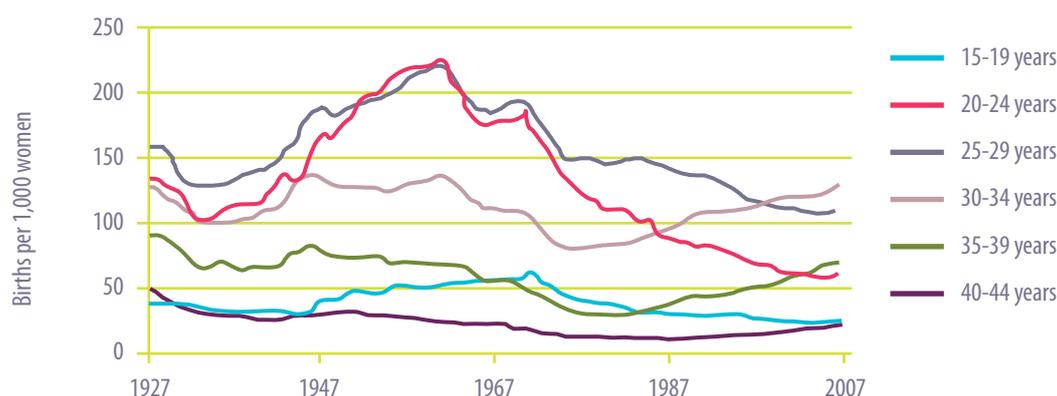
While the teenage birth rate in Australia is lower than in the UK and the USA, it is high in comparison to other countries in the developed world.

Country	Births per 1000 15-19 year olds–2006
USA	41.9
UK	26.7
Australia	16.1
France	7.8
Denmark	5.1
Netherlands	3.8

Source: United Nations Statistics Division (2006) *Demographic Yearbook 2008*. New York. United Nations.

1 See Appendix A for the symposium program

Age-specific fertility rates 1927 to 2007



Regional differences in teenage birth-rates

There are also quite significant differences between teenage birth-rates in various states and territories, which correspond in part with degrees of urbanisation, socio-economic profiles, and levels of remoteness in different parts of the country.

State/Territory	Births per 1000 15-19 year olds–2008
New South Wales	14.0
Victoria	10.7
Queensland	24.7
South Australia	18.3
Western Australia	22.8
Tasmania	27.6
Northern Territory	52.6
ACT	8.0

Source: ABS. *Births Australia 2008*. Catalogue 3301.0.

There are significantly higher birth-rates for teenagers living in remote areas, most likely reflecting differences in access to both contraception and termination services. Aboriginal and Torres Strait Islander young women, especially those in remote communities, have the highest rate of teenage births in Australia. In 2007, 4% of all babies in Australia were born to teenage mothers, while 19% of all Indigenous babies in Australia were born to teenage mothers.¹¹

Some of the factors that account for these differences are explored in more detail in a later section of this report.

Pregnancy and termination

Although it is important to distinguish between teenage birth-rates and conception rates, since there are significant implications for policy development, it is difficult to accurately measure rates of teenage conception in Australia, because data are not routinely collected as they are in other countries such as the UK.

However, an estimate can be made by adding the birth rate to the available information on terminations of pregnancy in the teenage age group. The usual estimate, based on *Medicare* data, is that the teen conception rate is twice the teen birth rate.¹² While most researchers suggest that the *Medicare* data underestimate the number of terminations performed,¹³ (and because of great variability between states and territories in data collection methods and publication), it is clear that Australia has one of the highest rates of teenage terminations in the developed world.

And that means a significantly higher number of teenagers become pregnant in this country each year than the teenage birth-rate alone might suggest, raising a number of questions about access to, knowledge about and skill and confidence in using contraception, and about the state of sex and relationships education.



“It changed how I think of myself as a young parent.”

Speakers suggested that a challenge in responding to issues of teenage pregnancy and parenting was to look beyond statistics to the human beings at the centre of each story, to bring into focus the real experiences of real people—real mothers, real babies, real children, real families—and to communicate the insights we gain to those who have the power to make changes and help the sector make a difference.

For example, available research makes clear that for those young women most likely to decide to proceed with an unintended pregnancy (those who have left school very early, who have experienced difficult family backgrounds, and those who have been in state care, for example) the prospect of a baby often resonates with a deep need for love and a sense of belonging, of mattering deeply to someone, and gives a sense of purpose that may otherwise be lacking. The need to pay attention to the emotional component of decision-making in relation to unintended pregnancy, goes hand-in-hand with the need for preventative work focussed on the quality of life experiences of girls throughout their childhoods, which will shape not only the decisions they make when they find themselves unexpectedly pregnant, but also decisions about relationships, sexual involvement and negotiating, for example, the use of contraceptives.

While the research data do paint an at times worrying picture of the implications of teenage pregnancy for both mothers and children, key issues which may modify response to those risks need to be addressed in framing policy responses.

However, there is still much we don't know about the way young women make decisions about unintended teenage pregnancy. The available statistics show significantly higher birth-rates for teenagers living in remote areas, and amongst Aboriginal and Torres Strait Islander young women, while rates of termination of teenage pregnancies are much higher in urban areas. We assume that part of the reason for this is to do with access to services and support, but there are undoubtedly other factors involved that have considerable effect and about which we have only scant understanding, a situation that needs to be rectified if well-

targeted policies and strategies are to be developed.

The symposium was described as an opportunity to encourage others, especially those who make decisions and who shape opinions, not only to learn more, but also to reflect more on the individuals who make up the category 'teenage parents', and to try to see the world through their eyes. Are, for example, our social, political and funding responses to teenage pregnancy and parenting based on a deep understanding of what is going on in the lives of young parents and their children? And are they sufficiently generous, flexible, long-lasting and responsive to each individual's circumstances to really give young parents and their children a good chance to overcome the barriers to good health, good education and a bright future that early motherhood often creates?

Moreover, there is important proactive work to be done. The contradictions girls and young women must negotiate in making a pathway to adulthood are important in this regard. For example, messages about women that valorise blissful motherhood on the one hand and seductive self-absorption on the other should be explored in relation to their impact on young women's identity and attitudes to the future (as well as to teenage pregnancy and parenting) which are shaped in significant part in the context of the media-saturated society in which we live.

The panels

The highlight of the symposium was the chance to hear stories from the four panels, all of which included pregnant and parenting young people speaking about their own experiences. The panels were:

- Young, pregnant and parenting—young women speak about their experiences.
- Teenage pregnancy and parenting—issues in remote Indigenous communities.
- Community-based support services.
- Education and training-based support programs.

The standout message was that high quality youth-specific services are the key factor in helping young people make the choices about

“Working in network groups on issues such as refugees was priceless.”

“An amazing eye-opener.”

unintended pregnancy that work best for them, and in helping those who choose to become parents to do so with support, dignity, security and an optimistic attitude towards the future. An equally important message is that service provision needs to be much more responsive than is currently the case to the diversity of location, language and culture in the youth population.

The response

The response to the symposium was highly enthusiastic:

“An amazing eye-opener.”

“It changed how I think of myself as a young parent.”

“Working in network groups on issues such as refugees was priceless.”

Participants said in their feedback that the most highly valued aspects of the symposium were the opportunities afforded to:

- improve their knowledge of the range of services and programs around the country;
- engage in national networking; and
- hear first hand the stories of young people from diverse backgrounds.

Participants also expressed the wish to hear more at future symposiums from funding bodies, including *Centrelink*, as well as policy makers, and politicians. They wanted a stronger focus on research, young fathers, and issues related to adoption and abortion. They planned to use their learnings from the symposium to:

- share information with the agencies they represented;
- implement new ideas and give an increased focus to continuing education; and
- review and evaluate programs to provide improved services.

In relation to desired ‘next steps’ from the symposium, the most frequently expressed opinions were the need for:

- both state and national networks;
- improved interagency sharing, coordination and linkages;
- the development of a national directory of services for young people;
- more intensive lobbying for increased and more secure funding; and
- better access to up-to-date research.

The majority of participants were very supportive of the formation of an online network which would provide regular newsletters, forums and bulletin boards; a shared database of services for workers in youth-related agencies and





departments to develop 'communities of interest' and sustain connections; and the use of video-conferencing and teleconferencing facilities for networking purposes. There was strong support for conducting future national symposiums and workshops in different states, supplemented by local network meetings, which could provide feedback to regional and state groups and inform working parties focusing on the development of policy and research.

What we heard

The symposium was a rich source of information, drawn from both academic research and the lived experiences of pregnant and parenting young people and those who work directly with them. Community and school-based services from around Australia were represented, and speakers outlined some of the current data and research on teenage pregnancy and parenting in Australia. While the majority of stories from young mothers at the symposium were highly encouraging, this was to be expected in a situation where young mothers became involved in the symposium because of their involvement with well-regarded support services. A number of them had made the transition from being a client of a particular service, to working in it to support other young women in similar situations.

It is very important to bear in mind that outcomes for teenage parents are not always as positive. Many struggle with little in the way of family support, making decisions without professional assistance, and doing the best they can in sometimes desperate circumstances. The services represented at the symposium were united in their desire to achieve much greater coverage, pointing out the limitations on the reach of their programs as a consequence of funding constraints, and the lack of resources to enable outreach services to be provided to the many young people unable to access centre-based services, still largely located in capital cities and larger country towns.

They pointed in particular to the limited availability of residential programs for pregnant and parenting young women, the lack of appropriate services for young women from culturally and linguistically diverse backgrounds, for Indigenous young women, and for young

women with disabilities. They identified a dearth of initiatives focusing on preventing unplanned teenage pregnancy through promoting amongst young people a genuine understanding of their own bodies, emotions, and rights in relationships, empowering them with the capacity to make informed choices. They also regretted that little is being done to support parents and other family members to better understand and support their pregnant and parenting young people. In addition, there was widespread support for a stronger focus on understanding and connecting with young fathers and identifying their issues and needs.

Unintended teenage pregnancy and parenting: Voices from the field

Panels over the two days of the symposium focussed on young women's experiences in responding to unintended teenage pregnancy and parenting, with stories from a range of both school-based and community-based support services. While some strong themes emerged, there were also, as was to be expected, great variations in the stories shared.

Panel presentations were followed by discussion groups in which all symposium participants were involved, and which developed responses and recommendations on the basis of the presentations. What follows is an attempt to encapsulate the key issues raised in the discussions.

Information and education about sex and relationships

There was a strongly held view among symposium participants that a much greater focus was required on reducing unintended pregnancy delivered in ways that empower young women to make well-considered decisions. Discussion centred on sex and relationships education, although participants acknowledged that the issue had many more dimensions than could be canvassed in the time available.

School-based sex and relationships education was seen as being the most effective tool for delivering comprehensive knowledge and understanding about reproductive and sexual health to all young people. Participants stressed the need for such programs to be culturally appropriate and accessible, and to focus on more than the biology of sex, rather assisting young people to develop relationship, decision-making and communication skills as building blocks for choice. They raised the urgent

need for better preparation of teachers to deliver sex and relationships education through both pre-service and in-service training, a view which echoes the findings of Mitchell and Walsh in their paper *Sexual health education today: towards a national curriculum?*^{vii}

It is worth quoting at some length from what they had to say.

Research shows us that Australian secondary students see school programs as their most useful source of information about sexual health and relationships... Despite this, sexual health education in Australian secondary schools is at present inconsistent and ad hoc and has been so for many years. This is not to suggest that there is no will to establish consistent provision. All states and territories have key learning areas within their health and physical education frameworks which designate age appropriate sequencing and learning outcomes in relationship and sexual health education for students in primary and secondary school level to Year 10. In relation to Years 11 and 12 it becomes more difficult to mandate key learnings and elective studies take over. Nevertheless this is not an insurmountable barrier to provision as New South Wales, for example, has the well-established *Crossroads Program* incorporating sexual health education...

Within the relevant state/territory guidelines, many schools now conduct excellent comprehensive programs. Models of best practice of this kind are not difficult to find all over Australia. We do know how to do this well. However, **states and territories acknowledge that often, at the level of the individual school, leadership, staff interest and willingness, professional skills of teachers, available resources and demands of the crowded curriculum can mean that the mandated learning outcomes are met in only very limited ways, if at all.** They may be limited to the ‘easy’ areas such as details on STIs or human reproduction that can be covered in biology programs. This approach means no attention is paid to skills development, managing relationships, drug and alcohol use and sexual coercion, all of which are more relevant to achieving optimum sexual health outcomes.^{viii} (My emphasis.)

A very recent example of the surprising lack of awareness about sexual health, even in the adult population, came from the first national study

of women’s use of emergency contraception, which showed that more than half the survey group did not know that it can be bought without a prescription, or that it can be used relatively effectively up to five days after intercourse.^{viii}

Work clearly needs to be done to develop national consensus around quality sex and relationships education, where it sits in the curriculum, what resources are most appropriate, and how teachers are trained to deliver it. Such work should consider the critical role that primary school education can play in helping children to understand and respect their bodies, deal with the sexualised and highly gendered media messages with which they are bombarded, develop respectful relationships between boys and girls, and seek information as they need it, and without embarrassment.

This does not of course, mean that sexual and relationships education should be the exclusive province of schools. Many young people with high needs are no longer students, and need to be able to access information in other ways. Those with limited literacy skills, or whose first language is not English, need to be considered in terms of how information and programs are delivered. Programs need to acknowledge the reality of young people’s lives, and avoid patronising young people, while at the same time recognising that their frequent exposure to images and ideas about sexual behaviour does not necessarily mean that they have accurate knowledge, understanding or skills. In fact, living in a world saturated with highly sexualised messages may make acknowledging a lack of information and understanding more, rather than less, difficult.

Teenage pregnancy and parenting—challenge and response

The young mothers on the panels came from around the country, from very different communities, and with varying backgrounds and experiences. A group of young women from two Aboriginal communities in far north Queensland shared their very different experiences and perspectives. Several panellists were young women who had contacted services when they were pregnant and were now workers in those same services, giving the kinds of support they know are desperately needed to other young women.

Others had stories to tell of the valuable assistance and encouragement



given to them by school-based programs. Still others told of how they were struggling to meet the enormous challenges facing them. This was especially true of a young woman who came to Australia with her family as a refugee from Sudan, and whose pregnancy was now dividing her from that family.

The aspirations of young mothers differed too, although all of them wanted to be good mothers. Some wanted to reconnect with education, training or employment as soon as possible, while others wanted to be able to spend time with their babies before re-engaging. Amongst all of them, there was an oft-repeated desire for an end to the stigma still attached to teenage pregnancy and parenting, and the public scrutiny to which they feel constantly subjected, as well as a desire to be respected for the job they are doing as parents, often in very difficult circumstances.

Common topics of discussion included their reactions to the realisation that they were pregnant, which was often accompanied by deep anxiety, confusion about options, uncertainty about decision-making, and usually great fear about having to tell someone about the pregnancy. Such fear is known to contribute to prolonged delays in disclosure, leading in turn to delays in accessing ante-natal care, thereby increasing the risks of complications of pregnancy, as well as compromising the option of termination.¹ (Unfortunately, but not surprisingly given the nature of the symposium, we heard little from young women who had chosen to terminate.)

The months and years that follow the decision to continue an unintended teenage pregnancy are never without challenges, and many of the stories shared at the symposium echoed issues raised in an email sent after the ABC aired the TV series *Plumpton High Babies* in 2003,² although the pregnancy described below occurred twenty years ago.²

I grew up in rural New South Wales, which meant that we were considerably isolated and didn't have a great network of support. I became pregnant while in Year 12, and was asked by the principal to leave as it was 'disruptive' to the other students. I was angry, upset and confused, with no-one to talk to. I cried myself to sleep and wished I would lose my baby. Having hidden the fact I was pregnant from my parents didn't help, and I eventually had to tell them when I was about

32 weeks... I remained at home under trying circumstances through the last phase of my pregnancy. In January of the following year my son was born with chronic asthma.

Not being allowed to return to school I struggled with TAFE... and gained my HSC the following year (and) a place at (university). This meant moving away from my home town, on my own at 19 with my baby son. I had never felt more alone. I had to find outside accommodation. Money was always an issue... but I struggled with two part-time jobs, uni lectures and my baby son...

It was never easy, there were times when my son was up all night sick, or I had been in the emergency ward with him all night, and I would get home, shower, and go straight to lectures... There were times when I was so short of money I had to get food vouchers from the local *Salvation Army*... Nothing makes a person more humble than having to hand over a welfare voucher at your local supermarket.

My last year was a blur of study, eat, sleep and not much else... but I made it with high distinctions. During this time I met a wonderful man who is now my husband. He was amazed at my strength and determination, and I was amazed that he even wanted to go out with me knowing that I had a three-year old son! Only then did it occur to me that I had little or no self esteem, and I didn't understand why. I was at university, sensibly supporting myself and my baby and I should have been proud of my achievements (but) I think deep down there was still this attachment to the stigma of being a 'teen mum' that I carried around.

Today I am 32, my son is 13 and I have been with my husband for almost 11 years. I struggled for my son... (a)nd I struggled for myself, to feel good about who I am and the contribution I make to society.³

Despite the two decades that have passed since the writer became a teenage mother, many of the issues she raises remain the common experience of pregnant and parenting young people today—rejection from school, lack of family support, housing difficulties, poverty, isolation, exhaustion, self-doubt, low self-esteem, social stigma—and still create barriers to equitable outcomes for them and their children.

Not least among these is the impact of stigmatising and stereotyping.

2 Many thanks J for sharing this story with me all those years ago. KB

Public scrutiny

Each of the young parents who spoke at the symposium recounted experiences of being scrutinised and judged by strangers. They expressed a strong need to defy the stereotype and to prove their capability. They often perceive negative public judgements as a risk factor they must defend against by demonstrating to the world at large that they are not just good parents, but perfect parents. It was described variously as “impossible” and “exhausting” to meet these perceived expectations, which many of them had internalised. A story told by one young woman of going grocery shopping only late at night to avoid the stares and the pointed fingers was met with nods of recognition from many others.

It appears to be intensified by the fact that many young parents are concerned about the prospect of coming into contact with the child protection system (statistically they are in fact more likely to do so,¹⁰⁰ although the reasons for this are far more complex than their youth in itself). This is particularly acute for those young women who have had contact with child protection authorities during their own childhoods.

Such experiences often exacerbate what can be already high levels of both physical and emotional isolation, and contribute to the heightened risk of depression amongst young mothers.¹⁰¹ There is a clear need to shift public attitudes and behaviours towards pregnant and parenting young people, and to encourage greater levels of respect and support, not only from specific services, but also from members of the wider community.

Community-based support services for pregnant and parenting young people

In describing what had helped in the wake of deciding to continue an unintended pregnancy, there was unanimous agreement among young mothers that the assistance of the various community-based young parents’ services they had accessed was crucial.

Most such services have a multi-focussed approach to connecting pregnant and parenting young people with a range of other agencies, as well as providing essential social and emotional supports that may be lacking in the young person’s life. Young women described how valuable it had been to find sympathetic help to deal with the range of decisions

and arrangements they needed to make, from the practicalities of finding accommodation and child-care, to issues of accessing health care and parenting advice. They also valued the help they received in dealing with a variety of relationship and other issues that are often brought into sharp relief in the wake of an unintended pregnancy.

Indeed, the way such services can help pregnant and parenting young people make connections with the often confusing array of agencies they need to access may be one of their most important functions. While most services make this a real priority, they also report that, given the limitations funding places on their staffing capacity, it is a difficult challenge to meet. Many workers suggested, given the current absence of a central point of information about what services for pregnant and parenting young people are available around the country, that an online ‘one-stop-shop’ would be of enormous benefit, facilitating the collation and sharing of information across agencies and sectors.

The need for young people to have access to comprehensive, up-to-date and reliable information about pregnancy, parenting and the myriad associated issues was identified as at least equally urgent, with many recommending the creation of a youth oriented (rather than service oriented) web-based resource. With the creation of the *Australian Young Pregnant and Parenting Network* as a direct outcome of the symposium (discussed in more detail below), we hope some steps have been taken towards achieving the outcomes discussed above.

An online resource cannot reach all young people however; many of those with high levels of need cannot access the Internet easily or regularly because of locality, language or financial barriers. Such a resource should in any case be seen only as a stepping stone to contact with well-staffed and well-equipped services.

Supporting effective parenting

All participants agreed that building confidence and skills in parenting is an important part of meeting the needs of young parents, and that such support must be offered in ways that demonstrate that young parents are not inherently deficient, but do in fact have capacity on which to build. Young mothers described how important it was to have a trusted and supportive friend to call on, a mentor who is aware of the challenges and



issues they may be facing, and who can provide advice, reassurance and practical assistance without an overlay of negative judgement. The earlier such support can be offered the better. It often takes considerable time to build trusting relationships with young people before the kind and level of assistance required can be determined and offered in the most appropriate way.

One method that was strongly recommended by symposium participants was the use of peer mentors. Several services used a peer mentoring approach, and it was highly regarded both by clients and staff. For many young mothers, the chance to talk through their concerns with another young woman who had not only been through what they were currently experiencing, but had survived and thrived, was said to be invaluable. For those acting as peer mentors, there was real satisfaction, and a sense of pride, in being able to offer assistance, as well as the opportunity to develop valuable work skills. The need for such work to be done in culturally sensitive ways was also repeatedly stressed.

Mentoring relationships are especially critical for young parents who do not have support (or who do not have adequate support) from their own families. As the research discussed in the following section of this report makes clear, pregnant young women from emotionally deprived family backgrounds, and those who have been in care (especially those who are in transition from care) are among the most likely both to make the decision to continue an unintended pregnancy and to be unable to access support from family or other social networks. A network of short term carers able to take in teen mothers and babies who have no family support was one suggestion, an approach that has already been trialled and that has proved an effective model.

Other aspects of mentoring which were discussed included the positive benefits of outreach and home visits to young parents and their families, which often make modelling effective parenting behaviour and skills easier to do. The importance of involving young fathers (where possible) in these and other elements of support programs was repeatedly stressed.

Youth specific services

There is clear evidence, discussed in more detail later in this report, that pregnant and parenting young people (often because of the negative

judgements they experience and fear) are much more likely to access support from youth specific rather than generalised ante-natal and parent support services. The availability of dedicated young parents' services was repeatedly described as making a great difference to whether support was accessed or not. Current provision of such services is not widespread, the level of funding they attract is often inadequate, and the funding itself (project-based rather than recurrent) is often short-term and precarious.

Many young women say they prefer youth-specific services because of the experiences they had (both during their pregnancies and after the birth of their babies) using generalist services that are designed for adult women. In addition to feeling intimidated by virtue of the age gap between them and older mothers using the services, some were also subjected to discriminatory or disrespectful treatment that discouraged them from continuing to participate in important activities such as ante-natal classes. It was also suggested that adult services would benefit from being able to call on a trained group of midwives dedicated to working with young mothers, who would be able to enhance the connections between clients and health professionals, and help to overcome the lack of effective communication between them that may have significant negative consequences.

There was also a desire to see the development of policies, procedures and training for all doctors, nurses and midwives dealing with pregnant teenagers and young parents, to ensure that their experiences of labour, birth and post-natal care are as positive as possible. Those young mothers who lack family support are also in need of alternative forms of support at these times, and this is something that is reported to be often overlooked. This is especially important for already vulnerable young mothers who may have to be separated from their babies due to the baby's ill-health. It was reported that in this situation there is often a high incidence of relapse with pre-existing drug and alcohol issues.

Education services

Anti-discrimination and human rights legislation in most states and territories provides a framework which makes it illegal to deny access to education services on the basis of pregnancy or parental status. It is clear, however, that this is a protection poorly understood by many pregnant and parenting young people and their families. The result is that many

either self-select out of school believing they have no right to stay, or are unaware of their right to challenge overt or covert suggestions by schools that they should leave due to their pregnancy or parenting responsibilities. On the basis of considerable anecdotal evidence, it would also appear that many schools are unaware that they are in breach of the law in demanding or coercing pregnant and parenting young people to leave. The rights of students and the responsibilities of schools in this regard need to be much more forcefully promoted than is currently the case.

Further, a strong case can be made for schools providing the kinds of specialised supports and variations to school routines that pregnant and parenting students need to engage in and complete their studies, in the same way that special arrangements are made for students with disabilities, long- or short-term medical problems, or even, in many cases, for students whose sporting skills require them to be absent from schools in representative capacities for extended periods of time. Despite the very obvious benefits of having pregnant and parenting young people remain in or reconnect to education, both for the individuals concerned, and for the community in general, there are still only a handful of schools around the country offering well resourced facilities for young parents. Some of those are described in the case studies below.

And sadly, experience over the last two decades has shown that excellent programs, (some of which, like that at Plumpton High School in western Sydney, attracted national attention and acclaim when it was the subject of the 2003 ABC documentary *Plumpton High Babies*^{xvi}) can disappear rapidly without the championship of a dedicated principal or other school leader. This is an unconscionable waste of resources, expertise and opportunity that could be avoided if such programs were understood to be not only a legitimate but also a critical part of a school's service provision, reflecting a genuine commitment to inclusiveness, and to building a promising future for all young people. All education authorities need to develop, implement and monitor policies particular to the needs of pregnant and parenting young people that make it clear to principals that they have an obligation to cater appropriately for all young people who are legally able to enrol in their schools.

More than that, however, education authorities must offer leadership

not only in maintaining current specialist support programs but in extending their availability much more widely. One of the critical areas here relates to funding. Very few school-based programs are financed from the school's or the education authority's core funding; more usually, they operate from special grant funding, often a mix of state and commonwealth monies, cobbled together for the purpose of running a 'project' or a 'trial'. The consequence is that funds are always tight, it is difficult to respond to emerging needs, and the threat of the program ceasing to be funded is ever-present. This makes for a climate of uncertainty for both staff and pregnant and parenting students, and undermines the capacity of services to engage in forward planning that allows for programs to be refined on the basis of evaluation and reflection. This is also often the case for community-based services and is discussed in more detail below.

In addition, not all pregnant and parenting students will be in a position to continue their education without some period of time away from school, given the many demands of a new baby (even if that baby has no health problems), and even if there are no other issues to be dealt with which may be both disruptive and time consuming to resolve. The need for young parents to **re-connect** with learning is at least as urgent as the need for pregnant students to continue their studies. This is especially true for young people who have left school without completing Year 12 and who have become teenage parents subsequent to disengaging from education. Symposium participants were of the view that a great deal more research and energy needs to be devoted to investigating the ways in which flexible and well-supported options for education and training can be made widely available to pregnant and parenting young people.

The key, of course, is flexibility, and it would appear that the difficulty schools anticipate in being able to offer the requisite degree of flexibility is one of the main barriers to the wider provision of courses and programs for pregnant and parenting young people.^{xvii}

This demands a serious systemic response.

Community and education services—where are the gaps?

Many pregnant and parenting young people are not able to use the services that do exist, having limited access to transport, or because they



do not live in major population centres.

There does not appear to be, however, widespread recognition by government at any level that investing in high quality, well-funded and stable support services, equitably distributed throughout the nation, is a significant strategy in reducing unintended teenage pregnancy, and preventing negative outcomes for both young parents and their children.

There is great unmet need in regional and remote parts of the country, not only in relation to community-based support services, but also school- and training-based services that promote reconnection with education, and support young parents to make long-term plans for further study and employment.

Moreover, there are groups of young people for whom early pregnancy and parenting present particular challenges and for whom there is currently virtually no adequate service provision. These include:

- Young parents with disabilities, particularly those with intellectual impairments, where there is a high need for intensive community-based support.
- Culturally and linguistically diverse young people who may be dealing with both language barriers in accessing services, as well as issues particular to their family and community of origin, and who are desperately in need of appropriate information and support.
- Young refugees, many of whom are likely to be dealing with language barriers, feelings of social disjuncture and exclusion, and experiences of racism, and who may be suffering the effects of torture and trauma along with other relatives in families already under great stress.
- Indigenous young people, especially those in remote communities where teenage birth-rates are very high.
- Young people in transition from care with limited support and their increased risks to homelessness, and drug and alcohol problems.
- Young parents whose babies die *in utero* or soon after birth.

Working with Indigenous pregnant and parenting young people

The issues raised by the panel of young parents and service providers from remote Indigenous communities were complex, and in some respects require thinking through in ways which are quite different from those applying to non-Indigenous contexts.

While much more work needs to be done in relation to teenage pregnancy and parenting with Indigenous communities across Australia, given the very high rate of Indigenous teenage births (five times the national average)^{xvi}, in remote communities the teenage birth-rate is even higher (estimated to be up to eight times the national average). The isolation and small size of remote Indigenous communities, the generally low levels of education coupled with extremely limited opportunities for employment, and the web of extended family relationships within which daily life is negotiated, make for a set of circumstances very different from those applying elsewhere.

Moreover, many remote communities struggle with the impact of generations of poverty, ill-health, alcoholism, substance abuse and family violence. According to Aboriginal panel members, there is a general expectation that young women will be pregnant and parenting early, a high level of acceptance of teenage births, and a high likelihood that care of the children will be shared by members of the extended family, although this raised concerns about the impact on bonding between the mother and baby.

In the Torres Strait region, however, things may happen quite differently. Young islander women at the symposium referred to the continuing practice of 'island adoption' which may be the way the family decides to deal with a teenage pregnancy when the parents will not or cannot marry. Island adoption involves giving the child to another member of the extended family to be brought up as their own, and may be done without consultation with the mother.^{xvii}

There was agreement between both Aboriginal and Torres Strait Islanders, however, that there is very little contraceptive use by young people, and that the issue is not much talked about. In most remote communities, where there are no pharmacies, contraceptives must be obtained from the health clinic; even when a pharmacy is available, it will be the only one and it is impossible for the consumer to remain anonymous. The fear of being seen, often by a relative, and of your business being discussed in the community, creates feelings of shame in young people, and is a real disincentive for using contraception.

It was suggested that one of the reasons so many young women in remote communities have babies in their teens is to do with their poor

outcomes from schooling, which often reaches crisis point when they leave the home community to attend boarding school for secondary education. As they struggle with homesickness, a curriculum that seems irrelevant to life in the home community, and often an inability to cope with school work, there is a high drop-out rate.

Another reason advanced for the high rate of teenage births was peer pressure to become involved in sexual activity at an early age, and the notion that in the absence of real community-based opportunities for study or employment, becoming pregnant was an important way of marking the transition to adulthood, establishing a role in life and gaining a sense of purpose.

An issue of concern to all panel members was the difficulty of accessing quality ante-natal services in remote communities, with pregnant women often having to travel long distances both for ante-natal care and for birth.

In discussing how the issues of teenage pregnancy and parenting might be addressed, panel members talked about the fact that education did not become a priority for many young mothers until after they had had several children, often in their late twenties and early thirties, making the need for a focus on reconnecting with education and training a priority area for policy and program development. They also stressed the importance of consulting with communities to develop community-led solutions.

Young fathers

The issue of the almost total invisibility of young fathers in both debate and service provision received considerable attention during the symposium. For obvious reasons, young mothers tend to be the most likely target of concern and intervention. A quick scan of the Internet reveals almost nothing in relation to young fathers by way of male-specific services, and while a number of young parents programs are open to young dads as well as mums, we know very little about them as a group. Research is scant, beyond telling us that only a small percentage of relationships between teenage parents survive the birth of the baby.^{xvii}

We can assume, however, given what we know of how boys and men are positioned in Australian culture, that if young mothers are in need

of counselling and support to sort through feelings, options, and preparation for parenthood, then young fathers are also. We also know that if the father maintains a positive relationship with his child even after the breakdown of the relationship with the mother, there are ongoing benefits for all concerned, and especially for the child.^{xviii}

For these reasons, there is a real need to pursue a better understanding of issues for young fathers, to identify what information they need, what appropriate supports might look like, and to then consider how they might be more widely provided.

Funding

Issues related to funding were repeatedly raised at the symposium. Lack of certainty about funding, and the inadequacy of non-recurrent grants as a funding base, not only make for insecurity in program design and delivery, but also involve the staff of many agencies spending considerable time making applications and writing funding submissions, taking them away from service delivery, and thereby potentially reducing their impact.

High on the list were the difficulties associated with securing funding to equitably meet the needs of particular groups for whom more generic services are not adequate. Another was the barriers created by the fact that services need to address multiple issues to support their young clients—education, health, mental health, and child protection, for example—while funding sources are often department specific, making it a challenge to supply the ‘wrap-around’ services that are required.

Child-care

The issue of young parents’ capacity to access child-care was the subject of much comment; lack of access to transport was cited as a frequent deterrent for young parents wishing to access child-care, which then limited options they might consider in terms of education and training.

Most discussion centred, however, around student-parents reaching the cut-off point for child-care subsidy under the JET³ program before they

3 Jobs, Education and Training Child-care fee assistance is available to offset cost of approved child-care to eligible parents undertaking activities such as work, job search, training, study or rehabilitation as part of an *Employment Pathway Plan*. For those involved in study or training it is available for a maximum of 24 months.



had completed their courses, which makes completion impossible for some. It was suggested that JET funding was not suitable for secondary students for this reason, and that funding from a different source should be available to young parents wanting to complete secondary education so that they did not exhaust the availability of JET subsidy before completing their tertiary studies.

*A young parent—but also a young **person***

A number of people at the symposium raised the issue of pregnant and parenting young people being just that: pregnant or parenting, but also *young*, with all the same needs for social connectedness as their peers, and the same growing up still to do. They are often left feeling very isolated from their social connections when the initial novelty of the new baby wears off; contact falls away, with former friends not being able to understand or respond to the demands of parenthood.

The point was made that young parents often feel they need *permission* to be young, as well as practical support in areas such as child-care; this has implications not only for working with young people, but also with families and peer groups. For families, friends and other supporters, recognition of the ways in which young people are torn between their responsibilities as parents and their desire (and need) to maintain contact with their peers and to interact socially, and a willingness to negotiate how such social contacts could be maintained, would be very helpful.

Case studies

While the programs described below constitute only a small sample of what has been developed to meet the needs of pregnant and parenting young people around Australia, they highlight some innovative approaches that respond to local community needs within the confines of available funding and policy. They are presented here as examples, rather than templates; their inclusion does not imply that other programs are less worthy. They do, however, serve to focus attention on some key elements of good practice in school and community-based services.

Community based programs

● *Talking Realities, Adelaide*

Note: There are several *Talking Realities* programs operating from different sites. The Adelaide *Talking Realities* program is the original and most highly developed.

Overview

Talking Realities Adelaide is a program, with both proactive and responsive elements which aims to:

- improve social, health and education outcomes for young parents and their children; and
- contribute to the capacity of young people to make informed choices regarding early parenthood and approaches to parenting.

It targets pregnant young women and young mothers from diverse backgrounds, aged 14-21, and their children. Those involved in secondary education are aged 13-18 years. It is underpinned by the belief that young parents are the best people to educate other young people about parenting realities and sexual health.

It has evolved from modest beginnings in 1997 with a \$1,500 grant from *Parenting SA*. The original Coordinator, facilitating a parenting program for a group of young women attending a supported accommodation service, asked the young parents if they were interested in applying for a *Parenting SA* grant to provide resources to meet their needs. The young women talked about wanting to visit schools to inform students of the realities of parenting at a young age. Four of the young mothers (all of whom had given birth between the ages of 14-16) were concerned that

they had not been prepared for the change in lifestyle, and the financial, education and housing difficulties associated with parenthood.

In particular they were concerned that they were unprepared for the demands and responsibilities associated with caring for and raising their children. They believed there was a gap in secondary school education regarding the consequences of teenage pregnancy. Although under constant pressure to be a 'good parent' they did not always have the support, information, skills or environment to provide a nurturing and healthy start for their child/ren. The original grant was used to develop the *Talking Realities...* young parenting secondary school presentation. It has developed incrementally over a thirteen-year period based on the needs of the young women participating, evolving into a holistic program providing a range of supports to young parents and their children whilst retaining its original educational components. The pivotal role of young people in the development of the project has been a hallmark of *Talking Realities* and fundamental to its success. The potential of the program to meet the needs of young families and provide a realistic view of young parenthood to young people has resulted in expansion of the program to other metropolitan, regional, and interstate locations. A close collaborative relationship with the Adelaide program has been maintained by most regions and considerable mentoring and support has been provided through telephone, e-mail, and on-site visits.

Nine *Talking Realities* projects have been established during the last seven years and seven continue to be funded. Projects are currently in operation in Adelaide and the Riverland, South Australia; Perth; the outer southern suburbs of Melbourne; Shellharbour, NSW; south west Sydney; and Deception Bay, Queensland. These sites are all at different stages of development, but all have chosen to implement the Peer Education component providing presentations in secondary schools.



How it works

Talking Realities takes a holistic collaborative approach to the issues of teenage pregnancy, young parenthood, and early childhood development, which has led to a greater emphasis on community links and supports. It operates at various levels—individual, family and community, and provides the following components:

Formal Learning Opportunities

Formal training and qualifications at TAFE Certificate 3 level and the South Australian Certificate of Education (SACE) through the provision of the following training programs:

- Peer Education.
- Leadership.
- Early Childhood Development.
- Senior First Aid.
- Identify and Respond to Children at Risk of Harm.
- Safe and Happy Relationships.

Transitional Employment Opportunities

- Supported volunteer roles within the program ie. peer educators, peer leaders, peer support, and mentoring roles.
- Supported volunteer leadership roles within the wider community to develop community engagement/participation and employment skills.
- Peer education component encompassing peer-led information sessions, peer participation and a range of peer-to-peer interactions.

Accessible support and information

- Flexible and accessible family support services including parenting and early childhood development training.
- Partnerships and linkages with a wide range of other multi-disciplinary support services.
- Friday Fun group.
- Supported Play group.

Increasing Awareness of Young Parenting Realities

- School-based education regarding the realities of young parenthood.

Resource development

- Responding to the needs of young families.

Consultation and resources

- For agencies providing the *Talking Realities* training packages.

Program components are tailored to meet local community needs. Young parents may engage with the program at various levels and intensity and this may change over time in response to individual need.

Staff and funding

The program currently employs a project coordinator, two project workers, a community artist, and a peer support worker (2.4 FTE positions). As the program has developed, funds of approximately \$240,000 per year are required. *Talking Realities* Adelaide has secured grants from:

- SA Government through *Parenting SA* (now within Children, Youth and Women's Health Service).
- SA Government DHS BV.
- Families SA-anti poverty funding.
- Australian Government Department FaHCSIA.
- City of Port Adelaide Enfield Council.
- DFEEST—ACE Funding.
- Enfield High School (Flexible Learning Option Funding).
- Para West Adult Campus (Flexible Learning Option Funding).
- Morialta Trust.
- Community Benefit SA.

Coverage

Talking Realities Adelaide provides services to:

- 40-50 young parents and their children per year;
- around 2,500 students across 75 secondary schools per year; and
- self-referred young people as well as those referred from a range of other services including family home visiting programs, primary health care services, children centres, child/youth/women health services, youth services, child protection services, schools. Peer educators and peer leaders in the program also refer and support young parents to the service.

The project has a wide range of linkages with a range of community and education services. The strengths of the service derive from having

developed into a multi-level, community-based, collaborative support program, with:

- services developed by young parents for young parents; young parents continue to be integral to design, implementation and ongoing development;
- sensitivity to the impact of the social determinants of health across the lifespan;
- a strong evidence base that relates the program to a number of policy directions at both a national and state level;
- multi-disciplinary collaboration and planning;
- multiple entry points and options to cater for a range of ages, capabilities, interests and needs;
- client and family-centred, strengths-based, flexible, individualised support;
- free or very low cost activities, transport and child-care;
- peer support and mentoring available to young parents;
- educational pathways and opportunities, which count towards completion of SACE (Year 12) and are linked to accredited TAFE units;
- employment pathways, through training, improved confidence, work experience, volunteer roles and paid peer support roles; and
- the development of skills for effective parenting, social inclusion, workforce, and community participation.

The supports *Talking Realities* Adelaide identified as being most useful in strengthening their services included:

- secure funding;
- a national network to lobby and advocate for adequate funding for young parent programs and to be involved in policy development;
- partnerships that provide funds and workers to facilitate components of the *Talking Realities* program;
- Internet site where workers providing support to young parents can share models of support and network; and
- quality evaluation, with assistance to acquire funds for such an evaluation, or a connection with a university to engage a student undertaking a Masters or higher course of study/research.

Secure funding was identified as critical. Currently, all of the Adelaide

Talking Realities program salaries and expenses are grant-funded which has resulted in an enormous amount of time spent securing and applying for funding and writing reports, resulting in difficulties for long-term service planning and delivery. Secure recurrent funding over an extended period would provide the opportunity to run the program in its entirety with all components properly staffed and an opportunity to implement a rigorous evaluation study to provide longer-term data.

● **Young Mothers for Young Women, Brisbane**

Young Mothers for Young Women (YMYW) is part of MICA PROJECTS, a not-for-profit organisation located in several areas around Brisbane's inner city.

Scope

YMYW originated in 1994, with a group of young women involved in a participatory action research project that explored the links between gender and violence in young women's lives. One of the recommendations from this project was to form a network of young women to offer peer support, education, and advocacy, which was YMYW's original focus.

The program has now evolved to include family support and an early childhood program for women under the age of 25, their partners and children.

YMYW builds on the strengths and capacity of the family to protect and care for their children, connected to professional services specific to young women's needs and culture. It provides facility-based activities for children 0-5 and for their parents. The program has both an early childhood and adolescent focus, in recognition of the developmental needs of both parents as young people in transition to adulthood, and of children during pregnancy, birth, first 12 months, and as toddlers and preschoolers.

Components include:

- peer support and peer education, including leadership training, to promote social engagement and learning;



- case management for children and parents through proactive outreach strategies;
- group work for children and parents including *Drop in Day* and supported playgroups;
- in-home parenting support;
- information and referral; and
- linkages to mainstream services.

YMYW has also developed the *Getting What You Want* series of peer education tools covering topics including healthy relationships, parenting, education, employment and training, and peer facilitation skills. These resources are designed by young women for young women, in recognition of the fact that peer support and advocacy is important in assisting young women to maintain safe, healthy relationships and lifestyles.

YMYW works across a range of issues facing young pregnant and parenting women in the community, including child protection, risk of or recovering from homelessness, ongoing housing and tenancy support, and family support, as well as offering group work and adult learning strategies to link into education and training opportunities for the young women.

Young Mothers Partnership Program

A recent initiative is the *Young Mothers Partnership Program*, which is run in conjunction with the Mater Mothers Hospital. The partnership enables ante-natal care, post-natal care and education for expecting mothers. The Partnership Program services are offered by the Young Women's Group Practice Team and Young Women and Co, specialist services offered by the Mater Mothers Hospital for young women who are under 21 years of age. The partnership means that YMYW can engage with young women at the earliest stage possible during their pregnancy to provide information, referrals and family support if requested.

The Mater Mothers Hospital Clinics can provide ante-natal and post-natal care in a relaxed community setting which is set up to accommodate young women and their families. The dual service approach provides a well rounded series of information workshops as part of the community education program, with a combination of health, pregnancy and birthing information, as well as a focus on accessible community

resources, healthy relationships, and emotional changes. Access to midwives and obstetricians, and to a young women's social worker, as well as ante-natal nutrition and education classes, are provided.

In addition to a young women's group space and a clinic room for visiting health services, a developmentally appropriate playground and an early childhood area are also available. The group work for young women and their children includes social support groups and drop in days, peer education workshops and opportunities and supported playgroups, with a child health nurse attending the drop-in day fortnightly.

Participate in Prosperity

Participate in Prosperity is a recently developed project, funded by the Queensland Department of Communities, which seeks to support young parents to connect with training, education and employment opportunities. It commenced in 2009, seeking to address a gap in service provision for young families, and aiming to alleviate poverty, develop capacity building within an individual and family, and promote the participation of young parents both socially and economically with the community of their choice. It operates as an outreach service to families, supporting up to twenty young parents, and staffed by two employment case managers and one peer worker. Young parents are referred to the service via Micah Projects Inc family support teams.

● **Second Story Young Parents' Project, Adelaide**

The Second Story, the Youth Division of the Children, Youth and Women's Health Service, is a free and confidential youth health service for young people 12 to 25 years in metropolitan Adelaide. The *Young Parents' Project* is one of a number of Second Story youth initiatives, and provides a range of support and information for young pregnant women and parents under 25 years of age.

Because it is part of a broader youth focussed service, the *Young Parents' Project* can facilitate access to a wide range of advice and supports around issues such as:

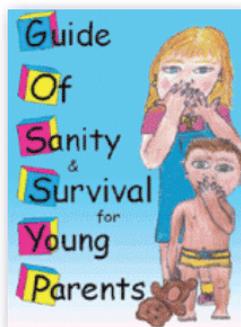
- general health needs;

- sexually transmitted infection testing;
- sexual health needs;
- mental health assessment and referral;
- immunisation according to Australian Immunisation Schedule and Catch Up Schedule;
- contraceptives advice and prescriptions, including access to emergency contraceptives (the 'morning-after pill');
- pregnancy testing and counselling, and information and support around pregnancy options;
- information about drug, tobacco and alcohol issues, and support to quit;
- assessment and counselling; and
- health screening tests (for various other issues).

Specific to the needs of young parents, the project provides:

- ante-natal and post-natal support with access to the Second Story doctor, and an ante-natal group for young women and their support people in partnership with Flinders Medical Centre;
- access to information and support on issues related to relationships, domestic violence, depression, health, housing, education, and finding other necessary services;
- weekly group sessions promoting the development of new skills in supporting health and well-being, providing information from agencies such as *Centrelink*, as well as activities and outings focussed on having fun; and
- a free crèche.

Resources



The *Young Parents' Project* has also produced a book of stories and information about pregnancy, birth and parenting written by, for and about young parents, titled *Guide of Sanity and Survival for Young Parents* (GOSSYP).

GOSSYP explores issues in the lives of young parents, as well as the resources and information available in South Australia to support them.

There is also an online movie—in fact, four short films about young mums' experiences—available at <http://www.youngmums.com.au>.

School based programs

● The *POWER Program*, Mabel Park State High, Brisbane

The *POWER Program* (Parents Overcoming Work and Education Restrictions) is located at Mabel Park State High School in Logan City on the southern fringes of Brisbane. One of the longest running school-based programs in the country, it was established in 2001 through consultation with the wider community in response to a high incidence of pregnant students dropping out of school, to provide the kinds of supports that would enable pregnant and parenting students to remain involved with, or re-engage with, education.

The original funding came from *Local Answers*, a FaHCSIA program. Since then the service has grown considerably and there has been a significant increase in networking with community agencies.

The program today

POWER's mission statement says it all: "We strive to inspire and empower pregnant and parenting students and their children to achieve their goals for the future through educational and emotional support." *POWER* supports pregnant and parenting young people to remain at school, and also focuses on prevention and early intervention through parenting programs and relationships education. It is funded through a mix of federal and state funding (currently FaHCSIA and the Queensland Department of Communities); in addition the program is able to offer a JET funded crèche. The program is staffed by a full-time social worker, who coordinates the program, as well as a part-time social worker, a part-time support worker, and a Group Leader in the crèche assisted by three casual child-care workers. Between twenty and thirty students are supported each year. Young people self-refer to the program or are referred by other community agencies or schools.



The key to POWER's success is that it directly addresses the barriers to participation, and adopts an enabling approach. It offers a safe and friendly environment where education is valued and the difficulties faced by parents are recognised. The majority of POWER students are under 19 years old, but the program also has parents in their late thirties. While the focus is on assisting parents to achieve educational outcomes, many services outside the education sphere are provided—transport (via the program bus), referral to other agencies, counselling, personal development classes, tutorials, as well as the on-site crèche and flexible timetables.

The program offers opportunities to re-engage and extend the education, socialisation, and maturational processes of young people who are pregnant and parenting, to establish solid foundations in parenting and family skills, and to support personal development and positive educational outcomes. The social workers coordinate student enrolments and assist them to develop individual programs according to their needs. Specialist personnel from within and outside the school maximise students' opportunities to achieve their goals. The program has an inclusive approach and encourages young fathers and fathers-to-be to participate as well as pregnant teens, young mothers, and other, sometimes older mothers, seeking educational opportunities that will complement their parental responsibilities.

A key feature of the program is its flexibility. A lengthy enrolment process ensures that each student and her/his circumstances are considered and catered for. Time-tabling and subject selections are tailored to cater for the needs of each student in relation to future options, pathways and family commitments. Students may undertake from two to six subjects, which may include a combination of school/work/training and vocational training.

The service is promoted via the school's website, through brochures distributed in the school's catchment area, through education expos and via newspaper articles. Links with other agencies are maintained through involvement in reference group, steering committee and networking meetings. POWER has a mini-van fitted with baby seats to help with transport in the immediate area, and maintains a Facebook page so that past and present students can keep in touch with each other and with the

program.

Students are able to undertake school-based traineeships and apprenticeships while at school. The success of the *POWER Program* can be measured by students' outcomes. In 2007 for example, nine students graduated from Year 12 with the following nationally recognised vocational education certificates:

1. Cert III Children's Services, Cert II Business Admin and Cert I Hospitality;
2. Cert III Children's Services, Cert II Retail;
3. Cert III Children's Services, Cert III Education Support;
4. Cert III Children's Services, Cert III Education Support;
5. Cert II Tourism, Cert II Retail;
6. Cert II Tourism, Cert I Information Technology;
7. Cert I Hospitality;
8. Cert III Children's Services;
9. Cert III Children's Services.

What students have had to say:

Without POWER, I would be doing NOTHING. I wouldn't have been where I am. I am now studying a Diploma in Screen Animation and will be doing a Bachelor of Game Design next year. I am on track.

Ashlee, Year 12 graduate of 2008

POWER has given me power. It helped me be a better mother and helped me grow in knowledge. I am half-way through my Diploma in Children's Services. I can focus on my kids' future.

Rejoice, Year 12 graduate of 2008

The POWER Program let me finish school where my other high school wouldn't. I like to have the crèche nearby and all the staff are really helpful. It's a good compromise for a mum and student.

Kristen, Year 11 student of 2009

In 2003, the *POWER Program* won the prestigious Education Queensland *Showcase Award for Excellence* 'in recognition of outstanding contribution to excellence in education and achieving quality student educational outcomes'.

● **The Pregnant and Parenting Students Program, Brisbane**

In 2004, quite a different model of providing support to pregnant and parenting young people was developed in the Ipswich/Corinda Education districts on the western outskirts of Brisbane. The initiative was responding both to clear needs in the area as well as to the requirements of the Queensland Department of Education's *Pregnant and Parenting Students Policy*.⁴

Based at Redbank Plains State High School, but servicing schools over a wide area, the program aimed to increase the retention rate of the then 35 pregnant and parenting students identified by the project, over a three-year trial period. Since then, the program has provided support to many more pregnant and parenting young people. Referrals now come from many organisations—local community health services, parenting centres, and hospitals—as well as from the schools in the district. There has been a substantial increase in the number of students re-engaging in schooling, as well as in the supportiveness of schools and community organisations in the region.

The principal objective of the program is to support all young pregnant and parenting people to remain in the school of their choice with their existing support networks, with assistance provided by youth workers who visit students in schools on a regular basis to determine what strategies need to be put in place to maintain schooling and improve retention. Referrals are made to other agencies when necessary to assist resolution of barriers and difficulties. The strength of this approach is that it is available within each student's own school environment. There is no need to change schools, and this sends strong messages to other students

and to school communities both about the importance of education for all, and the rights of pregnant and parenting young people to access education without discrimination.

Strong links are maintained throughout the region via local interagency networks, which provide reliable information on local events and activities, and regular liaison with Youth Support Coordinators and School Based Youth Health Nurses. Community organisations are also able to refer young people who would like to re-engage in school.

The program has been funded in recent years under the Queensland Department of Education initiative, *Education and Training Reforms for the Future*. For a modest sum (a little over \$91,000 in 2009) two youth workers are employed, one working three days per week, and the other four, supporting an average of 70 young people each year.

The youth workers liaise with school staff and community organisations to ensure the most supportive approach is taken for each individual student. Their roles include:

- supporting and liaising with all students in the program from initial referral to transitioning to work post-Year 12;
- assisting with re-engaging pregnant and parenting young people in schooling, and providing appropriate referrals, including referrals for child-care;
- liaising with school staff in relation to the needs of individual students;
- family mediation; and
- liaising with other community agencies and involvement in local interagency networks.

The young mother's story below illustrates how the program works around the needs of the individual student.

4 This policy has since been subsumed into a policy statement on Inclusive Education. At the time of writing, the future of the *Pregnant and Parenting Students Program* was unclear due to uncertainty about funding continuity.



Lisa's story

Lisa was 17 and still attending school when she fell pregnant. She had doubts that she would stay at school because once she started to show everyone would know her secret. She was also unaware that continuing her education was a possibility. She did not have the support of the baby's father and she already had a rocky relationship with her mother after getting involved with drugs and alcohol.

Lisa finally shared her secret with one of her teachers and was referred to the *Pregnant and Parenting Program* Youth Worker. They discussed all of her options regarding her pregnancy, her education, and her family. Lisa decided that she would continue her pregnancy and stay at school to finish Year 12. She was referred to Family Planning, and to Reconnect, where she was supported with the relationship issues she was experiencing in her family.

Her Youth Worker also arranged a meeting with the Guidance Officer to assist her with a study timetable. Lisa decided to drop one subject to give her some free time to study at school. When she began experiencing morning sickness the Youth Worker was able to speak to the Principal on her behalf to develop options of starting school later in the day and having a safe quiet place to rest at school during the later stages of her pregnancy. Lisa was able to rely on her Youth Worker to visit her on a regular basis at school where they discussed the many matters that were affecting Lisa's school life as a pregnant student. The Youth Worker also assisted Lisa with support and transport to her ante-natal visits to the hospital, her meetings with *Centrelink*, doctor's visits and passed on donated goods such as baby clothing and baby items.

Lisa enjoyed the social gatherings organised by the program, where she could meet support staff from other agencies and programs who would continue to support her after she graduated from school. She graduated from Year 12 in 2008 and is now enjoying motherhood, happily living with her partner and studying at TAFE.

The approach of the *Pregnant and Parenting Students Program* has been so successful that the youth workers involved would like to see it replicated in other districts so that students who transfer from one school to another can gain consistent support where ever they are. Better access to child-care, perhaps in the form of a program-specific crèche in the district, would increase the impact of the program, as would increased funding for organised activities for pregnant and parenting students over and above

their academic activities.

● **Canberra College—the CCCares Program**

CCCares is an outstanding support program for pregnant and parenting young people located at Canberra College; in 2009, it was the inaugural winner of the Schools First National Impact Award. The *Schools First Program* recognises that schools, in meeting the right of all young people to the benefits of education, can't achieve this goal without forming and sustaining partnerships across the community.^{xx}

CCCares has used its award to fund an onsite employment and post-school consultant to alleviate existing concerns about transition outcomes for graduating students, to establish an onsite Young Parents Group in partnership with ACT Health, and to support the establishment of the *Australian Young Pregnant and Parenting Network*. The funding will also help to further develop a partnership with the local TAFE organisation to facilitate joint curriculum development using an e-learning platform that will enable competencies from national training packages to be incorporated in students' personalised learning plans.

About CCCares

CCCares began in 2004 when a partnership was established between the College, the ACT Department of Education and Training, the *Child, Youth and Women's Health Program* (ACT Department of Health) and other local authorities and organisations, including women's refuges, hospitals, service clubs, the *Salvation Army* and various crisis services, to build a wrap-around service that allows the multiple needs of pregnant and parenting young people to be met.

Its core objective is to support young pregnant women and young mothers and fathers to stay connected to schooling. It recognises that the vast majority of pregnant and parenting young people face multiple challenges, and that while education may offer a pathway to better lives for themselves and their children, they need support to manage those other challenges if they are to remain in school and achieve success. The key strategy is to bring together education and health professionals

on campus, and to work in close cooperation with health and other community services to provide a supportive, holistic program.

Nurses from the *Child, Youth and Women's Health Program* now provide twice-weekly onsite clinics, ensuring advice and care is made available to pregnant young women, young parents and their children who may otherwise have little contact with health services. They also provide referrals for individuals to off-campus health professionals, maintain individual health records of students and their children, and advise teaching staff on a range of health and welfare issues.

The college in turn provides space, resources, and logistic support for the on-campus clinic. There has been a significant increase in the numbers of young pregnant and parenting young people who are seriously engaging with community health and welfare services for themselves and their children, an improvement in the quality of interaction between health workers and young people, and an increase in students connecting with external health and welfare agencies beyond school.

There is a clear focus on literacy, numeracy and IT skills as the foundation of future learning within and beyond the College. The provision of personalised learning programs for all students, which take into account the circumstances and history of the individual as well as the curriculum requirements of the educational authority, are fundamental to CCCares' success. The program has grown from 10 young parents in 2004 to over 90 in 2010, with increasing numbers graduating successfully from Year 12.

Student support

A range of other services is provided by the school and its partners. One of the most outstanding features of the program is the on-campus child-care provision for the children of students, many of whom would not be able to attend school otherwise. There are currently 95 young people enrolled who would otherwise most likely be missing an opportunity to continue their education. The campus is designed so that the young parents can bring their babies and pre-schoolers with them to the College. An onsite crèche and pre-school program mean that both children and parents are supported, and can interact with each other throughout the day while the parents continue their classes. Students come from all over the ACT to access the *CCCares Program*, and transport

is provided to and from school if required. The availability of transport also enables students to attend consultations with off-campus health and welfare services.

CCCares offers access to Year 10 and Year 12 certification, goal-oriented learning packages, on-line learning, and employability skills. In addition to the program elements already described, the CCCares partnership offers:

- drivers' licence training;
- a food program;
- a program for mentors and grandparents;
- advocacy and support programs;
- playgroup;
- cooking facilities and lunch program;
- fresh fruit and vegetables program;
- emergency food and clothing relief;
- *Adopt-a-Grandparent* program;
- excursions; and
- a transition to life after *CCCares Program*, including options for continued involvement after graduation.

Funding

The ACT Department of Education and Training allocates staffing points and funding to the Canberra College based on student enrolment, which the College uses to allocate CCCares teachers and special teachers assistants.

CCCares has also accessed additional funding from a variety of grants and awards to provide:

- community liaison support worker;
- child-care support staff;
- curriculum development incorporating vocational competencies;
- support programs eg. *Adopt-a-Grandparent*, *Let Kids be Kidz*, *Excursions Program*;
- 2 x 12-seater buses;
- a licensed driving instructor and a dual-control vehicle;
- breakfast, morning tea and lunch program;
- purchase of children's play equipment and educational toys;
- employment consultant;



- e-Learning consultant; and
- community-based Young Parents Group.

Impact

The following story from the CCCares archives demonstrates the value of what the different partners involved in the program bring to resolving what are, commonly, multi-faceted difficulties facing young and highly disadvantaged families.

A young mother struggling to hold her young family together came to the program in 2008. It was clear that the accommodation she, her partner and their two children had was inappropriate. The children were showing signs of malnourishment, and of emotional distress due to the complex relationship between their parents. The on-site Maternal and Child Health nurse identified serious issues with the children, to which she responded by securing additional support from the wider health community. She engaged the services of a nutritionist, and behaviour therapist to come on-site to work with the children, and referred the mother to the local child and family support centre.

CCCares assisted the parents to secure government housing, working with local charities to furnish their new home. The transport program was important in getting the family to and from school daily. As the father's mental health issues intensified, and because he was also enrolled as a student, CCCares was able to encourage him to seek the support of mental health services, and work closely with him to help him to engage effectively with his workers.

At school, the young parents found warmth and understanding from their fellow students, and their children found a stimulating environment in which they could just be kids. In 2010, the mother will graduate with an ACT Year 12 Certificate; the father is working closely with the program's employment consultant to secure a traineeship. Their son has begun pre-school, and their daughter is enjoying being a pre-pre schooler at the CCCares facility.

Effective practice—the evidence base

Recent research in the area of effective approaches to supporting pregnant and parenting young people provides a basis for evaluating existing service delivery and policy settings. This section of the report examines what is happening now, both at service and policy levels, in Australia.

The major principles which underpin these services, and the aspirations their staff hold for them, are well-supported by current research. These include attempts to develop holistic or one-stop-shop approaches, the development of youth-friendly or youth-specific models, the use of peer mentoring, and concerns to cater for diversity in supporting pregnant and parenting young people and their children.

In relation to both state and federal government policy development and implementation, however, the evidence points to serious inadequacies.

Consequences of teenage parenting

Research shows that teenage parenting has negative consequences in four main areas:

- long-term welfare dependency and poverty;
- emotional health and well-being in teenage mothers;
- completion of secondary schooling and participation in post-school education and training; and
- health outcomes for the children of teenage parents.

These outcomes are inter-related of course, and have been described as the result of “a complex interplay of factors [in the lives of young mothers] that predicted their entry into teenage motherhood as well as additional effects arising from being a teenage mother... age at motherhood is an important path by which inequalities in childhood are translated into social inequalities in adult physical and psychosocial health.”^{xvi}

The inter-relatedness of poorer outcomes among young mothers was also identified by Jeon et al., for example, who found that dependence on welfare benefits was significantly higher among women who became mothers in their teens than among those who had their first baby at an older age. “In addition, poor health is an important factor in increasing

the probability of the welfare participation of women who experienced teenage childbearing.”^{xvii}

Such outcomes do not apply with equal severity to all teenage parents and their children. Unsurprisingly, those young parents whose own childhoods and adolescence have been most disadvantaged are most likely to experience long-term negative consequences. This has serious implications for the development of policy and practice in Australia, given the limited numbers of available services, the tendency for them to be clustered in major cities, and the high level of need for responses that are specific to particular groups in the community. As Loxton et al. point out, the evidence points “to a population profile of young pregnant women and mothers that included low socio-economic status, welfare dependence, low levels of secondary education, inadequate housing, depression, low self-esteem, high levels of family and relationship conflict, and low social support”^{xviii} showing that intergenerational patterns of disadvantage are at work, often reflected in intergenerational patterns of teenage parenting. There are implications, therefore, for preventive work across major areas of government service delivery—education, health and child welfare in particular—to address those predictive factors in the childhoods of those at highest risk of becoming young parents.

Emotional health and well-being in teenage mothers

The impacts of childhood deprivation are often reflected in the decision-making of pregnant teenagers, with a desire to form strong family bonds and to have someone to love and to be loved by, that were denied them in their own childhoods, underpinning decisions to continue an unintended pregnancy.^{xix}

Negative health and well-being effects of teenage motherhood apply quite broadly however. According to a recent British review “(t)eenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth... At age 30, those who had been teenage mothers suffered from higher levels of physical and mental ill health and only a small part of this difference could be explained by their disadvantaged backgrounds. Higher levels of partnership breakdown and a greater risk for teenage mothers to be in a workless family appeared to be the main cause. A



greater likelihood of living in social housing, of being dissatisfied with their neighbourhood, and lacking emotional support also appeared to contribute.^{xxxv}

Completion of secondary schooling and participation in post-school education and training

Several studies have found that teenage mothers are far less likely than their peers to complete secondary school or to engage in post-school education and training.^{xxxvi} This is in part because a significant number of those who become teenage mothers have left school before becoming pregnant, raising issues about the need for teenage pregnancy reduction strategies to focus more on long-term factors including girls' pathways through, and experiences of, schooling in primary and secondary education, as well as issues such as sexual and relationships education, access to contraception, and the quality of their family relationships.

A recent evaluation of progress in implementing the UK's teenage *Pregnancy Strategy* suggested that:

A teenager who has a financially and emotionally secure background, and sees a clear future for herself through education or work, has something to lose from early parenthood, and would probably see life on benefit very much as third or fourth best.

But the alternatives will look very different to a teenager who:

- has grown up in poverty and possibly on benefits;
- has had difficult family relationships, is in care, or is under pressure to move out; and
- sees no prospect of a job and expects to be on benefit one way or the other.

For such a teenager, being a parent could well seem to be a better future than the alternatives.^{xxxvii}

This is an observation consistent with the conclusion drawn in Ann Evans' study of decision making by pregnant teens in Australia.^{xxxviii}

Factors relating to education were found to discriminate between young women who chose abortion and those who chose motherhood. Self-reported [school] grades distinguished between the two groups, with

lower grades being associated with reduced odds of abortion... Generally, the experience of the two groups throughout high school differed. They obtained different grades, preferred different subjects and left schools at different stages. Their reasons for leaving school were also different, as was the pace at which they became pregnant. A pattern emerges to suggest that teenagers choosing motherhood like school less, achieve less in school and are less attached to high school.^{xxxix}

Attending to girls' experience of and attitudes to schooling in the pre-adolescent years is clearly a critical element of any attempt to reduce the teenage birth-rate. Continuing with education or training during pregnancy, maintaining a relationship with the school or college after the birth, and re-engaging as soon as is practicable, have enormous benefits for both the mother and her child or children. In addition to providing the basis for economic independence and security in later life, re-engagement with education addresses issues of social isolation, and has been found to reduce the likelihood of a subsequent unintended teenage pregnancy.

Low rates of school completion are, of course, associated with the very limited support available to pregnant and parenting students to remain at school to complete their education, and to continue to post-secondary studies. The impact of inadequate child-care benefits in this regard is discussed elsewhere. The available evidence from Australia is that there is a very weak policy environment in regard to implementing and maintaining measures to support school completion. An analysis of education and other related policies around Australia will soon be available on the website of the *Australian Young Pregnant and Parenting Network* (see the final section of this report).

Health outcomes for the children of teenage parents

The British review referred to above found that while there were few significant differences in the general health of children of teenage mothers, they "were observed to fare worse in two areas—accidents and behavioural problems. However, it was the fact that teenage mothers were more likely to suffer from anxiety and depression that seemed to be at the root of this, rather than teenage parenthood per se."^{xxxix}

The higher incidence of all three types of behavioural problems in the

children of teenage mothers (ie. conduct, emotional and hyperactivity problems) is in itself predictive of later difficulties for these children in relation to education and social relationships.

The evidence for what works

Reducing teenage pregnancy

In 1999, when the *Teenage Pregnancy Strategy* was being developed in the UK in response to its alarmingly high teenage birth rate, preparatory research suggested that a range of factors was involved in the high rate of teenage pregnancy “including ignorance, low expectations, mixed messages and a history of neglect. Most pregnant teenagers are pregnant because of accidents. Surveys find that around three-quarters of teenage mothers say their pregnancies are unplanned.”^{xxxii}

Studies around the world consistently identify sex and relationships education, and improved access for teenagers to contraception, as the key elements in reducing rates of teenage pregnancy. It is the nature and quality of sex and relationships education that is important. Programs that are delivered by poorly prepared and unwilling teachers, as is often the case in Australian schools, are ineffective, as are programs that focus on the biology of sex but not on its emotional and relational contexts. Good sex and relationships education must address the range of attitudes and values that young people bring with them to any education program. Australian research by Skinner et al. highlighted “the importance of attitudes toward contraception, pregnancy and parenthood in shaping teenagers’ motivation to use contraception. Educational and prevention programs must address the spectrum of attitudes underlying teenagers’ contraceptive and reproductive decisions in order to alter pathways to teenage pregnancy and early parenting.”^{xxxiii}

High quality programs are especially critical for young people living in a world where they are constantly exposed to highly sexualised images and messages. Skinner et al. cite a recent review of programs designed to reduce teenage pregnancy and promote sexual and reproductive health which found that “successful programs simultaneously target several behavioural outcomes and are based on established theories of health-related behaviour and on research into antecedents of sexual and non-sexual health-risk behaviour. These programs include activities to resist social pressures, use a variety of teaching methods, are of sufficient

duration, provide training for teachers or peer teachers, and involve the local community.”^{xxxiii} The abstinence-only model widely promoted in the USA in recent times has been discredited.^{xxxiv}

In the UK the factors found in countries with low or falling rates of teenage parenthood to be influential include:

- adequate sex education and information;
- contraceptive services;
- postponement of sexual activity;
- ‘life option’ programmes to give alternatives to early parenting;
- assertiveness training and communication about contraception;
- problem solving and decision making skills; and
- improving family communication about sex.^{xxxiv}

Improving outcomes for young parents and their children

The most fundamental change that needs to occur is recognition at the level of policy development of the range of inter-related community, family, socio-economic and psychological factors that underpin Australia’s comparatively high rates of teenage pregnancy and parenting, and a willingness to invest in long-term, broad-based, well-coordinated preventative action as well as in responsive and equitable service delivery.

The need for services to be designed specifically with the age and circumstances of parenting young people in mind is necessary to improve outcomes across the dimensions of health, education, housing and welfare. Anxieties about the ways they will be treated in mainstream services have been identified as significant barriers to young mothers accessing appropriate care and support.^{xxxv} The need to be treated non-judgementally is extremely important, affecting whether or not pregnant and parenting young people will revisit a particular service.

The availability of services that provide a wrap-around approach to meeting the needs of young parents and their children, either through direct service delivery or being able to refer to other trusted agencies is also important. Needs may include not only service access but also responding to major barriers for young parents in negotiating the world with such limited literacy skills, and lack of understanding of the way government support programs are structured and delivered. Clearly,



a lack of services in areas of high need such as rural and remote areas will have very negative impacts on the capacity of young parents to build solid futures for themselves and their children, and contribute to entrenching their experience of social exclusion.

Unmet needs are even higher amongst already marginalised groups of young women. Loxton et al. found that:

Women from culturally and linguistically diverse backgrounds experienced barriers to service delivery that included language, legal obstacles, a lack of services that were equipped to provide for the needs of specific cultures and religions, social isolation, and cultural conflict between young women and their family. Our findings for young Indigenous women were limited, but barriers to service delivery were found to include a judgemental attitude, a lack of individualised service, a lack of family orientation, no Indigenous centres, a lack of counsellors, social workers and Indigenous health workers, and poor word of mouth.

Women with mental health, substance use problems, or intellectual disabilities were found to be in need of a multitude of services, and yet were the least likely to have consistently used services.^{xxxvii}

How are our services performing?

There is every indication that the majority of school and community-based services for pregnant and parenting young people in Australia are providing high quality support within the scope of their funding and reach. In particular, they are committed to employing the kinds of approaches that are consistently identified in the literature as being key to achieving rapport with their clients, and effectively delivering support. These include:

- holistic approaches where possible based on the development of interagency partnerships;
- warm, welcoming, non-judgemental environments; and
- the use of peer mentoring and support where appropriate.

However, the number of such services, especially in the education sector, is woefully inadequate. The majority of services are funded on an ad hoc, non-recurrent (and often inadequate) basis, so the wheel of good practice and effective delivery is in constant need of reinvention. The lack

of services specific to the needs of diverse community groups serves to further entrench social disadvantage and exclusion.

How are Australian governments responding?

Evidence, vision and policy

Good policy is driven not only by evidence but also by vision. One without the other is insufficient. Vision without evidence, on the one hand, leads to the development of policies and practices that have little chance of hitting the mark. On the other, evidence without vision can be “cherry-picked” to suit purposes other than those most critical to, for example, pregnant and parenting young people, and lead to the development of policies (and practices) that are too narrow or fragmented to adequately address the full range of complex and inter-related causes and effects of challenging social issues.

In relation to the responses of government at all levels in Australia to the challenges of teenage pregnancy and early parenting, the current situation clearly reflects a lack of vision. While there are a range of policy statements, at both state and federal level, specific to teenage pregnancy and parenting, or references to their needs in the policy documents of particular portfolios, there is a complete absence of what is often referred to as a ‘joined-up’ approach. Policy statements tend to be unrelated to each other within jurisdictions, their implementation not adequately monitored, and their impact rarely evaluated. There is no evidence in the Australian policy response to teenage pregnancy and parenting of a vision for working systematically and comprehensively towards achieving either a reduction in unintended teenage pregnancies, or improved outcomes and life chances for families headed by young parents.

This stands in stark contrast to what is happening in other parts of the world, in particular to the approach taken by the UK government since the introduction of the *Teenage Pregnancy Strategy* in 1999.

The UK approach—evidence, vision, policy, and practice

The *Teenage Pregnancy Strategy* in the UK was launched in 1999 as an early initiative of the Blair Labour government, in response to the fact that the UK had the highest teenage birth-rate in Europe. It was, and continues to be built on an extensive evidence base, and over the intervening years research has been commissioned exploring a range

of key issues, including studies into the experiences of teenagers from different ethnic communities. The focus of the strategy has, from the outset, been on both reducing the incidence of teenage conception, and on supporting young parents and their children.

The strategy is a national one, coordinated from the centre, and with each local authority charged with its implementation and with developing local level partnerships with key mainstream service providers to ensure that the full range of issues involved are addressed in sustainable ways. Local areas developed 10-year strategies to address both the causes and the consequences of teenage pregnancy, including local targets which contribute towards the national targets for reducing the rate of teenage conception. Annual public reports have tracked the progress towards these targets, and considerable progress has been made.

Data... show that since the Strategy started the under-18 conception rate has fallen by 13.3 per cent with births to under 18s down by almost 25 per cent... It reflects a huge amount of hard work and dedication from strategic leaders, teenage pregnancy coordinators and people working in schools, youth services, sexual health clinics and wider children's services.^{xxxviii}

The key factors in reducing teenage pregnancy which have been identified over a series of evaluations are:

- The active involvement of key partners in health, education, social services, youth support services, and the voluntary sector.
- Selection of a strong champion in a senior position who takes the lead in implementing the local strategy.
- Effective sexual health advice services focussed on young people with a health promotion role as well as a service delivery function.
- Comprehensive sex and relationships education in all schools, as well as training for other professionals who work with the most vulnerable young people (such as youth workers and social workers).
- A clear focus on targeted interventions for young people at greatest risk of teenage pregnancy, in particular those who are or have been in care.
- Well-resourced youth services.
- Structured programs of advice and support for parents on talking to

their children about sex and relationships.^{xxxix}

A range of initiatives has also been developed to improve outcomes for young parents and their children. These include:

- maternity services tailored to meet the needs of teenage mothers and young fathers;
- holistic package of support for teenage mothers, co-ordinated by a lead professional;
- support for teenage mothers to re-engage in education, employment or training;
- a *Family Nurse Partnership* program which provides intensive home visiting for vulnerable first-time mothers under 20; and
- pilot models of supported housing for teenage mothers, with a view to commissioning supported housing for this group in the future of young people.^{xl}

A vision for policy and practice in Australia

A positive vision in Australia would acknowledge that both reducing teenage pregnancy and providing much wider, more consistent, and much better coordinated support for young parents and their children would improve not only the lives of individuals, but also make a significant social and economic contribution to the community over decades.

This can only be achieved if the vision of healthy, optimistic young people with the capacity to exercise control over their lives and choices is framed within an understanding that inequalities in social outcomes are the product of a web of forces that interconnect at the level of the individual, the family and the community. In the recently published *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*, Professor Michael Marmot and his team, in examining the social determinants of health across the life-span, raise issues that are as critical to how governments frame their response to the range of issues involved in teenage pregnancy and parenting as they are to health as a whole.

Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health. Inequalities in health arise because of inequalities in society—in the conditions in which people are born, grow, live, work, and age. So



close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.^{xii}

In other words, thinking about strategies to reduce teenage pregnancy and support young parents and their children must move beyond the reactive to the proactive, and connect activities and interventions across a range of fields. *The Marmot Review* clearly links a range of social indicators to health outcomes, describing them as marking the “social gradient in health”, and going on to say:

...the higher one’s social position, the better one’s health is likely to be... (S)erious health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, ‘bad’, unhealthy behaviour, or difficulties in access to medical care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society... (H)ealth inequalities that are preventable by reasonable means are unfair. Putting them right is a matter of social justice. A debate about how to close the health gap has to be a debate about what sort of society people want.^{xiii}

If we want a society “in which all Australians feel valued and have the opportunity to participate fully”, which the Australian Government claims is its vision on its Social Inclusion web-page^{xiiii} and in which, “all children have the best start in life to create a better future for themselves and for the nation”^{xlv}, as the Council of Australian Governments says it seeks, then the policy response to reducing teenage pregnancy and supporting young parents and their children needs to be much more robust, cohesive and extensive than is currently the case. It needs to adopt as its starting point the same kind of commitment to scope and longevity as has been the case in the UK.

So what *does* it take—and where to from here?

These were the two questions considered in the final session of the 2009 symposium. The changes that were needed in policy and service delivery had been thoroughly canvassed over the course of discussions and deliberations, and are outlined above. What was lacking was a mechanism to move the discussion beyond the walls of the symposium venue. The strategy was the formation of a national network, the *Australian Young Pregnant and Parenting Network (AYPPN)*, the seeds of which were planted at the symposium. Since then, the network has grown considerably, has been very fortunate to find an outstanding patron in the Governor-General, Her Excellency Ms Quentin Bryce, has been incorporated, and has appointed a National Coordinator.

Its vision is for pregnant and parenting young people from diverse communities and backgrounds around Australia to be able to make free and informed choices about their futures, to build good lives for themselves and their children, and to share the experience of social connectedness that is the basis for a happy and healthy life. AYPPN seeks to ensure that all pregnant and parenting young people can access accurate information and support to make informed choices about the future in environments where they are treated with respect and compassion. It believes that supporting pregnant and parenting young people is in everyone's interest, that with the right support young parents can be great parents, and that education is the key to independence.

To that end, the following objectives have been identified:

- Provide accurate, reliable information to pregnant and parenting young people on issues critical to the well-being of themselves and their children.
- Gather accurate information on, and identify gaps in, service provision, government policy and programs across Australia.
- Advocate for the development of a consistent national framework to address teenage pregnancy and to support pregnant and parenting young people and their children.
- Contribute to the development of national benchmarks in service provision.
- Lobby governments at all levels to ensure all pregnant and parenting

young people can access high quality services.

- Ensure that the needs of pregnant and parenting young people are taken into account in the development of significant government policy initiatives.
- Foster effective communication between service providers, researchers and policy makers across all states and territories, and to share practices, ideas and knowledge.
- Challenge the negative stereotypes of pregnant and parenting young people in the Australian community and to promote awareness of their capacities as well as their needs.
- Ensure that practice is, in all regards, evidence-based.

Strategies are being developed under the three themes of:

Substantiate

- Establish a research partnership with a respected university.
- Participate, with appropriate partners, in the development of new research projects.
- Link with existing clearinghouses to share research on key issues.

Educate

- Develop and maintain a website as a comprehensive, reliable source of information.
- Establish effective linkages with related programs and initiatives across all sectors to document and promote effective practices, strategies and research.
- Develop a community education program challenging negative stereotypes of pregnant and parenting young people.

Advocate

- Build a strong and credible profile with state and federal governments.
- Build strong partnerships across government, research, community and private sectors.
- Develop well-researched positions to:
 - Underpin campaigns for a national framework and benchmarking.
 - Respond to government policy initiatives impacting on pregnant and parenting young people and their children.

The *Australian Young Pregnant and Parenting Network* will be formally launched at its Research Symposium in Canberra on 25 October 2010.



Recommendations

The recommendations from this report are directed towards government at state and national levels, and are organised around three focus areas:

1. A national approach to improving outcomes for pregnant and parenting young people.
2. A national strategy to reduce teenage pregnancy and the teenage birth-rate.
3. A national approach to supporting young parents and their children.

Recommended strategies are underpinned by the following principles:

- They are consistent with the commitments of Australian governments to meet the requirements of Anti-Discrimination legislation, and obligations under the *Universal Declaration of Human Rights* and the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW).
- They address both preventative and responsive action.
- They respond to the diversity of culture, language, socio-economic status, and geographic location of pregnant and parenting young people and their children.

1. A national approach

- 1.1 A national approach to reducing the incidence of unintended teenage pregnancy, and to improving outcomes for pregnant and parenting young people and their children, should be developed as a matter of urgency through the mechanism provided by COAG.
- 1.2 Such an approach should be evidence-based, and supported by a sound research agenda which includes longitudinal studies to determine effective practice amongst diverse groups of young people, and which enables both national and localised strategies and appropriate targets to be developed.
- 1.3 It should be underpinned by an understanding of the complex factors, reflecting the experiences of young people over the course of their lives, involved in the sexual behaviours and pregnancy-resolution decisions of young people. It should demonstrate respect for the decisions they make about their lives, and ensure that the fact of parenthood at an early age does not result in long-term exclusion from education, employment and social connectedness; nor place the children of young parents at risk of long-term negative consequences.
- 1.4 It should commit to providing wider and more consistent support for young parents and their children while also responding to the demands of equity in the provision of services for diverse groups of young people in different parts of the country.
- 1.5 It should adopt a whole-of-government, or 'joined-up', approach, and foster appropriate collaboration not only between government agencies at national, state, and local levels, but also between government agencies and non-government organisations.
- 1.6 Such an approach should specify responsibilities at all levels of implementation, and

be monitored carefully over a significant period of time, with annual reporting to both government/s and the general public.

2. A national strategy to reduce teenage pregnancy and the teenage birth-rate

- 2.1 Develop and implement a long-term, proactive strategy to reduce the teenage birth-rate. Such a strategy should be part of a whole-of-government effort to reduce inequalities in the lives of families, thereby addressing the factors which predict higher rates of teenage motherhood amongst particular social groups. It should include a specific focus on:
 - a. improving girls' experience of, and attitudes to, schooling in the pre-adolescent years; and
 - b. providing 'life option' programmes for adolescents who may be disengaged from education, to provide alternatives to early parenting.
- 2.2 The strategy should be accompanied by a comprehensive research and evaluation framework:
 - a. a key element of such a framework should be the development of a method of consistent data collection across jurisdictions in relation to teenage pregnancy terminations:
 - i. it should support further research to better understand teenagers' decision-making processes in relation to the resolution of unintended pregnancy, and their experiences of termination.
 - b. given the higher health risks associated with teenage pregnancy and birth in under 15-year olds, current data collection and reporting needs to be modified to provide a clearer picture of the numbers of under-15 conceptions and births, and a more detailed profile of this cohort of young women.
- 2.3 The strategy should develop, through the national curriculum project, a comprehensive high quality sex and relationships education program, which clearly identifies:
 - a. its location in the core P-12 curriculum;
 - b. key learnings for particular age groups;
 - c. appropriate resources; and
 - d. strategies and resources for the provision of quality teacher training and professional development to ensure quality delivery in the classroom.
- 2.4 A national sex and relationships curriculum should include a focus on:
 - a. the development of respectful relationships between boys and girls;
 - b. knowledge about, and skill and confidence in using, contraception;
 - c. addressing the range of attitudes and values that young people bring with them that shape their motivation to engage in early sexual activity and to use contraception;
 - d. developing skills in resisting social pressures, identifying the nature of healthy relationships, problem solving and decision-making, negotiation, and assertiveness and communication about sexual activity and the use of contraception.
- 2.5 Such a curriculum should specifically address Australia's social, cultural, geographic and social-economic diversity in terms of content, teaching and learning strategies, and resources.
- 2.6 Develop and implement a public education campaign to meet the needs of young people who are not engaged in formal education for accurate information about sex and relationships, and skills in negotiating relationships, sexual engagement and the use of contraception. Such a campaign should be:



- a. a long term strategy regularly updated and refreshed; and
 - b. designed to meet the needs of diverse groups of young people including those:
 - i. with limited literacy skills;
 - ii. whose first language is not English;
 - iii. with disabilities; and
 - iv. who live in isolated and remote areas.
- 2.7 Improve access for teenagers to contraception, where possible via high quality youth-specific services:
- a. where youth specific services are not available, workers in generalist services, including doctors and nurses in general practice, should be provided with training to ensure that they:
 - i. provide accurate and unbiased information; and
 - ii. treat young people with respect and sensitivity.

3. A national approach to supporting young parents

- 3.1 A national whole-of-government working party should be convened to develop a comprehensive strategy to promote positive outcomes for young parents and their children, and to coordinate joined-up service delivery which responds to the diverse social, cultural, geographic and economic circumstances of young families:
- a. key issues which should be addressed in such a strategy include:
 - i. reducing long-term welfare dependency and poverty;
 - ii. improving secondary school completion rates and participation in post-school education and training by young parents;
 - iii. improving the emotional health and well-being of young mothers; and
 - iv. improving health outcomes for the children of teenage parents.
- 3.2 It should be accompanied by a national review of service delivery, with a view to identifying areas where service needs are high and supply is low; and where the needs of particular groups are not adequately met. This should include:
- a. a focus on current funding models with a view to removing the uncertainty under which many services currently operate due to the non-recurrent status of their funding base;
 - b. greater provision of residential programs for pregnant and parenting young women who are homeless, or at risk of homelessness, or who have other high-level needs that require a residential placement;
 - c. a commitment to outreach services to target young parents who would not usually seek assistance from existing services;
 - d. the provision of support to the parents/families of pregnant and parenting young people to assist them to develop the understanding and skills to assist their children and grandchildren; and
 - e. identifying the service needs of young fathers in terms of emotional, social, and educational support.
- 3.3 Develop a national research partnership to provide an evidence base for the development and evaluation of interventions to improve outcomes for young parents and their children:
- a. prioritise research projects which focus on:
 - i. areas where there is an above average incidence of births to teenage mothers, for example, in the Aboriginal and Torres Strait Islander community, especially those living in remote areas;
 - ii. filling gaps in knowledge and understanding of the experiences and decision-making of pregnant teenagers, for example in relation

- to teenagers in culturally and linguistically diverse communities; and
 - iii. the experiences and needs of young fathers.
- 3.4 Improving secondary school completion rates and participation in post-school education and training by young parents should be underpinned by an acknowledgement of:
- a. the prohibitions placed on education authorities, schools and training bodies from discriminating either directly or indirectly in the provision of education services on the basis of pregnancy or parental status;
 - b. the responsibility of schools and training institutions to work proactively to meet the needs of all students through instituting special provisions that are stable over time, and introducing sufficient flexibility in service delivery to respond to the changing demands on student-parents' time and capacities;
 - c. the need to consider alternative funding arrangements to ensure equitable distribution of high quality support for pregnant and parenting young people in education and training, including the development of differentiated partnerships that respond to the nature of the need at the local level; and
 - d. the need to develop specific strategies, including outreach initiatives, to re-connect young parents to education and training.
- 3.5 Review the proviso of child-care subsidies as they relate to young parents, especially in relation to the limitations of current JET funding to meet the needs of young parents who are completing secondary education and seeking to engage in post-school education and training.
- 3.6 Support the development of better treatment of pregnant and parenting young people by mainstream health services by developing initiatives such as :
- a. training for mainstream health professionals who deal with pregnant teenagers and young parents, to ensure that their experiences of ante-natal services, labour, birth and post-natal care are as positive as possible;
 - b. developing specialist training for midwives dedicated to working with young mothers, to enhance connections between clients and other health professionals; and
 - c. identifying and skilling community members who could provide alternative forms of support to highly vulnerable pregnant and parenting young people especially in relation to their dealings with health providers.
- 3.7 Support the development of confidence and skills in parenting via services and delivery methods that meet the needs of young peoples and are sensitive to their sense of being judged and scrutinised by the adult population, ensuring that such services are available to, and welcoming of, young fathers.
- 3.8 Develop and implement a public education campaign to address the stigma still attached to teenage pregnancy and parenting, and to reduce the negative public scrutiny to which pregnant and parenting young people feel constantly subjected. Such a campaign should raise awareness of the ways in which local communities can support young parents and their children in the interest of the well-being of individuals and the community as a whole.



Appendix A—Symposium Program

4th August

9.00 - 9.10	Welcome and housekeeping.	Jan Gillies
9.10 - 9.20	Welcome to country.	Valda Coolwell
9.20 - 9.50	Opening address.	Kay Boulden
9.50 - 10.35	Keynote address.	Bernadette Black
10.35 - 10.45	Q & A and comments from audience.	Jan Gillies

10.45 - 11.15 Morning tea

11.15 - 12.45	Panel: Young, pregnant and parenting—young women speak about their experiences, questions from audience. Breakout groups identify most pressing issues and possible responses. Reporting back. Response from Julie Grantham, Director-General, Department of Education and Training, Queensland.	Facilitated by Kay Boulden
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12.50 - 1.45 Lunch

1.45 - 3.15	Panel: Teenage pregnancy and parenting—issues in remote Indigenous communities. Young parents and workers from support programs speak about their experiences, questions from audience. Breakout groups identify most pressing issues and possible responses. Reporting back.	Facilitated by Kay Boulden and Jan Gillies
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3.15 - 3.45 Afternoon tea

3.45 - 5.15	Panel: Community-based support services for pregnant and parenting young people. Breakout groups identify two most pressing issues and possible responses. Reporting back.	Facilitated by Jan Gillies
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5th August

9.00 - 10.30	Panel: Education and Training-based support programs for pregnant and parenting young people. Breakout groups identify most pressing issues and possible responses. Reporting back.	Facilitated by Jan Gillies
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10.30 - 11.00 Morning tea

11.00 - 11.30	Whole symposium meeting—reflections and future directions—identification of areas for working groups.	Facilitated by Jan Gillies
11.30 - 12.30	Working groups develop recommendations in key areas.	
12.30 - 1.00	Feedback from working groups and recommendations.	

1.00 - 2.00 Lunch

2.00 - 2.45	Whole symposium meeting—where to from here?	Facilitated by Jan Gillies
2.45 - 3.00	Young parents panel—responses and comments.	
3.00	Close.	

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