



Commissioner for Children and Young People
Western Australia

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Australian Human Rights Commission
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Dear Ms Mitchell

Submission to National Children's Commissioner on young parents and their children

Thank you for the opportunity to provide a submission and participate in the upcoming roundtable to discuss the early interventions that promote positive outcomes for young parents and their children.

Under the Commissioner for Children and Young People Act 2006 (WA) it is my role to advocate for the best interests of all children and young people under the age of 18 years in Western Australia and to promote and monitor their wellbeing.

In doing so I must have regard for the United Nations Convention on the Rights of the Child and give priority to Aboriginal children and young people, and children and young people who are vulnerable or disadvantaged for any reason.

The age-specific fertility rate (i.e. number of children born to an age group per 1,000 of the population) has been steadily decreasing for young people in Australia, except for young people from areas of socio-economic disadvantage, those from regional locations, and Aboriginal young people.¹ This is consistent for young women (under 19 years) in Western Australia, where birth rates for Aboriginal young women are more than six times the rate for non-Aboriginal women, where the majority of young women giving birth come from areas of significant disadvantage,² and where the fertility rate of young women in regional locations has increased, particularly across "Outback"

¹ Lewis L.N. et al 2009, 'How do pregnancy outcomes differ in teenage mothers? A Western Australian study', *Medical Journal Australia*, Vol 190, No. 10, pp. 709-717.

² Hutchinson M & Joyce A 2016, *Western Australia's Mothers and Babies, 2013: 31st Annual Report of the Western Australian Midwives' Notification System*, Department of Health.

Caring for the future growing up today

Western Australia (including the regions of Goldfields-Esperance, Gascoyne, Kimberley, Mid West and the Pilbara) and the Wheatbelt and Great Southern regions.³

Young parents are capable of providing safe, effective and appropriate parenting for their children to thrive,⁴ however have often experienced multiple forms of disadvantage in their lives which place them at a higher likelihood not only of having an early pregnancy, but also for them and their children experiencing adverse life outcomes and further disadvantage. Young parents have often experienced unstable living arrangements, abuse and neglect in their childhood, disengagement from schooling, mental illness, and had parents who parented young or were single parents.⁵ It is these factors, rather than simply the age of young parents, that most likely contribute to some of the poor outcomes that young parents and adolescent mothers face,^{6 7} such as poor living conditions, high levels of stress, poor maternal and infant health outcomes, single parenthood, domestic violence, family instability, postnatal depression and social isolation.^{8 9} Prevention and intervention strategies must view young people in this context, and take a holistic approach to addressing and overcoming the multiple and cumulative experiences of disadvantage that many young people and young parents face as their realities.

Whilst the majority of teenage pregnancies are unplanned,¹⁰ early motherhood can often be a valid option for some young people in terms of the opportunities available to them, and the expectations and norms within their social and cultural networks and communities.¹¹ Motherhood can give young woman a sense of purpose, identity and belonging, and for many, has been a catalyst and turning point for them in their lives, giving them meaning and purpose, encouraging them to develop new aspirations and goals to improve their lives and that of their child, and to cease risky behaviours. Any

³ Australian Bureau of Statistics 2014, *Births, Australia, 2013*, 'Table 2.1: Births, Summary, Statistical Areas Level 4 - 2001 to 2013', data cube: Excel spreadsheet, cat. No. 3301.0 [website], viewed 4 May 2017
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02013?OpenDocument>

⁴ Department of Health 2006, *Birth to School Entry Child Health Services: Universal Contact Schedule 2006*, Department of Health, Western Australia.

⁵ Coley R & Chase Landsdale P 1998, 'Adolescent pregnancy and parenthood: Recent evidence and future directions', *American Psychologist*, Vol 53, No 2, pp. 152-166.

⁶ Ibid.

⁷ Duncan S 2007, 'What's the problem with teenage parents? And what's the problem with policy?' *Critical Social Policy*, Vol. 27, No 3, pp. 307-334.

⁸ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

⁹ Department of Health 2008, *Antepartum Care: Adolescent Clinic Clinical Guidelines*. Women and Newborn Health Service: Department of Health.

¹⁰ Duncan S 2007, 'What's the problem with teenage parents? And what's the problem with policy?' *Critical Social Policy*, Vol. 27, No 3, pp. 307-334.

¹¹ SmithBattle L 2007, 'Legacies of advantage and disadvantage: The case of teen mothers', *Journal of Public Health Nursing*, Vol. 24, No 5, pp. 209-420.

interventions or supports for young people must be developed from the premise of recognising their inherent capabilities and strengths in raising children, and be respectful of their decision to choose to raise children early.

"I wouldn't change anything because she [the baby] changed my life. I was living in [a town] and started to get into drugs really heavily. There was no hope for me and I just see that she saved my life."¹²

"I have someone to protect now, I have someone to think of now. Like she's my life now, she's my priority and everything I'll do is for her. Like it's a different feeling from before I had her, yeah because before it's like it's just about me but now it's about her now."¹³

This project provides an opportunity to develop a cohesive national strategy and vision around how to best support positive outcomes for young parents and their children. States and Territories currently hold the responsibility for developing their own strategies for reducing young pregnancy and supporting young parents. A national focus would provide an opportunity to concentrate our efforts, and build a strong evidence base and strategies on how to best improve outcomes for this group of young people and their children.¹⁴ These strategies should be holistic in focus, promote collaboration, be underpinned by a research and evaluation framework, address the need for early education, prevention and support, and be developed through consultation with young people.

Current gaps in our knowledge and the need for evidence-based interventions

There are a variety of supports most commonly provided to young parents, ranging from home-visiting services, antenatal adolescent clinics, young parents groups, peer-mentoring, and school based education programs. Despite the range of programs available, there is not a clear evidence or evaluation base to inform which are most effective in supporting young parents and their children. The way that interventions are constructed and outcomes are measured can make evaluation problematic, with many interventions focusing on outcomes for parents rather than the children, and on the short-term positive impacts rather than long-term effects. Interventions often focus on targeting the children of young parents during their early years of childhood,

¹² Morehead A & Soriano G 2005, 'Teenage mothers: constructing family', *Family Matters*, Vol. 72, Summer 2005, p. 68.

¹³ Butler K et al 2010, *Experiences and Aspirations of Younger Mothers*. Institute of Child Protection Studies: Australian Catholic University, p. 33.

¹⁴ Boulden K 2010, *What it takes: Supporting pregnant and parenting young people: Report of the Association of Women Educators National Symposium*, Association of Women Educators.

despite research suggesting that outcomes are poorer in the older age group of children of young parents.¹⁵

Very few programs for young parents have been properly evaluated or tested through experimental designs. Existing evaluations can be impacted by issues such as small sample sizes and attrition rates, and comparisons between programs can be difficult due to inconsistent objectives, dosage, duration and content of different programs.¹⁶ This makes it difficult to draw conclusions on the most effective programs, and I believe this demonstrates the need for a stronger evidence base for programs and interventions for young parents.

The need for prevention strategies

Strategies are required to ensure young people are equipped with the knowledge and resources that they need to prevent unplanned pregnancy in the first instance, in addition to providing knowledge and information to support the decision making and options for those young people who choose to parent at a young age. In order to reduce unplanned pregnancies, Australia requires a national approach and proactive strategy to provide quality sex and relationships education to all young people and support access to contraceptives, which are critical factors in reducing the birth rate to young parents.^{17 18} Educational strategies for this fall to States and Territories, and often based around optional sexual and relationship education within schools. Young people in Australia identify schools as the primary and one of the most trusted sources of information about sexuality and relationships,^{19 20} however without a consistent and mandatory national approach to delivering this within the education system, there will not be consistent knowledge amongst young people.

"I think the younger group of children need to learn about the diseases and the dangers that can be caused by having sex, cos I only recently learned about the diseases and different things and was surprised I didn't know about these things sooner. I also think they need to learn how important to have safe sex

¹⁵ Coley R & Chase Landsdale P 1998, 'Adolescent pregnancy and parenthood: Recent evidence and future directions', *American Psychologist*, Vol 53, No 2, pp. 152-166.

¹⁶ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

¹⁷ Boulden K 2010, 'What it takes: Supporting pregnant and parenting young people: Report of the Association of Women Educators National Symposium', Association of Women Educators.

¹⁸ Family Planning Alliance Australia n.d., *Relationships and sexual education in schools: Position statement*, Family Planning Alliance Australia.

¹⁹ Johnson B et al 2016, 'It is not all about sex': *Young people's views about sexuality and relationships education. Report of Stage 1 of the Engaging Young People in Sexuality Education Research Project*, University of South Australia.

²⁰ Smith A et al 2009, *Secondary Students and Sexual Health 2008: Report of the findings from the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health*. Australian Research Centre in Sex, Health and Society.

and I believe it should be before high school, before they start getting pressured by the people who surround them.²¹

It has been suggested that improved contraceptive use and access to abortions has resulted in the overall falling rates of children born to young parents in Australia.²² However, given that the rates of pregnancy for some young people are not changing, specific prevention strategies are required to target and address knowledge, access and attitudes to prevent pregnancy within these groups. Studies suggest that Aboriginal young people are less likely to know about and use reliable forms of contraception, less likely to have access to contraception in regional areas, and are less likely to terminate a pregnancy should it occur.²³

"I had no idea about that [contraception] before I got pregnant. If I had known about this [pointing to contraceptive implant] then I wouldn't have got pregnant...see I got pregnant just right after I started doing it..."²⁴

One promising program being used to empower and educate young Aboriginal people about pregnancy, birth and parenting is the Core of Life Program. Program evaluations show a significant increase in participant's knowledge about pregnancy, birth and parenting, an increased likelihood of participants accessing community resources, and have demonstrated successful replication across multiple sites.^{25 26}

Young people in out-of-home care are also more likely than their peers to become a young parent. For these young people, there are a variety of factors that may influence their increased likelihood to have children young, including the lack of information or advice provided by carers or caseworkers, and missing out on relationships and sexual education in high school due to schooling disruptions.²⁷

²¹ Larkins S 2007, *Attitudes and behaviours of teenage Indigenous women in Townsville, Australia, with respect to relationships and pregnancy: the "U Mob Yarn Up" Young Parents' Project*, James Cook University, p. 149.

²² Lewis L.N. et al 2009, 'How do pregnancy outcomes differ in teenage mothers? A Western Australian study', *Medical Journal Australia*, Vol 190, No. 10, pp. 709-717.

²³ Larkins S et al 2009, *Literature, evaluations and research on Australian Indigenous young parents programs: a review*, James Cook University.

²⁴ Larkins S 2007, *Attitudes and behaviours of teenage Indigenous women in Townsville, Australia, with respect to relationships and pregnancy: the "U Mob Yarn Up" Young Parents' Project*, James Cook University.

²⁵ Australian Institute of Family Studies, *Promising Practice Profiles: Core of Life - National Project*.
<www3.aifs.gov.au/institute/cafcapppp/ppp/profiles/pppdocs/itg_core%20of%20life.pdf>

²⁶ Commissioner for Children and Young People WA 2012, *Building Blocks: Best practice programs that improve the wellbeing of children and young people – Edition One*, Commissioner for Children and Young People WA.

²⁷ Barn R & Mantovani N 2007, 'Young mothers and the care system: Contextualizing risk and vulnerability', *British Journal of Social Work*, Vol.37, No 2, pp.225-43.

I support a comprehensive and consistent national strategy and policy approach to ensuring that young people receive the education that they require to make safe and appropriate choices regarding relationships and their sexuality.

Stigma facing young parents

The rate of births to young parents may have changed over time, but societies' views towards these young people has largely stayed the same, with young parents often perceived negatively, or incapable of providing appropriate or adequate care for children and young people.²⁸

"No, it's just that word attached with the mum kind of gives us a really bad reputation, because you think of young people and you think of crimes and shoplifting and car theft and crap like that, and then you add mum onto it and it sounds, to me, it just sounds negligent. But in reality, we are young mums. We can't escape from that."²⁹

Many young parents experience stigma and stereotyping, and have concerns and anxieties around accessing mainstream services where they feel they may be judged by staff or older mothers.^{30 31 32} For these reasons, young people require specific and dedicated youth services to support their pregnancy and parenting needs. Services should also utilise other mechanisms, such as peer-led programs, which could improve the accessibility of the service for young parents.³³

"Yeah well I went to a playgroup when he was a baby and I was the youngest one by ten years, pretty much, yeah and they were all really nice, but they can't relate a lot to yourself, because they are a lot older, and they parent you."³⁴

²⁸ Price-Robertson R 2010, *CAFCA Practice Sheet: Supporting young parents*, Communities and Family Clearinghouse Australia.

²⁹ Butler K et al 2010, *Experiences and Aspirations of Younger Mothers*. Institute of Child Protection Studies: Australian Catholic University.

³⁰ Whitley R & Kirmayer LJ 2007, 'Perceived stigmatisation of young mothers: An exploratory study of psychological and social experience', *Social science & medicine*, Vol. 66, No 2, pp.339-348.

³¹ Buckley A & Beavington J 2013, *Facilitating Young Parents' Empowerment: Insights from service providers and young parents living in Armadale*, Curtin University.

³² Loxton D et al 2007, *Barriers to Service Delivery for Young Pregnant Women and Mothers*, National Youth Affairs Research Scheme.

³³ Munns A et al 2014, 'Effectiveness and experiences of families participating in peer led parenting support programs delivered as home visiting programs and the meaning they attribute to these support programs: a systematic review protocol', *JBIC Databases of Systematic Reviews & Implementation Reports*, Vol. 12, No 3, pp. 1-13.

³⁴ Buckley A & Beavington J 2013, *Facilitating Young Parents' Empowerment: Insights from service providers and young parents living in Armadale*, Curtin University, p. 38.

“Like they don’t like the idea that we’re all having children young, out of wedlock, all that sort of stuff, so they try and do everything in their power to stop it from happening, where if anything they just pushing people away from wanting to go and get help from those agencies. They’re making us all dislike them instead of wanting them to help us out.”³⁵

These discourses and assumptions around young parents must be challenged, as they are capable of providing nurturing and positive parenting and environments to raise their children, provided they have the appropriate supports and resources to do so.³⁶ Rather than viewing young parents as being at risk or vulnerable, they should be seen in the context of their strengths, and recognised as individuals who have chosen to raise their child, and who, with the appropriate supports, can overcome challenges and achieve positive outcomes for themselves and their children.³⁷

“I know my sister and I both got pregnant young, but we’re not drug addicts, we’re not alcoholics, we both go out, and we’ve made the best of our lives, we love our kids, we’re both good mums, we own our homes, we’re both with our partners that, you know, that we’ve had our children with, it’s the same for my sister, so we’re good people, we just happen to have had our children very, very young.”³⁸

Barriers and enabling factors for young parents accessing support

There are multiple barriers that young people experience in accessing services, as well as enabling factors that encourage their engagement. A study conducted on behalf of the National Youth Affairs Research Scheme categorised potential barriers to service access for young pregnant and parenting mothers into three areas, including; *common barriers* such as a lack of knowledge about services, literacy issues, and lack of local services, lack of transport or childcare available to young parents; *specific service barriers* such as complicated referral systems, young parents’ discomfort in accessing mainstream services; and *barriers for vulnerable young women* such as lack of culturally appropriate services, and a lack of services to address multiple complex needs for young parents.³⁹ The report also identified a variety of enabling factors that promote access to services, including provision of knowledge, support and assistance to access services, free services, and home visits. It is vital that programs and interventions respond to barriers by developing service models to overcome them.

³⁵ Butler K et al 2010, *Experiences and Aspirations of Younger Mothers*. Institute of Child Protection Studies: Australian Catholic University, p. 32.

³⁶ Department of Health 2006, *Birth to School Entry Child Health Services: Universal Contact Schedule 2006*, Department of Health, Western Australia.

³⁷ Price-Robertson R 2010, *CAFCA Practice Sheet: Supporting young parents*, Communities and Family Clearinghouse Australia.

³⁸ Harman B 2010, *Teen Parents Research Report: Summary of Results*, Edith Cowan University.

³⁹ Loxton D et al 2007, *Barriers to Service Delivery for Young Pregnant Women and Mothers*, National Youth Affairs Research Scheme .

Best practice delivery of programs for young parents

Young people may require a variety of support or services to meet their needs, including antenatal care, parenting education, housing and accommodation, child-care, social opportunities, mental health, substance use, and relationship counselling. There are a range of programs used to support young parents and their children, with most common either being run as community-based interventions, school-based interventions, home-visiting programs or supported housing options.

Community and school-based interventions often provide important opportunities to connect young parents to their peers and other services that can assist them (including health services, education services etc.), and have often demonstrated improved outcomes in relation to school retention and education, parenting knowledge and child development.⁴⁰

“Yeah it’s good because then you can see like, what everyone else, like their opinion is on stuff, that you think well ‘I really wouldn’t really do that’, and they’re like “well I do this and that seems to work”, so then you can kind of give it a go because you’ve seen it’s worked with someone else.”⁴¹

“(The group has been) very informative actually, um they pretty much go through everything, your normal antenatal classes go through, just sort of aimed at younger people. So it’s sort of a lot more relevant to us...just everything from um how to take care of ourselves, to how to take care of baby, to relationships with family and financial stuff and everything, they just let you know pretty much everything you need to know.”⁴²

Home visiting programs, particularly nurse home visiting services, have often been shown to improve both the short and long-term outcomes for young parents and their children including improved parenting skills and attitudes towards child-rearing, increased participation in schooling and employment, enhanced prenatal health, and a reduction in incidences of injury to children and young people.^{43 44} However, whilst there are some advantages of home visiting, including solving transport issues, it is

⁴⁰ Key J et al 2001, ‘The Second Chance Club: Repeat Adolescent Pregnancy prevention with a school-based intervention’, *Journal of Adolescent Health*, Vol. 28, No 3, pp. 167-169.

⁴¹ Buckley A & Beavington J 2013, *Facilitating Young Parents’ Empowerment: Insights from service providers and young parents living in Armadale*, Curtin University, p 38.

⁴² Loxton D et al 2007, *Barriers to Service Delivery for Young Pregnant Women and Mothers*, National Youth Affairs Research Scheme, p 73.

⁴³ Olds D L et al 2014, ‘Effect of home visiting by nurses on maternal and child mortality results of a 2-decade follow-up of a randomized clinical trial’. *JAMA Paediatrics*, Vol. 168, No 9, pp. 800–806.

⁴⁴ Schulyer Center for Analysis and Advocacy 2008, *Teenage births: Outcomes for young parents and their children*, Schulyer Centre for Analysis and Advocacy.

important to recognise that this may not always be the preferred location for young people, and can present challenges around privacy and feelings of control around the support young women may be receiving.⁴⁵ It is also suggested that home visiting programs are more effective when they last for more than a year, offer a minimum of quarterly visits to families, and focus on early childhood.⁴⁶

"I used the Brighter Futures program, and my case worker, she's great, she helps me, she talks to me, she does home visits and everything and I connected up with them after I had my son because of the situation that I was in. But the midwife come and done a home visit and she seen what I was going through with him, so she saw firsthand, so she referred me on to somebody from Brighter Futures and thought they might be able to help me. And she has, because my car is broken down now, she'll do things, she'll take me places that I need to go, she'll take me shopping, she comes in and says hi to the kids, plays with the kids. She's always asking how I am. She always tries to make sure that I'm okay."⁴⁷

Regardless of the type of program or intervention, there are common characteristics that underpin successful programs for young parents and their children. From a summary of the literature, we've identified that programs are more successful for young parents when:

- there is a one-on-one relationship with a consistent primary staff member who they will work alongside
- the program begins during pregnancy and continues up to 3 years after the birth of the infant;
- the program design is flexible to individual needs of the young person (e.g. where, how and when it is delivered)
- young people have a voice in the design of the program and in the service they receive;
- the program holistically recognises and responds to the multiple forms of social disadvantage that young people may face
- the program includes young fathers
- young people are supported to build their self-confidence and develop connections
- programs include counselling and guidance to support continuation in education, planning for employment or any other needs they have
- programs support and facilitate parenting and child care responsibilities;
- services work in partnership, and facilitate referrals to meet the needs of young people

⁴⁵ Middleton P 2009, *Preventing infant deaths among Aboriginal and teenage women in South Australia*, University of Adelaide.

⁴⁶ Kahn J & Moore K 2010, What works for home visiting programs: Lessons from experimental evaluations of programs and interventions, *Child Trends* <<https://www.childtrends.org/wp-content/uploads/2005/07/2010-17WWHomeVisit.pdf>>

⁴⁷ Butler K et al 2010, *Experiences and Aspirations of Younger Mothers*. Institute of Child Protection Studies: Australian Catholic University, p. 66.

- utilise a family systems approach, and engage family members or friends in the delivery of programs
- service staff have the knowledge, skills and motivation around the needs of young parents and are able to discuss sensitive issues with them
- facilitate hands-on education with real infants to demonstrate different techniques to parenting;
- utilise technology to provide feedback and initiate discussion with young people
- there are good referral and transition processes for when a young person leaves the service^{48 49 50 51 52 53 54}

In addition to the above best practice principles, there are other specific considerations that are required to ensure that programs and support are appropriate and culturally safe for Aboriginal young people.⁵⁵ In 2013, 28% of all children born to young mothers (15 – 19 years old) in Western Australia were born to Aboriginal young mothers, with Aboriginal mothers constituting nearly 50% of all births for young parents under the age of 15.⁵⁶ In 2015, through extensive consultation as part of my Listen to Us report, I heard from Aboriginal young people in Western Australia who wanted to see more support within their communities for young Aboriginal parents or single parents. Pregnant young mothers are more likely to smoke, drink or be exposed to domestic violence during their pregnancy than older mothers, with the severity and occurrence likely much higher for pregnant Aboriginal young people.^{57 58} These factors should be

⁴⁸ Best Start Resource Centre 2009, *Subsequent Teen Pregnancies: Exploring the Issues, Impact and Effectiveness of Prevention Strategies*, Best Start Resource Centre.

⁴⁹ Buckley A & Beavington J 2013, *Facilitating Young Parents' Empowerment: Insights from service providers and young parents living in Armadale*, Curtin University, p. 38.

⁵⁰ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

⁵¹ Berlyn C et al 2008, *Engaging Fathers in Child and Family Services*, Department of Families, Housing, Community Services and Indigenous Affairs.

⁵² Price-Robertson R 2010, *CAFCA Practice Sheet: Supporting young parents*, Communities and Family Clearinghouse Australia.

⁵³ Coley R & Chase Landsdale P 1998, 'Adolescent pregnancy and parenthood: Recent evidence and future directions', *American Psychologist*, Vol 53. No 2, pp. 152-166.

⁵⁴ Crockenberg S 2006, 'Professional support for adolescent mothers: Who gives it, how adolescent mothers evaluate it, what they would prefer', *Infant Mental Health Journal*, Vol. 7, No 1, pp. 49 – 58.

⁵⁵ Hutchins T et al 2007, *Evidence into action topical paper – Indigenous early learning and care*, Australian Research Alliance for Children and Youth.

⁵⁶ Hutchinson M & Joyce A 2016, *Western Australia's Mothers and Babies, 2013: 31st Annual Report of the Western Australian Midwives' Notification System*, Department of Health.

⁵⁷ Larkins S et al 2009, Literature, evaluations and research on Australian Indigenous young parents programs: a review, James Cook University.

considered as part of prevention and intervention strategies for Aboriginal young parents and their families.

There have been a range of best practice principles developed from consultation with Aboriginal young parents. Many of these principles and considerations are the same as the ones already discussed, however further identify the importance of having:

- committed and engaging Aboriginal staff and health workers
- culturally sensitive antenatal and postnatal health care
- increased education, access and use of contraception, STI testing and abortions
- programs and resources developed through local involvement, consultation and ownership by community^{59 60}
- services and resources invested into regional and remote communities, given this is where the majority of Aboriginal people in Western Australia reside⁶¹

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) also provide a range of resources that can inform best practice approaches to supporting Aboriginal children and their families. The impact of existing programs for Aboriginal parents and families can often be limited by short-term funding and a lack of evaluations; however some programs have been demonstrated to have positive effects and impacts in their communities. These programs have not necessarily been developed or evaluated specifically for use with Aboriginal young parents, however given the median age of Aboriginal mothers is around 25 years of age (approximately six years younger than the median age for all mothers),⁶² they would likely have more relevance and applicability to be modified for younger parents.

The *Strong Women, Strong Babies, Strong Culture* is one example of such a program, which connects senior Aboriginal women within communities to Aboriginal mothers, and delivers culturally appropriate education and support to improve the health of Aboriginal women and their children. This program has demonstrated to have positive improvements on infant birthweights for mothers participating in the program and in

⁵⁸ Telethon Institute for Child Health Research 2009, *Alcohol and Pregnancy Project. Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals*, Telethon Institute for Child Health Research.

⁵⁹ Larkins S et al 2009, *Literature, evaluations and research on Australian Indigenous young parents programs: a review*, James Cook University.

⁶⁰ Mildon R & Polimeni M 2012, *Parenting in the early years: effectiveness of parenting education and home visiting programs for Indigenous families. Resource sheet no. 16*, Closing the Gap Clearinghouse: Australian Institute of Family Studies.

⁶¹ Australian Bureau of Statistics 2006, *Population Distribution, Aboriginal and Torres Straits Islander Australians*, Australian Bureau of Statistics, p. 6.

⁶² Australian Bureau of Statistics 2011, *Births, Australia 2010*, cat. No. 3301.0, <[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/3148B41DC3875A59CA25793300168145/\\$File/33010_2010.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/3148B41DC3875A59CA25793300168145/$File/33010_2010.pdf)>

increasing community participation in the support of young mothers,^{63 64} however evaluations have not yet captured how effective it has been in achieving the other outcomes it has set out to achieve.

The Yanan Ngurra-ngu Walalja Halls Creek Community Families is another example of a community-based program for Aboriginal parents that operated out of Halls Creek in Western Australia, training local Aboriginal community members to deliver community care, peer support and encouragement of parents within the remote community of Halls Creek. The program recognised that there was a lack of services available for pregnant or parenting community members, and trained local teams to provide this vital maternal and child health care and education through home visiting and peer support environments with local pregnant women. The program took a participatory approach, encouraging parents to develop strategies to address their own and their children's needs, as well as strengthening connection to peers and within the community.⁶⁵

Regional young people

Regional and remote young people are overrepresented in the numbers of births to young mothers, however due to their location, are less likely to have the resources and services within their community to support their needs during pregnancy or whilst they are raising children.⁶⁶ Young people from regional or remote areas may face additional barriers such as contraception availability, educational, employment and other life options available to young people in regional or remote communities, and different beliefs around the age of child-rearing.⁶⁷ It is vital that young people, parents or pregnant young people in these areas are able to receive the education and supports that they need, and that services are flexible to the needs of the local communities.

Hearing young people's voices

Young people have unique insights into their own needs, and need to be involved in the development of programs and services that are designed to support them. This results in services and programs that are more relevant to the broader needs of young people, as well as sensitive to the individual experiences or needs of each young person.

⁶³ Lowell, A et al 2015, 'Supporting Aboriginal knowledge and practice in health care: lessons from a qualitative evaluation of the strong women, strong babies, strong culture program', *BMC Pregnancy and Childbirth*, Vol. 15, No 9.

⁶⁴ Tursan D'Espaignet E et al 2003, 'Monitoring the "Strong Women, Strong Babies, Strong Culture Program": the first eight years.' *Journal of Paediatrics and Child Health*, Vol. 39, No 9, pp. 668-672.

⁶⁵ Munns A 2010, 'Yanan Ngurra-ngu Walalja: Halls Creek Community Families Programme', *Neonatal, paediatric and child health nursing* Vol. 13, No 1, pp. 18-21.

⁶⁶ Carter K & Spear H 2002, 'Knowledge attitudes and behaviour related to pregnancy in a rural teenage population', *Journal of Community Health Nursing*, Vol. 9, No 2, pp. 65-75.

⁶⁷ Boulden K 2010, 'What it takes: Supporting pregnant and parenting young people: Report of the Association of Women Educators National Symposium', Association of Women Educators.

A number of small consultation processes have occurred in distinct locations, or with specific cohorts of young people in Australia. These consultations and reports provide important insights about the challenges that young people face in accessing support and having positive life outcomes, as well as the best practice principles that should be in place to support them. Young parents are not a homogenous group, and it is vital to recognise the difference in life experiences and individual preferences for support in any intervention model or program.

Given many young people are reluctant to access mainstream services, it is important that they are involved in co-design processes to ensure that services are accessible and relevant to their needs. One example of a participatory research project with young parents occurred in New South Wales, where young Aboriginal fathers were recruited to develop web-based and mobile phone text-based messaging and mood tracking programs to assist them with support around their fathering and their mental health. These type of processes can not only ensure that the services developed are appropriate, culturally or otherwise, to the needs of young people, but also empower and build the capacity of young parents to be role models and leaders for other young parents.⁶⁸ Young people are best placed to articulate their own specific needs in service delivery, and should be engaged in co-design processes to be able to develop services and interventions that would best meet their individual needs.

Early interventions likely to decrease the risk profile and trajectory of young parents, young parents to be and their children

Holistic, long-term programs and services are required to support positive outcomes for young parents and their children, and to overcome any disadvantage that they are experiencing. Any intervention needs to be able to address the varied needs of young people, including having stable accommodation and housing, having coordinated services to address their complex needs, and supporting their mental health and wellbeing.

The most common interventions for young parents and their children tend to focus on specific outcomes for children, including improved health, behaviours and development, as well as parent outcomes such as reproductive health, mental health, education, employment and parenting techniques and skills.⁶⁹ Many interventions aim to achieve a wide range of positive outcomes or objects, but often are only successful on delivering a small number of these.⁷⁰ It is important to be able to identify and distinguish the successful elements of each program so that these can be replicated and used to develop more effective interventions.

⁶⁸ Fletcher R et al 2017, 'Stayin' on Track: the feasibility of developing Internet and mobile phone-based resources to support young Aboriginal fathers', *Australian Journal of Primary Health*, pp. 1-6.

⁶⁹ Chrisler A & Moore K 2012, *What works for disadvantaged and adolescent parent programs: Lessons from experimental evaluations of social programs and interventions for children*, Child Trends.

⁷⁰ Ibid.

Improving outcomes for children

Regular antenatal care can improve outcomes for mothers and babies; however young parents tend to access antenatal care at a much later age and more irregularly than older parents, which can lead to pregnancy and birth complications.⁷¹ A review of the literature and evidence base for different programs show that providing antenatal care to young parents can impact positively on the health of infants and children born to young parents.

Utilising specific antenatal clinics, health services and home visiting programs can be successful methods of engaging with young parents and improving child health outcomes. These methods, delivered by nurses or trained community health workers, have been shown to improve the rate of childhood immunisation for children of young parents,^{72 73} result in higher infant birth weights and reduce the likelihood of an infant being born at a low birth rate,^{74 75} reduce the rate of premature birth,⁷⁶ and reduce the hospitalisation and rehospitalisation of infants born to young mothers.⁷⁷

The King Edward Memorial Hospital in Western Australia runs an Adolescent Antenatal Clinic, developed specifically to support young people under 18 who are pregnant with their first child. A specialist clinical team includes doctors, social workers, midwives, clinical psychologists, and the service provides home visiting, education and care, health checks, counselling services, group sessions and assistance with contraception. The clinic has developed guidelines to ensure that the specific needs of adolescent mothers are considered and addressed throughout their pregnancy and beyond, in order to promote positive health and wellbeing outcomes for mother and baby.⁷⁸ The

⁷¹ Marino J et al 2016, 'Teenage mothers', *Australian Family Physician*, Vol. 45, No 10, pp. 712 – 717.

⁷² Chrisler A & Moore K 2012, *What works for disadvantaged and adolescent parent programs: Lessons from experimental evaluations of social programs and interventions for children*, Child Trends.

⁷³ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

⁷⁴ Schulyer Center for Analysis and Advocacy 2008, *Teenage births: Outcomes for young parents and their children*, Schulyer Centre for Analysis and Advocacy.

⁷⁵ Tursan D'Espaignet E et al 2003, 'Monitoring the "Strong Women, Strong Babies, Strong Culture Program": the first eight years.' *Journal of Paediatrics and Child Health*, Vol. 39, No 9, pp. 668-672.

⁷⁶ Allen J et al 2013, 'Is a randomised controlled trial of a maternity care intervention for pregnant adolescents possible? An Australian feasibility study', *BMC Medical Research Methodology*, Vol. 13, No 1, p. 1.

⁷⁷ Koniak-Griffin D et al 2003, 'Nurse visitation for adolescent mothers: Two-year infant health and maternal outcomes', *Nursing Research*, Vol. 52, No 2, pp. 127–136.

⁷⁸ Department of Health 2008, *Antepartum Care: Adolescent Clinic Clinical Guidelines*. Women and Newborn Health Service: Department of Health.

clinic has purported to have resulted in positive pregnancy outcomes for young mothers, including lowering the number of epidurals used, caesarean sections performed, and having reduced major morbidity amongst infants.⁷⁹ This clinic has limitations however in the fact that it is only available in the Perth metropolitan area, and does not provide any ongoing outreach services to young families.

The Australian Nurse-Family partnership program has shown promising potential to address and support vulnerable pregnant women and their families. This program has not been tested or evaluated with young people in Australia, however there have been a range of positive outcomes from initial evaluations with Aboriginal families in metropolitan, regional and remote communities. This has included an increased confidence and competence of mothers, strong engagement between mothers and nurse home visitors, positive attachment and interactions between mothers and babies, improved maternal health (including smoking reduction during pregnancy), improved life course development for mothers (including mothers enrolling in further studies), and safer home environments for infants and children.⁸⁰ Further evaluation would be required to determine if this program was an effective intervention for young women.

Improving outcomes for young parents

Young parents may experience a range of challenges which can impact on their health and wellbeing, and there is scope for intervention programs to target these. This may include reducing subsequent pregnancies of young mothers, enhancing their social connectedness, addressing their physical and mental health needs and improving their access to services, as well as providing future opportunities for education, employment and training.

Young mothers are often at risk of having further unplanned pregnancies within a short time frame of having their first child, which further impact on the disadvantage facing young parents and their children, and can result in further health, economic and developmental challenges for them and their children.^{81 82} Many existing programs aim to improve the knowledge and use of contraception, and reduce the likelihood of further pregnancies; however their effectiveness has been varied. Improving access to contraceptives has been identified as an important way to reduce rapid repeat adolescent pregnancy, especially using long-acting reversible contraceptives (e.g.

⁷⁹ Select Committee on Intervention in Childbirth 1995, Report on Select Committee on Intervention in Childbirth, Legislative Assembly, Parliament of Western Australia, p. 212.

⁸⁰ Department of Health and Ageing 2012, *Stage 1 Evaluation of the Australian Nurse Family Partnership Program: Final Report*, Department of Health and Ageing.

⁸¹ Jumping-Eagle S et al 2008, 'Association of conventional goals and perceptions of pregnancy with female teenagers' pregnancy avoidance behaviour and attitudes', *Perspectives on Sexual and Reproductive Health*, Vol. 40, No 2, pp. 74-80.

⁸² Marino J et al 2016, 'Teenage mothers', *Australian Family Physician*, Vol. 45, No 10, pp. 712 – 717.

Implanon).⁸³ A research project with young postpartum teens in the USA spoke with young people about effective mechanisms to prevent repeated pregnancy. The young people informed that education was not sufficient – and that to prevent further pregnancies they wanted counselling around contraceptive use and to be provided with their choice of contraceptives prior to being discharged from hospital following the birth of their child.⁸⁴

Young parents, especially young mothers, are more likely to experience depression and issues relating to their mental health than other pregnant adults or other young people their age.⁸⁵ Research suggests that over half of young mothers will present with symptoms of depression within the first 3 months of their child being born.⁸⁶ This can be exacerbated by the stigma that they experience as a young parent,⁸⁷ and can impact on their capacity to parent their children. It is important to provide adequate screening for mental health issues in pregnant or parenting young people, and to ensure that they are linked in with the services that they require to address any mental health concerns.⁸⁸

“The first two/three weeks after my pregnancy I was going through postnatal depression. I was at that point where I could’ve killed my child. It was something new for me and I couldn’t sleep and he was always crying and always wanting me and I was breastfeeding. At that time, everything was going through my mind like what is going to happen now? My life is practically over. I’m never going to get that freedom back and I’m always going to be with the child. But then my mum was saying to me that it has to happen and one day this little boy will be there with me. So I had to let that go and get on with life. So far it’s okay. It’s not the best. I have my mum and both of my parents to support me, so it’s alright in that way.”⁸⁹

⁸³ Lewis L et al, 2010, ‘Implanon as a contraceptive choice for teenage mothers: A comparison of contraceptive choices, acceptability and repeat pregnancy’, *Contraception*, Vol. 81, No 5, pp. 421–26.

⁸⁴ Sober S et al 2017, ‘Postpartum adolescents’ contraceptive counselling preferences’, *The European Journal of Contraception & Reproductive Health Care*, Vol. 22, No 2, pp. 83-87.

⁸⁵ Fleming N et al 2015, ‘Adolescent pregnancy guidelines’, *Journal of . J Obstetrics & Gynaecology*, Vol. 37, No 8, pp. 740–756.

⁸⁶ Hudson D et al 2000, ‘Depression, self-esteem, loneliness, and social support among adolescent mothers participating in the new parents project’, *Adolescence*, Vol. 35, No 139, pp. 444–453.

⁸⁷ Condon, J & Corkindale C 2002, ‘Teenage pregnancies: Trends and consequences’, *Current Therapeutics*, Vol. 43, No 3, pp. 25-31.

⁸⁸ Marino J et al 2016, ‘Teenage mothers’, *Australian Family Physician*, Vol. 45, No 10, pp. 712 – 717.

⁸⁹ Butler K et al 2010, *Experiences and Aspirations of Younger Mothers*. Institute of Child Protection Studies: Australian Catholic University, p. 41.

Young parents are less likely to have social support than older mothers, and may experience social isolation as a result of young parenting.⁹⁰ Social support is critical for young parents, and can minimise the impact of adolescent parenting, provide economic and emotional support to young parents, and encourage the development of the infant and the relationship between parent and child.⁹¹ Group-based or community settings that factor in social connectedness for young people can offer meaningful opportunities for young people to connect with other peers and to develop their own support networks.

"My ex has just gone completely and utterly nuts, so I can't ask him to take my kids. I haven't had time off since Christmas two years ago. It's really hard, because I don't have any support either. I don't have family involved. I don't have anyone involved to kind of steer me in the right direction. I've just got to sit there and deal with it, day after day."⁹²

"I leave the house; I look forward to it every week, um just nice to talk to somebody who is in the same position as you yeah . . . that I am not alone."⁹³

The Peel Youth Services in Western Australian run a program called Eyes Wide Open, which offers a range of supports for young mothers in the region, including young parent's playgroups, alternative education program, peer mothers groups, parenting program, mentoring and outreach, home visiting services, a crèche for children as well as a new program being developed which will train young mothers to become leaders and peer mentors for other young parents. Qualitative feedback from young mothers participating in the program suggest that it provides a supportive and inviting space for young mothers to come together with other young mothers, develop a sense of belonging, and to receive supports and services that can assist them in their parenting.⁹⁴

The types of early interventions which improve their capacity for safe and effective parenting

Research suggests that teenage parents are less likely than older mothers to have knowledge of child development and developmental milestones, interact verbally or respond to their children, show positive affect, and be nurturing towards their

⁹⁰ Hudson D et al 2000, 'Depression, self-esteem, loneliness, and social support among adolescent mothers participating in the new parents project', *Adolescence*, Vol. 35, No 139, pp. 444–453.

⁹¹ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

⁹² Butler K et al 2010, *Experiences and Aspirations of Younger Mothers*. Institute of Child Protection Studies: Australian Catholic University, p. 59.

⁹³ Brand G et al 2014, 'Scaffolding young Australian women's journey to motherhood: a narrative understanding', *Health and Social Care in the Community*, Vol. 22, No 5, pp. 497-505.

⁹⁴ Ibid.

children.⁹⁵ Research also indicates that they are an increased risk for abuse of their children, and that they are more likely to perceive their children's behaviour and temperament as difficult and use punitive behaviour management strategies and that their children are more likely to demonstrate behavioural issues.⁹⁶

Providing the right supports and interventions can enhance the quality of maternal parenting and increase young parents' capacity to parent safely. This can result in improvements in the engagement and interaction between young parents and their children, improve the parent's knowledge and understanding of children and childrearing, increase the use of appropriate parenting techniques and reduce the behavioural difficulties of children.^{97 98} Interventions can also improve the quality of interaction and attachment, including parents displaying greater empathy, more use of positive emotional tone, increased responsiveness and use of positive reinforcement with their child.^{99 100} Existing interventions used to improve paternal interaction have utilised different techniques to engage with young parents, including frequent home visits, counselling, developmental guidance, or video techniques to provide feedback to young parents on their parenting.¹⁰¹

Other types of interventions that have potential for use with young parents include nurse-home visiting program for young and at-risk mothers, with one program in the United States demonstrating decreased rates of abuse of children for those receiving the program compared to others who did not.¹⁰²

The types of early interventions which increase their likelihood of becoming economically secure

Young parents are less likely to continue on with further education than their peers, and therefore intervention and support programs for young parents often focus on

⁹⁵ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ Chrisler A & Moore K 2012, *What works for disadvantaged and adolescent parent programs: Lessons from experimental evaluations of social programs and interventions for children*, Child Trends.

⁹⁹ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

¹⁰⁰ Riva Crugnola C et al 2016, 'Effectiveness of an Attachment-Based Intervention Program in Promoting Emotion Regulation and Attachment in Adolescent Mothers and their Infants: A Pilot Study', *Frontiers in Psychology*, Vol. 7, No 195.

¹⁰¹ Ibid.

¹⁰² James M 2000, 'Child abuse and neglect. Part II, Practical intervention and prevention activities', *Trends and Issues in Crime and Criminal Justice*, No. 146.

school retention, and improving education and employment outcomes. It is unclear if any current interventions or programs have any long-term effects on the educational or employment outcomes for young parents. Some programs for young parents have demonstrated increased rates of educational attainment, school retention, the completion of courses, and improvements in young people's attitudes towards vocation and education goals^{103 104} and have claimed to increase the employability of young parents, at least in the short term.¹⁰⁵ However there is little to no evidence to support that these have had any long-term impacts on employment or income, or further educational achievement, for example university education.^{106 107} The effects of such programs tend to dissipate over time until there are virtually no differences in outcomes for young parents who took part in these types of intervention programs than those who did not, with few in employment, and the majority receiving welfare and living in poverty.¹⁰⁸

One explanation for the limited success of these programs is that the cumulative effects of disadvantage that many young parents have already experienced in their lives actually predispose them to poor educational and economic outcomes, for example experiencing poverty, limited education, inadequate housing. These factors are much stronger predictors of their future educational and economic outcomes than the fact that they became a young parent.¹⁰⁹ Becoming a young parent does not necessarily lead to disengagement from education or schooling, as many young women have already disengaged or be likely to disengage from education prior to having children.¹¹⁰

¹⁰³ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

¹⁰⁴ Seitz V et al 1991, 'Effects of an intervention program for pregnant adolescents: Educational outcomes at two years postpartum', *American Journal of Community Psychology*, Vol. 19, pp. 911-930.

¹⁰⁵ Drayton V et al 2000, 'The impact of the Women's Centre of Jamaica Foundation Programme for adolescent mothers on repeat pregnancies', *West Indian Medical Journal*, Vol. 49, No 4, pp. 316-326.

¹⁰⁶ Coley R & Chase Landsdale P 1998, 'Adolescent pregnancy and parenthood: Recent evidence and future directions', *American Psychologist*, Vol 53. No 2, pp. 152-166.

¹⁰⁷ Chrisler A & Moore K 2012, *What works for disadvantaged and adolescent parent programs: Lessons from experimental evaluations of social programs and interventions for children*, Child Trends.

¹⁰⁸ Quint J 1991, 'Project Redirection: Making and measuring a difference', *Journal of Evaluation and Program Planning* Vol. 14, pp. 75-86.

¹⁰⁹ SmithBattle L 2007, 'Legacies of advantage and disadvantage: The case of teen mothers', *Journal of Public Health Nursing*, Vol. 24, No 5, pp. 209-420.

¹¹⁰ Larkins S 2007, *Attitudes and behaviours of teenage Indigenous women in Townsville, Australia, with respect to relationships and pregnancy: the "U Mob Yarn Up" Young Parents' Project*, James Cook University.

"No, no...I wasn't in school, I just had left school actually...I fell pregnant half way through the year, so I would have been out of school for a few months."¹¹¹

The Balga Teen Family Centre and Young Parents Program in Western Australia provides services and programs for young or expectant parents under 19 who want to attain their Western Australian Certificate of Education. Young people attend school 5 days a week, where they participate in mainstream classes, parenting programs, and work experience. Young parents have access to on-site child care, and are supported to be able to visit their children during lunch and recess breaks or if they are breastfeeding. The Centre has Education Support Teachers to assist students with the academic aspects of the program, as well as an individual Parent Support Worker for each young person or student enrolled, who offer case management, home visits, transport to appointments, and who can continue working with the young people up to the age of 24. The program currently has 18 young parents engaged, and according to the service, over 90% of young parents in the program over the last year have reported an increased confidence in their parenting skills, and over 90% of those who have left the program have gone into further education and employment.¹¹²

It is important to acknowledge that pregnancy can impact on the educational and employment success of all mothers, not just young mothers.¹¹³ Young parents should be afforded the same rights as adult parents to choose whether or how they re-engage with employment or education, rather than assuming that this should be prioritised over full-time parenting.¹¹⁴ Compulsory requirements for young parents to engage in education, training or employment may be detrimental for young people, be unreasonable or impractical, and could further stigmatise young women and undermine their willingness to access other supports and services.¹¹⁵

Successful service delivery must support young people to overcome the challenges of costs in childcare or a preference not to utilise childcare, and the challenges of juggling parenting, work and/or study.¹¹⁶ Other factors likely to enhance the delivery of education programs for young people include having flexible policies and procedures in place within education settings, supporting young people to have input into the

¹¹¹ Larkins S 2007, *Attitudes and behaviours of teenage Indigenous women in Townsville, Australia, with respect to relationships and pregnancy: the "U Mob Yarn Up" Young Parents' Project*, James Cook University.

¹¹² Covill L 2017, Information provided to the Commissioner for Children and Young People WA [email], 12 May 2017.

¹¹³ Letourneau N.L et al 2004, 'Adolescent mothers: Support needs, resources and support-education interventions' *Journal of Adolescent Health*, Vol. 35, No 6, pp. 509-525.

¹¹⁴ Best Start Resource Centre 2009, *Subsequent Teen Pregnancies: Exploring the Issues, Impact and Effectiveness of Prevention Strategies*, Best Start Resource Centre.

¹¹⁵ McArthur M & Winkworth G 2013, 'The hopes and dreams of Australian young mothers in receipt of income support', *Communities, Children and Families Australia*, Vol. 7, No. 1, pp. 47-62.

¹¹⁶ Robbers M 2008, 'The Caring Equation: An Intervention Program for Teenage Mothers and Their Male Partners', *Children & Schools*, Vol. 30, No 1, pp. 37 – 47.

program design, engaging partners of parents to support their engagement in education and training, working in a flexible and empowering way, providing or supporting free child care, ensuring program locations are accessible by public transport, or providing transport.¹¹⁷

"I did go back to work for a little while, but then I found it too much, because my boyfriend was working shorter shifts, only 'til three o'clock, and then I was going to work at like five 'til ten thirty, and then that was hard because then I had to get up to [the baby] in the middle of the night and then take my boyfriend to work in the morning and he starts at six."¹¹⁸

"At the moment he's not in day care full-time. I couldn't possibly afford that, so I'll have to wait until he's a bit older and goes to school and then I can focus on studying full-time."¹¹⁹

"My partner works away so that puts away my study, because I don't really trust anyone to look after my children."¹²⁰

Summary

I welcome this opportunity to provide feedback on the supports and interventions that could lead to positive outcomes for young parents and their children. Australia needs to commit to building a strong research, evaluation and evidence base to enhance the understanding of the needs of young parents, and the effectiveness of the supports that are developed, with specific focus to the cohorts of young people most likely to parent young.¹²¹

Your report as the National Children's Commissioner provides an opportunity to further understand costs and benefits of existing programs and services that already exist, develop a national strategy for education and supports for young people and young parents, and to build evaluation methods to ensure that future investment and resourcing is directed to the interventions and programs that have an evidence base to support them. We look forward to participating in the upcoming Roundtable, and

¹¹⁷ Price-Robertson R 2010, *CAFCA Practice Sheet: Supporting young parents*, Communities and Family Clearinghouse Australia.

¹¹⁸ Buckley A & Beavington J 2013, *Facilitating Young Parents' Empowerment: Insights from service providers and young parents living in Armadale*, Curtin University, p. 41.

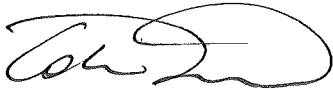
¹¹⁹ Butler K et al 2010, *Experiences and Aspirations of Younger Mothers*. Institute of Child Protection Studies: Australian Catholic University, p. 51.

¹²⁰ Buckley A & Beavington J 2013, *Facilitating Young Parents' Empowerment: Insights from service providers and young parents living in Armadale*, Curtin University, p. 41.

¹²¹ Boulden K 2010, *What it takes: Supporting pregnant and parenting young people: Report of the Association of Women Educators National Symposium*, Association of Women Educators.

would be happy to provide contact with any local organisations or service providers that could further inform your work.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Colin Pettit', with a large, sweeping flourish at the end.

COLIN PETTIT

Commissioner for Children and Young People WA

19 May 2017