# Parenting as a young person

## Don’t underestimate us

**INSIGHTS PAPER**

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Queensland Family & Child Commission

Queensland Government

# Contents

## Introduction

Having a baby and becoming a parent is life-changing. For many, there are new skills to learn, there is endless joy in watching a baby grow and develop, and pride in the knowledge that as a parent, you play a unique role in building their world and their sense of self.

To reap the rewards of parenthood, a number of things need to be in place. Parents need a reasonable financial base, they need stable and secure housing, access to good medical care that responds to their needs, and the social and emotional supports to ensure they can focus on the important role they are playing.

This paper focuses on the needs of our youngest parents, whose circumstances often require specific supports to ensure they can thrive in their role as parents. Many young parents experience social exclusion and isolation which can hamper their ability to parent effectively. Providing the best possible support to young parents is a way to ensure the next generation is protected from whatever disadvantage may impact them, to ensure they can reach their full potential.

The Queensland Family and Child Commission (QFCC) thanks Queensland Health, Health and Wellbeing Queensland, the Brisbane Youth Service, YFS (Youth and Family Service), IFYS (Integrated Family and Youth Service) and Micah Projects for sharing case studies, data, information and insights on young parenting in Queensland, as well as their views about what's working well and opportunities for improvement.

## A young mother's story

*I was in Year 10 at the time of getting pregnant, and always had the goal of being the "first in my family to graduate high school. Being diagnosed with hyperemesis (severe morning sickness) made getting through school, especially a university pathway, impossible. I ended up dropping out, but thanks to an amazing program that was local to me for young mums to finish school, I was able to graduate in 2022, right on time.*

*Becoming a mother especially while young is such a challenging journey, let alone trying to finish school. But with supports, I was able to take care of my daughter and still accomplish my goal.*

*One thing you should know about us young parents is that we are so underestimated. At times in our parenting journey and lives, things don't always go to plan and circumstances can change quickly, but we always persevere and give our children the best we can.*

*I want anyone that reads this to know you can achieve your goals no matter what your circumstances are, or the barriers that you face. I'm rooting for you and wish you the best of luck – even if you aren't a young parent.*

*QFCC Youth Advocate Piper-Marie*

# Section 1 – Background and methodology

This paper describes the context of Queensland young pregnancy and parenthood, and outlines some of the barriers to help-seeking that young parents face before and after childbirth, as well as those things that enable them to access support. This paper is intended to add to the evidence available on young parenting in Queensland and proposes how the services and supports available to young parents and their children can be improved.

While the rate of births to young parents has declined in Queensland over the last decade, adolescent pregnancy and parenthood remain an important social and public health issue. For some young parents, a pregnancy in adolescence can have a transformative impact on changing unhealthy behaviours and relationships. However, for many young parents, pregnancy is accompanied by adverse perinatal outcomes and long-term social consequences.

Although this paper refers to young or teenage parents in Queensland, it should be noted that much of the literature provides very little detail about the outcomes and needs of young fathers. What is known is that young fathers often experience many of the same life circumstances as young mothers, and that like young mothers, becoming a parent can result in a positive change in life outcomes.[1] The scant attention given to fathers in the research highlights the need and opportunity for further research.

This paper incorporates the findings and recommendations from Australian and international research and literature on young parents as well as interviews with practitioners and advocates. The purposes of this paper are to:

1. Build a statistical picture that describes pregnant or parenting young people in Queensland and factors that increase the risk of young parenthood. This may include data and research on:
    - number of children and young people who have become pregnant and/or parent;
    - locations of the young people who have become pregnant and/or parents;
    - socio-demographic descriptors of parent(s) at the time of pregnancy;
    - individual and family group factors at the time of pregnancy (individual factors such as mental health, homelessness, alcohol and substance use and family group factors such as socio-economic status, family level adversity, intergenerational trauma); and
    - health indicators for young mothers and their babies.
2. Review the strategies, policies and service system in place, and gather insights and case studies to identify and describe the structural and community contexts for young parents and the enablers and barriers to accessing education, housing, parenting supports, income supports and specific services for parents and their children (including funded live-in residential services).
3. Compare the model used in Queensland with best practice models in other jurisdictions for supporting young people who become parents (including the model used for parents involved with the child protection system).

# Section 2 – A statistical picture of young parenting in Queensland

## Summary


- Overall, birth rates have been declining in Queensland since 2008. Decreasing birth rates may reflect increased access to sex education, reliable contraception and safe pregnancy termination.
- Birth rates are significantly higher with greater distance from major cities, and in Queensland's most socio-economically disadvantaged communities. Young people living in Queensland's very remote areas have birth rates over five times higher than those living in major cities.
- Young pregnancy among Aboriginal and Torres Strait Islander women is far higher, at six times that of non-Aboriginal and Torres Strait Islander women.
- Adverse neonatal outcomes and child mortality is more strongly associated with infants born to young mothers.
- Younger mothers are at increased risk of being underweight, smoking during pregnancy and having a preterm birth, compared to women aged 20–34 years.


The purpose of this section is to provide contextual information and current trends on youth pregnancy and parenting in Queensland. It provides an outline of the current state and context based on available data and research. It discusses:

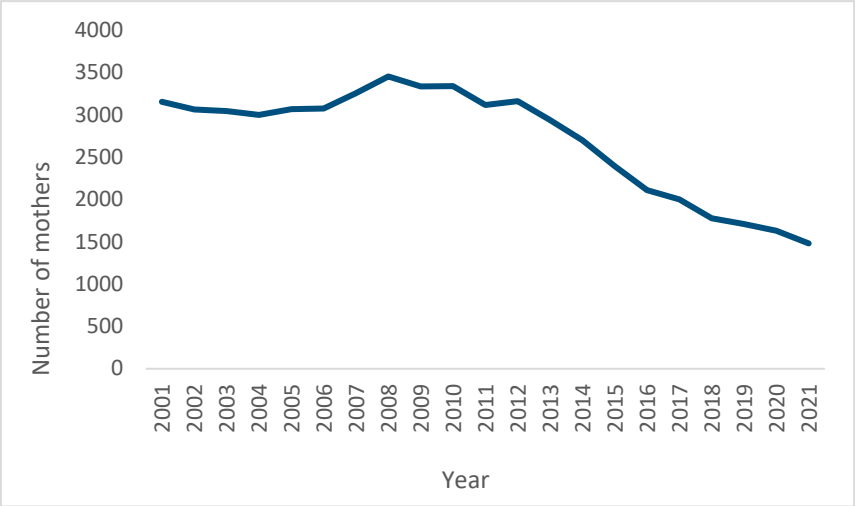
- the falling teenage birth rate;
- data about pregnancy termination;
- the number and rate of Queensland's pregnant young people compared to the national position;
- locations in Queensland where births to mothers aged under 20 are occurring;
- the risks and other factors associated with youth pregnancy; and
- the gaps in available data that prevent us building a complete statistical picture of youth pregnancy in Queensland.

The Perinatal Data Collection (PDC) holds information on all births in Queensland. Midwives and other birth attendants, using information obtained from mothers and from hospital or other records, complete notification forms for each birth. Much of the data relating to Queensland in this section contains the results of a standard de-identified extract from the PDC provided by Queensland Health to the QFCC for analysis. National data was sourced from the Australian Institute of Health and Welfare.

Figure 1 shows that the pregnancy rate among young people has more than halved in Queensland since 2001. In 2021, there were 1,482 teenagers who became mothers, compared to 3,158 in 2001. This downward trend has been attributed to two broad reasons – the first, a result of young people having greater control of their fertility; and the second, a result of changed legislation providing young people a choice about whether to terminate their pregnancy (the *Termination of Pregnancy Act 2018* decriminalised pregnancy termination in Queensland).

Another contribution to the reduction in young pregnancy is the implementation of relationship and sexual education (RSE) in school curricula, which reaches a broad population of school-aged children. The obvious cohorts missing out on RSE, however, are young people who have disengaged or been excluded from school, and young people in out-of-home care who have experienced multiple care placements and have had a disrupted experience with school. Both of these cohorts may have missed these components of their education and therefore be at heightened risk of young, unplanned pregnancy.

*Figure 1: Number of mothers aged under 20 in Queensland, 2001-21*




*Source: Australian Institute of Health and Welfare, 2023*

A partial explanation for this reduction in birth rates is the decriminalisation of pregnancy termination, which is now legal in all Australian states and territories. Queensland legalised the termination of a pregnancy up to 22 weeks gestation by a medical practitioner under the *Termination of Pregnancy Act 2018.* For pregnancies over 22 weeks gestation, the Act requires a medical practitioner to consider all relevant medical circumstances, a woman's current and future physical, psychological and social circumstances, and to consult with another medical practitioner before a termination may be performed. Associated with the legalisation of pregnancy termination is access to partial rebates from Medicare; the payment for a surgical termination of pregnancy if a Medicare card is not provided may be possibly double the Medicare rate.[2]

To date, there are no national statistics on the numbers and rates of pregnancy termination, largely due to variations across Australia in definitions and in the legal frameworks in place that legalise it.[3] Individual states that do collect this data, including South Australia and Western Australia, have reported a declining trend in rates of teenage pregnancy termination over the past five years.[4,5] In New Zealand, 36 per cent of pregnancies among 15-19-year-olds end in termination,[6] consistent with data from South Australia and Western Australia.[7]

Data requested by the QFCC for this paper show that, in 2021, terminations by women aged 19 years and under where gestation was 21 weeks or under comprised 7.4 per cent of all terminations among hospital admissions in Queensland (see Table 1). Women aged 19 years and under comprised a much smaller proportion of terminations at 22 weeks and over, at just 4.8 per cent of all terminations in this group. It should be noted that this data excludes events (primarily early gestation terminations) where termination is managed in a primary health care setting and the mother is not admitted to a hospital.

*Table 1: Termination of pregnancy by gestation weeks and mother's age group for patients admitted to public and private facilities, Queensland, 2021*

| | Gestation (weeks) | | |
|---|---|---|---|
| **Mother's age group** | **21 weeks and under** | **22 weeks and over** | **Total** |
| 19 and under | 650 | 7 | 657 |
| 20 years + | 8,011 | 138 | 8,149 |
| **TOTAL** | **8,661** | **145** | **8,806** |

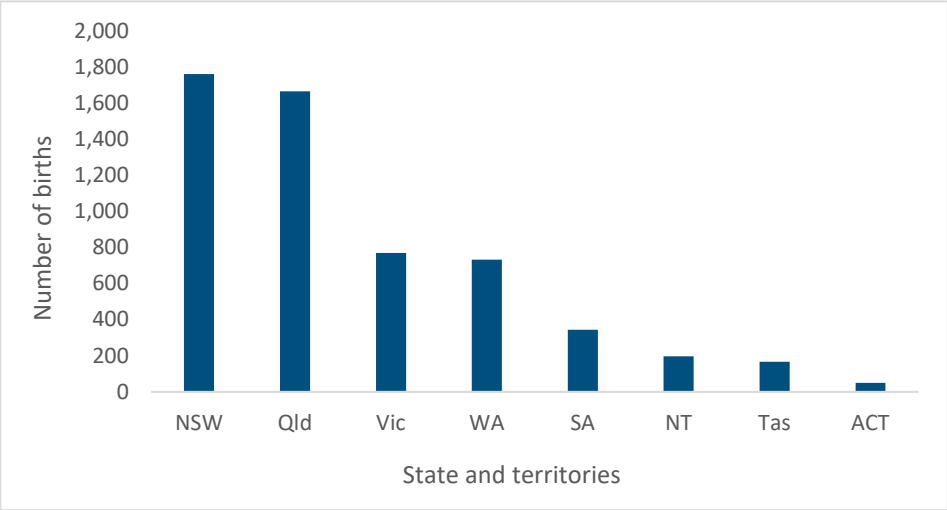
*Source: Statistical Services Branch, Queensland Health, the Queensland perinatal data collection, unpublished data request 2023*

Unfortunately, decriminalising pregnancy termination has not equated to universal access for women. Access to medical and surgical termination is highly variable by region, remoteness and individual socio-economic status. There remain many barriers to safe and timely termination care such as financial limitations, lack of local services (including trained and/or willing staff) and geographic remoteness.[8] These barriers are amplified for our most vulnerable people including First Nations peoples, young people, refugee populations and people with disability, where both contraception and pregnancy termination may be very sensitive topics making these groups less likely to seek this kind of health care. Equitable access to termination services for Australian women is a key priority of the *National Women's Health Strategy 2020–2030*.

## How does Queensland compare nationally?

In 2021, 2.4 per cent of Queensland women who gave birth were aged under 20 years. Only the Northern Territory had higher rates of births to women under 20 years than Queensland (5.3%).[9] In terms of raw numbers, Queensland ranked second behind New South Wales, with 1,645 births in 2020 (see Figure 2 below). When converted to a rate per 1,000 women, Queensland ranked third highest behind the Northern Territory and Tasmania (refer Figure 3).

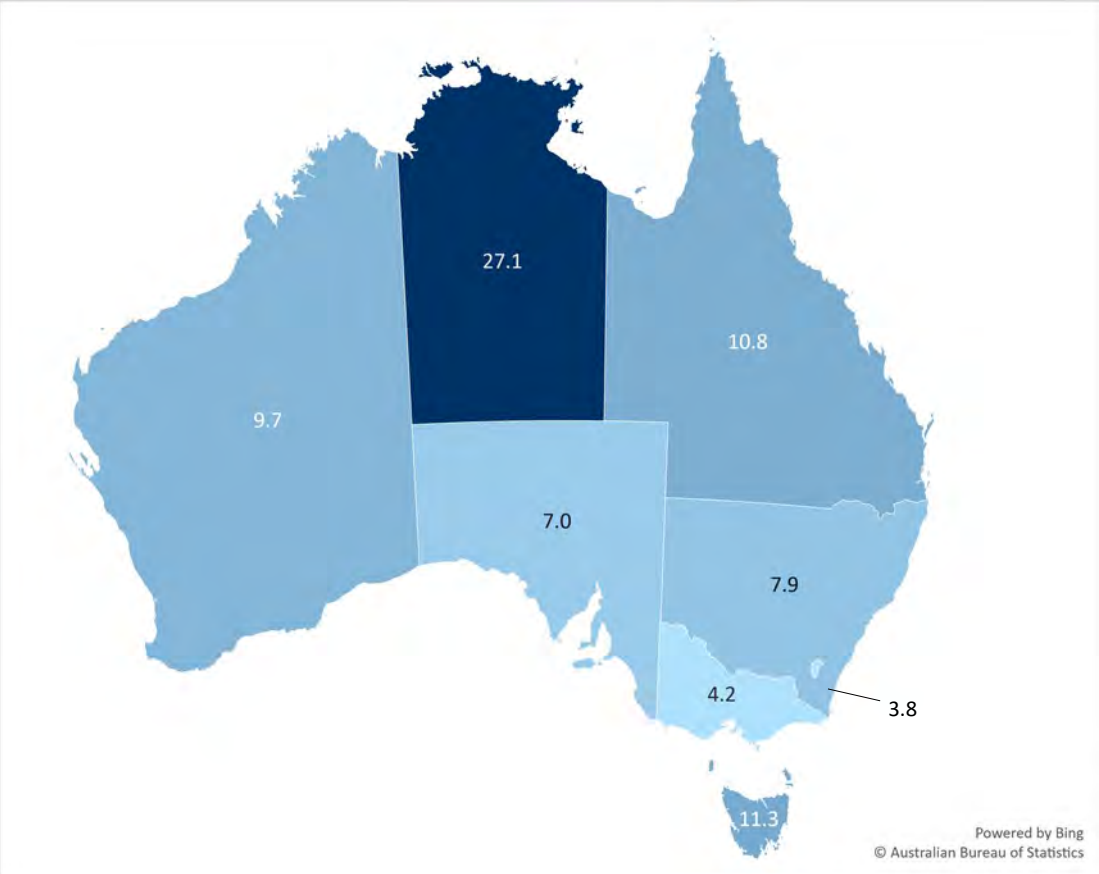
*Figure 2: Number of births to mothers aged under 20 by state and territory, 2020*




*Source: Australian Bureau of Statistics, 2023: Data Explorer - Fertility, by age and state 2020*

The teenage fertility rate is defined as the number of births per 1,000 females aged 15–19 years (rates in girls under the age of 15 years are unstable because of low numbers and are not routinely collected). As can be seen in Figure 3, teenage fertility rates are not consistent across Australian jurisdictions. Queensland has one of the highest fertility rates among young women in Australia at 10.8 births per 1,000 young women, with the lowest being the ACT at 3.8 births per 1,000. Australia's birth rate is 7.9 birth per 1,000 young women.

*Figure 3: Fertility rate per 1,000 women, mothers aged under 20 by state and territory, 2020*




*Source: Australian Bureau of Statistics, 2023: Data Explorer – Fertility, by age and state, 2020*

## Where are young people giving birth in Queensland?

In 2020, out of 83 Statistical Areas (SA3) across Queensland, 61 had five or more teenage mothers aged 15-19 years who gave birth, based on the mother's usual place of residence. As shown in Figure 4, the darker shaded areas are where the most teenage mothers who gave birth in 2021 resided.

*Figure 4: Number of young mothers who gave birth, aged between 15 and 19, by SA3 of mother's usual residence, 2021*


*Source: Australian Institute of Health and Welfare, 2023*

The Statistical Areas of Townsville, Ipswich Inner, Rockhampton, Toowoomba and Cairns – South had the most young mothers who gave birth, in terms of raw numbers (see Table 2). When this is converted to a rate per 1,000 young women (Table 3), the top five Statistical Areas become Far North, Outback – North, Darling Downs (West) – Maranoa, Darling Downs – East and Central Highlands (Qld).

*Table 2: Top 5 number of young mothers who gave birth, aged between 15 and 19, by Statistical Area Level 3 (SA3) of mother's usual residence, 2021*

| Statistical Area 3 | Number of young mothers |
|---|---|
| Townsville | 90 |
| Ipswich Inner | 67 |
| Rockhampton | 65 |
| Toowoomba | 65 |
| Cairns - South | 65 |

*Source: Australian Institute of Health and Welfare, 2023*

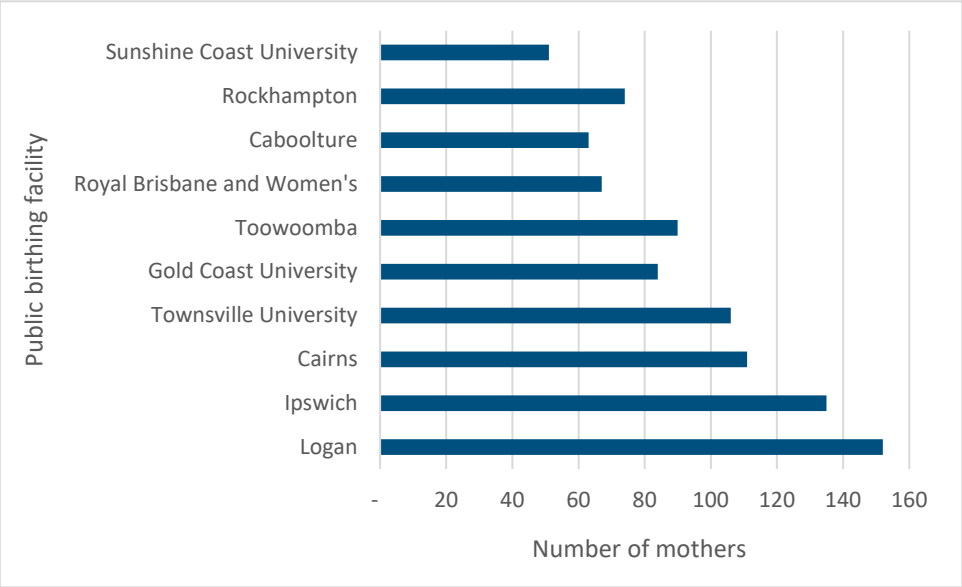
*Table 3: Top 5 rate of young mothers aged 15–19 who gave birth by Statistical Area Level 3 (SA3) of mother's usual residence, 2021*

| Statistical Area 3 | Rate of young mothers |
|---|---|
| Far North | 42.5 |
| Outback - North | 40.7 |
| Darling Downs (West) - Maranoa | 33.0 |
| Darling Downs - East | 27.3 |
| Central Highlands (Qld) | 23.9 |

*Source: Australian Institute of Health and Welfare, 2023*

In 2021, over a quarter (26.9%) of mothers aged under 20 gave birth in facilities in Logan, Ipswich or Cairns.

*Figure 5: Mothers aged under 20 by top 10 public birthing facility, 2021*




*Source: Statistical Services Branch, Queensland Health: the Queensland perinatal data collection. Unpublished data request, 2023*

## Teenage births are over-represented in some communities

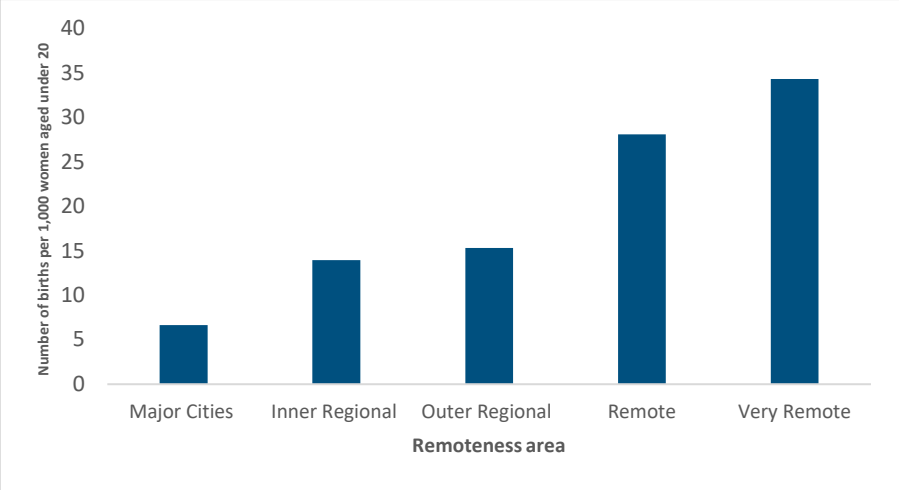
### *Fertility rates by remoteness*

The Accessibility/Remoteness Index of Australia (ARIA) is an index of the accessibility of places to service centres, or conversely of remoteness of places. The ARIA divides Australia into five classes of remoteness on the basis of a measure of relative access to services. The five remoteness classes are: Major Cities, Inner Regional, Outer Regional, Remote and Very Remote.

Access to facilities, services and socio-economic opportunities plays a critical role in the health and wellbeing outcomes for both young parents and their babies. As such, the ARIA index was chosen to evaluate fertility rates in Queensland.

Figure 6 shows the birth rate for teenagers increases for those living in Queensland's rural and remote areas. Young people living in Queensland's very remote areas have birth rates over five times higher than those living in our major cities.

*Figure 6: Fertility rate per 1,000 women, mothers aged under 20 in Queensland by remoteness as measured by the ARIA, 2021*

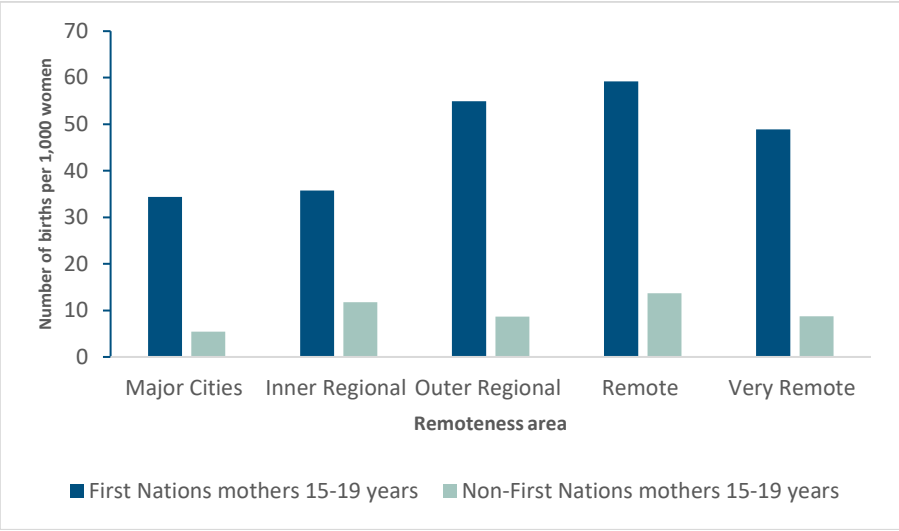



*Source: Statistical Services Branch, Queensland Health: the Queensland perinatal data collection. Unpublished data request, 2023* [1]

### *Aboriginal and Torres Strait Islander young mothers*

As shown in Figure 7, young pregnancy rates increased as remoteness increased, with the trend being stronger among Aboriginal and Torres Strait Islander teenage girls when compared with non-Indigenous teenage girls. Figure 7 shows that the birth rate is much higher among First Nations young people across all five areas of the remoteness index compared to non-Indigenous young people.

*Figure 7: Fertility rate per 1,000 women, mothers aged 15-19, First Nations and non-Indigenous mothers by remoteness as measured by the ARIA, 2021*




*Source: Statistical Services Branch, Queensland Health: The Queensland perinatal data collection. Unpublished data request, 2023* [1]

Across Queensland, the rate of births per 1,000 First Nations young women aged under 20 is approximately six times the comparable rate of non-Indigenous young women (42.81 and 7.16 per 1,000 women respectively).

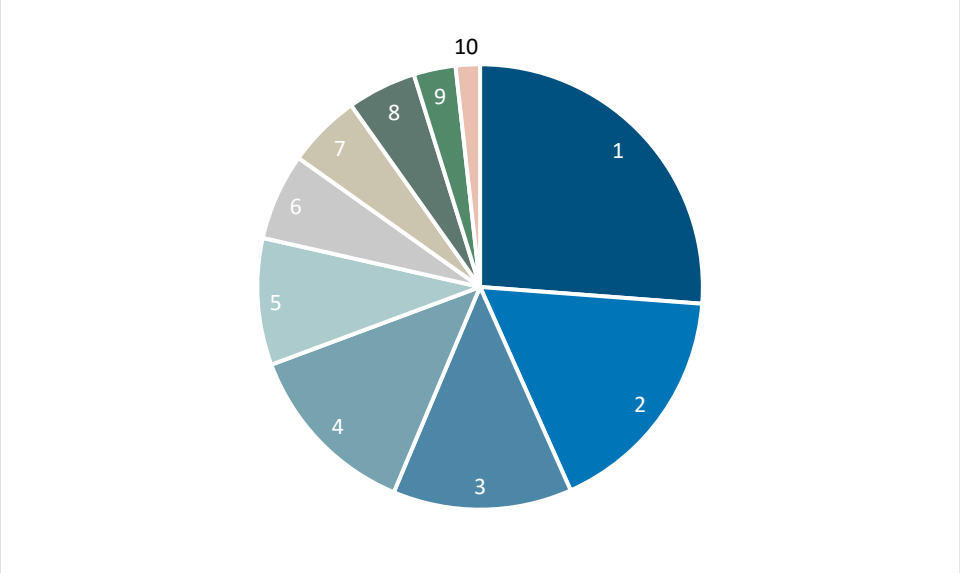
[1] *Population data is sourced from the Australian Bureau of Statistics (ABS) and is based on estimated resident population for Queenslanders aged under 20 years, as at 30 June of the previous year.*

### *Young mothers from lower socio-economic areas*

Socio-Economic Indexes for Areas (SEIFA) combines census data such as income, education, employment, occupation, housing and family structure to summarise the socio-economic characteristics of an area. Each area receives a SEIFA score indicating how relatively advantaged or disadvantaged that area is compared with other areas,[10] with a score of 1 indicating the lowest socio-economic locations and a score of 10 indicating the highest.

In 2021, over three quarters of mothers aged under 20 who gave birth in Queensland came from the five most disadvantaged areas. This is consistent with much of the research in both Queensland and Australia.

*Figure 8: Percentage of mothers aged under 20 by Socio-Economic Indexes for Areas, Queensland, 2021*




*Source: Statistical Services Branch, Queensland Health: The Queensland perinatal data collection. Unpublished data request, 2023*

### *Young parents with an out-of-home care and youth justice experience*

While rates of young pregnancy have been declining in the general population, rates for young parents with an experience of out-of-home-care and other vulnerable young people are disproportionally high and have not reduced.[11] Although there is limited data in Australia, studies indicate that young people with a care experience are likely to also experience a higher rate of pregnancy than their peers in the general population and to parent younger.[12,13,14]

When considering young parents with a care experience, there is a lack of consistent and reliable data on which to base policy and service development. A small-scale study of 325 young people aged 18 to 25 years with a care experience conducted by CREATE Foundation found that 16 per cent of young people transitioning from care were parents.[15] The deficit in data availability led the Australian Human Rights Commission (2017) to advocate that all governments should "collect nationally consistent data on children receiving child protection and care services who have teenage parents and on young people receiving child protection and care services who have children as teenagers themselves" (Recommendation 16).[16]

A statewide survey of young people aged 10-17 years under youth justice supervision found that 7 per cent (about 112 young people) were current or expectant parents. This includes those who were biological parents (even if not actively parenting), an expectant mother or father, or a young person who was responsible for a child in a parent-like role or making decisions about a child's upbringing.[17]

## There are risks associated with young pregnancy

Younger mothers (those less than 20 years of age) are at increased risk of being underweight, smoking during pregnancy and having a preterm birth, compared to women aged 20–34 years. They are also less likely to receive the recommended minimum number of antenatal visits. Models of antenatal care that promote continuity of care by the same provider have a very important role in reducing these risks for a range of socially disadvantaged women.

### *Smoking during pregnancy*

Maternal tobacco smoking during pregnancy is the leading preventable cause for a variety of unfavourable pregnancy outcomes. Teenage girls have a higher rate of smoking during pregnancy than older women. In Queensland, 2021 data shows that over a third (35.29%) of pregnant women aged under 20 smoked during pregnancy. This compares to 11.41 per cent of all women.[18] Smoking in pregnancy increases the risk of miscarriage, low infant birthweight and pre-term delivery.[19]

### *Alcohol consumption during pregnancy*

The consumption of alcohol is widespread within Australia and entwined with many social and cultural activities. Alcohol consumption in pregnancy can lead to poorer perinatal outcomes including low birthweight, being small for gestational age, pre-term birth and fetal alcohol spectrum disorder (FASD).[20] FASD refers to a range of adverse physical, learning and behavioural effects after exposure to alcohol during pregnancy, with issues occurring into childhood and adult life. Women are more likely to consume alcohol in the first 20 weeks of pregnancy if they:

- lived in remote (4.6%) or very remote (7.1%) areas; or
- were teenage mothers (aged under 20) (4.6%) [21]

Women aged under 20 years showed a decline in alcohol consumption after 20 weeks of pregnancy with a decline to 0.8 per cent.

### *Adverse neonatal health outcomes*

Babies born to mothers aged under 20 are more likely to be born pre-term compared to babies born to all mothers. In Queensland in 2021, 12 per cent of births by mothers under the age of 20 were born before 37 weeks, compared to 9 per cent of all women. Babies of teenage mothers are also more likely to have low birth weight (12%), compared to all mothers (7%). As mentioned above, this may in part be due to high rates of smoking during pregnancy among young mothers.

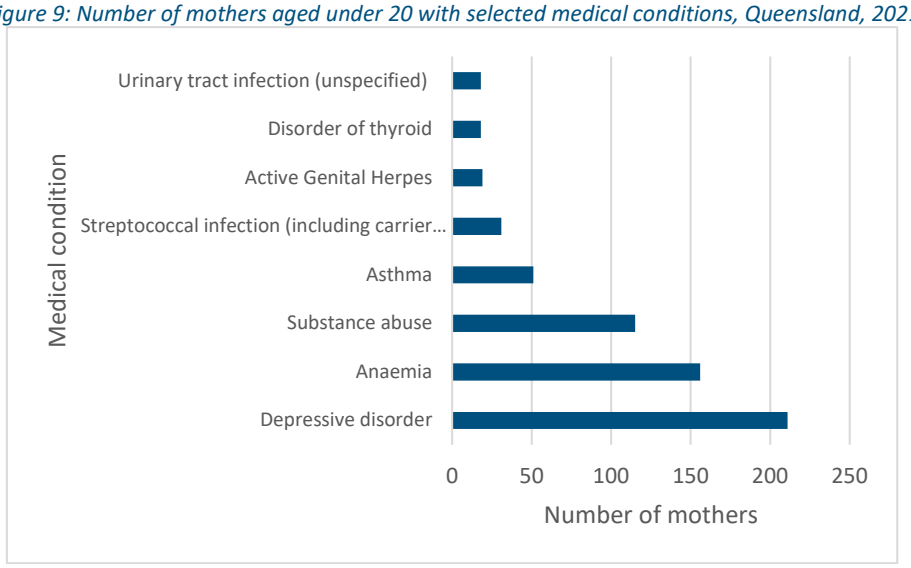
### *Child deaths*

Perinatal mortality,[22] neonatal mortality,[23] post neonatal mortality,[24] and stillbirth[25] are more strongly associated with infants born to young mothers. In Queensland in 2021, there were a higher number of stillbirths in mothers aged less than 20 (1.73%) compared to mothers aged over 20 (0.78%). There were also a higher number of neonatal deaths of infants born to teenage mothers (0.80%) compared to mothers aged over 20 (0.31%).

### *Medical conditions for mothers aged under 20*

There are a wide range of medical conditions that affect both young and adult mothers. However, younger mothers are more likely to face mental health challenges than an older mother.[26] Figure 9 shows that a depressive disorder is one of the leading medical conditions for young mothers. In 2021, 14.24 per cent of mothers aged under 20 suffered from some form of depressive disorder. Comparatively, women over the age of 20 are less likely to suffer from a depressive disorder (6.8%). Likewise, substance use affects 7.8 per cent of young mothers while it affects 1.8 per cent of mothers aged over the age of 20. Substance use by pregnant young people is common, with pregnant young people being at more risk of using a substance then an older mother.[27]

*Figure 9: Number of mothers aged under 20 with selected medical conditions, Queensland, 2021*




*Source: Statistical Services Branch, Queensland Health: Perinatal Unit, unpublished data request, 2023*

## Factors associated with the risk of young pregnancy

Higher rates of young pregnancy are associated with family histories of teenage pregnancy, unstable housing arrangements and socio-economic disadvantage.[28] There is also an association between domestic violence and childhood sexual or physical abuse and young pregnancy.[29]

The challenging personal circumstances of many young parents are further compounded by the social, financial, medical, education and employment difficulties of raising a child. Young parents frequently face negative consequences such as poverty and long-term welfare dependency,[30] poor emotional health and wellbeing,[31] and inability to complete study or gain secure employment.[32] These issues will be explored in further detail in the following section.

It is not uncommon for young pregnancy to occur in an intergenerational pattern in which pregnant teenagers were born to young mothers who themselves experienced social, financial, medical, educational and employment difficulties.[33]

## There are gaps in the data on young pregnancy

Building a complete statistical picture of young parents in Queensland proves challenging due to gaps in the data both collected and made available. Notable gaps in data include information about:

- young fathers;
- young parents from culturally and linguistically diverse (CALD) backgrounds;
- young parents living with disability;
- the housing situations of young parents;
- outcomes for children of young parents;
- the number of pregnancies of children in out-of-home care and subsequent outcomes for both parents and children;
- attendance patterns and enrolments of young parents or pregnant young people in Queensland's schooling system; and
- the number of pregnancy terminations where the mother was not admitted to hospital.

The paucity of data on young parents and their children provides additional challenges to guide policy development and ensure that young parents and their children can be best supported.

# Section 3 – A review of the Queensland strategy, policy and service system

## Summary


- There are many barriers that prevent young parents from seeking help. Chief among these is the stigma young people feel when accessing services as young parents.
- When young parents do not receive the support and resources they need, a variety of detrimental consequences can result.
- There are also a number of enablers that help young people and their babies thrive.
- Empowering young mothers to complete their schooling facilitates increased opportunity during their lives.
- Funded programs should be diverse and flexible and incorporate as many best practice principles as possible.


## 1. Relevant government strategies

There is a notable absence of national and state-based strategies that comprehensively address young pregnancy and parenting. This may be reflective of the relatively low number of young pregnancies in Queensland. Potential strategic alignment to two existing strategies include:

1. The *Queensland Women's Strategy 2022-27*, which makes a series of commitments to improve the safety, health and wellbeing of women. Two relevant commitments under the strategy are:
   - *Improving support for pregnant women who may be experiencing high risk and vulnerability, and whose unborn children may be at risk of entering the child safety system.*
   - *Strengthening the health and wellbeing of women and girls, including through a new dedicated Queensland Women's Health Strategy.*

   In line with the commitment above, in March 2024, Queensland Health released the *Queensland Women and Girls' Health Strategy 2032*. The strategy provides a strong emphasis on access to timely termination of pregnancy services and holistic care. In particular, the following strategies are particularly relevant:
   - *Improve access to contemporary sexual and reproductive health education and services, especially for young women and girls, and priority communities.*
   - *Provide equitable access to quality antenatal and postnatal care and support, especially for young women, women from priority communities, and women who experience pregnancy loss.*

   The QFCC will be looking to make sure this strategy delivers meaningful action to ensure young mothers are supported appropriately.

2. The *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 – 2025* sets out the vision that all Aboriginal and Torres Strait Islander babies in Queensland are born healthy, into strong resilient families. To support this, the aim of the Strategy is to ensure every woman in Queensland giving birth to Aboriginal and/or Torres Strait Islander babies, has access to high quality, clinical and culturally capable maternity services.

   The strategy recognises that young mothers have different clinical, social, emotional and psychological needs compared to older women. Most mothers of Aboriginal and Torres Strait Islander babies get their antenatal care and birthing services through the public health system. The strategy states that 42 per cent of women miss out on early and frequent antenatal care,[34] indicating that access to appropriate care can be improved.

The QFCC would like to see future strategies that have a holistic focus, promote collaboration, are underpinned by a research and evaluation framework, address the need for early education, prevention and support and are developed in consultation with young people.

## 2. Young parents face different challenges to older parents

Parenthood can have a considerable impact on a young person's life with teenagers and young parents more commonly facing stressors such as financial difficulties and social isolation. This is often compounded by social factors that hamper their ability to focus on education and career, stigma and judgement from social networks, racial and class stereotyping, and assumptions about their capability to assume parenting roles.[35]

A recent Canadian study by Kim et al[36] compared levels of social support across first-time mothers from three age groups (15 – 19 years, *n* = 23,945; 20 – 34 years, *n* = 381,909; and 35+ years, *n* = 49,168). Respondents were asked about perceived emotional support from others (e.g. receipt of information/advice, emotional closeness and social integration), with results indicating that the young mothers received the lowest levels of social support.

The challenge for practitioners and policy makers is effectively understanding the unique challenges encountered by young parents to ensure that services and support interventions are appropriate and holistic in nature.

## 3. Outcomes associated with pregnancy and parenthood

Research consistently shows that young parenthood is strongly linked with poor outcomes for both mothers and children. These outcomes include:

- low levels of educational attainment;
- homelessness or having poor living conditions during pregnancy and/or with a young child;[37]
- difficulty in gaining secure employment, welfare dependency and poverty.[38] In 2016, there were 3,760 young parents in Australia aged 18 or under receiving Parenting Payment.[39] According to analysis by the Department of Social Services, if nothing changes for these young parents, 79 per cent will be receiving income support payments in 10 years, 57 per cent will be receiving income support payments in 20 years, and about 16 per cent will remain on income support for the rest of their lives; and[40]
- higher rates of mental health issues including pre and postnatal depression and substance use. Young mothers may hide symptoms of postnatal depression as they fear being judged as unable to cope with their parenting responsibilities and that their child may be taken away.[41]

## 4. Support services in Queensland

The domains of education, housing, income support and employment, universal parenting support and targeted support are explored below. The barriers and enablers to accessing these support services have been informed by local and international research as well as consultation with our sector stakeholders.

### Education

A young person's education and training can be disrupted by young pregnancy, with variable opportunity for resumption. Very few school-aged mothers complete secondary school.[42] It is noted that the number of students exiting school due to pregnancy is not recorded in OneSchool, which makes it difficult to quantify the issue.

In Queensland, the Department of Education acknowledges the vital role schools play in improving the life chances of young parents and their babies by supporting them to stay connected to education. The Department's website highlights the legislative responsibility of school principals to provide equitable access to education for students who are pregnant and/or parenting, two attributes which are covered by the *Anti-Discrimination Act 1991*.

The Department has provided **guidelines** to retain and support pregnant and parenting young people in education and suggests that, in consultation with students, school principals may establish coordinated links with other government and external agencies to support them. Within these guidelines three key strategies are outlined, which are accompanied by a range of suggested actions which are not exhaustive, but nevertheless helpful in assisting schools to support pregnant and parenting students to continue their education. These strategies are to:

1. track and maintain contact with pregnant and parenting young people;
2. promote awareness of the range of educational pathways available to pregnant and parenting young people; and
3. establish a network of support services for pregnant and parenting young people.[43]

While these guidelines exist, there is no consistent program rolled out across the state. Currently, support programs for pregnant and parenting students in Queensland schools are delivered inconsistently, with individual schools choosing what to implement. A number of schools deliver their own tailored programs, while it was reported that others deliver Brave Foundations' Supporting Expecting and Parenting Teens (SEPT) program. The Department of Education has told the QFCC they are looking to strengthen initiatives at the grass roots level by funding programs prioritised by the highest areas of need.

Without education—something many young parents come to value highly because of their new responsibilities, regardless of their previous educational experiences—the path to employment, economic independence and wellbeing for themselves and their children is limited.[44]

**Many of the young people YFS works with disengaged from education before they became pregnant. Of 39 teenage parents worked with in the past 2 years, only 3 were engaged in education when they commenced.**

### *Relationship and sexual education (RSE)*

The provision of quality RSE health services supports young people to develop into responsible and healthy individuals.[45] Despite this, many primary schools across Australia do not consistently offer RSE programs, with lack of teacher confidence,[46] competence or the fear of the consequences of mistakes[47] often credited to the avoidance of delivering RSE.

In situations where teachers are under-prepared or unwilling to teach RSE, schools often turn to health promotion experts in external agencies to assist in the provision of this aspect of the curriculum. In this instance, disparity in availability of health promotion experts often means that young people in regional and rural Queensland encounter difficulty accessing sexual and reproductive health services or supports.[48]
As noted earlier, access to RSE may be disrupted for young people who have disengaged or been excluded from school, or for young people in the care system who may experience multiple changes of school through placement instability. The QFCC notes the *Queensland Women and Girls Health Strategy 2032* commits to access to contemporary reproductive health education and services, a welcome initiative.

### *Barriers*

The literature reveals a complex interplay of factors that young mothers face when seeking to complete schooling, resulting in this group typically completing fewer years of schooling than their peers.[49]

Common barriers to completing schooling include:

- family responsibilities and childcare demands, and the lack of reliable childcare, which is reported to interfere with school-aged mothers' progress;[50]
- lack of access to adequate transport. SmithBattle reports '… waiting for buses and negotiating several transfers with a baby, book bag, diaper bag, and a stroller [particularly in] inclement weather [is] a daunting task.'; and
- unintended impacts of school policies and practices. For example, attendance policies, lack of flexible schooling options and bureaucracy[51] undermine a young mothers' goal to complete their schooling and hinder their learning outcomes.

### *Enablers*

Programs with personalised objectives that build confidence among young parents are reported to result in better outcomes. An approach that focuses on young parents negotiating program goals regarding education and

employment, is likely to render more favourable long-term outcomes for them and their children. Prioritising school or education targets without addressing the attitudes and desires of young people and approaching young parents as potentially failing students is associated with unsuccessful programs.[52]

Childcare facilities in schools support educational outcomes. In general, provision of childcare is associated with parents staying in or re-engaging with education.

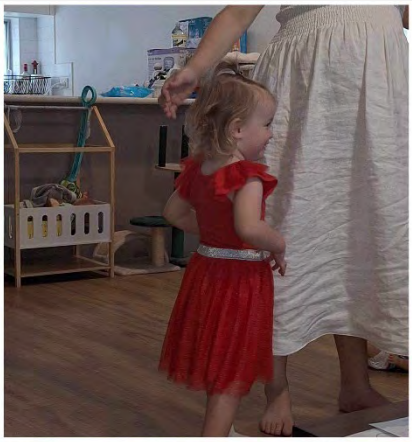
Additionally, school policies and programs should also provide flexible school timetables to enable effective engagement with education and provide options that, by design, tackle stigma. For example:

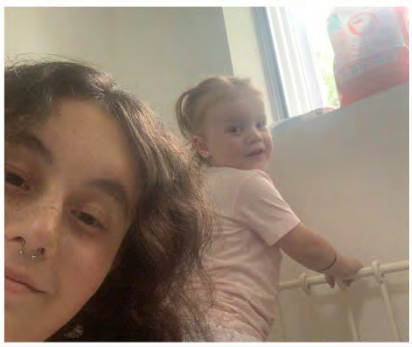
- Australian research on alternative education sites showed positive feedback from students, including pregnant and parenting young people, citing acceptance and lack of judgment from peers as beneficial and [53]
- peer support (networks) in schools has been acknowledged as instrumental to program success, including presentations by women who experienced teenage parenthood, and meetings with women in similar situations.[54]

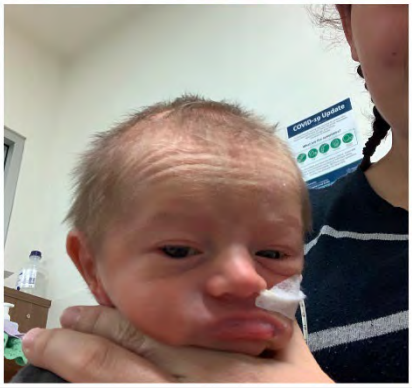
A list of examples of Queensland-based education programs can be found at **Appendix 1**.

### Case study: Young Families Connect Program: supporting young parents

Piper-Marie is an 18-year-old mother of two from Ipswich, Queensland. In 2021, she enrolled in the Young Families Connect Program at Ipswich State High School. The program gave her the opportunity to attend school while pregnant and actively parent her daughter, as well as the ability to work towards getting QCE points in a supported environment for young mums.







*"The support I received from everyone involved was immense. I had a traumatic birth and needed a lot of time off to recover both physically and mentally, but that didn't prevent me from being able to finish. The flexibility is key, you decide how much effort you put in on any given day and they'll support you wherever they can.*

*Walking across that stage on my graduation day with my daughter watching was one of the proudest moments of my life. If I wasn't a young mum we wouldn't share such a special moment together. It made all the hard work worthwhile."*

Piper-Marie is currently studying an undergraduate certificate in child and family studies at the University of Southern Queensland and is well supported by her lecturers.

## Housing

Access to stable housing is central to addressing other issues and challenges that young parents face. However, obtaining suitable and affordable accommodation is a significant problem for many young parents. The cycle of moving house that starts before pregnancy for many young people continues through their pregnancy and into parenthood.[55] Insecure housing often forms a barrier to accessing other services and supports they need including the often-complex systems of housing, welfare, health and child safety. This is further compounded by the siloed nature of the service system.

### *Barriers*

Housing was a key barrier identified by the stakeholders we consulted. As a cohort, pregnant and parenting young people are more likely to be highly mobile and often live in vulnerable and unstable housing situations. When a young parent becomes homeless or is required to move residence, there is inherently complex personal and systemic difficulties associated with accessing services across service delivery regions, particularly Hospital and Health Service (HHS) locations.

***Data and information provided by YFS Step by Step Young Families found that within the past two years:***

- Worked with 146 young parents (under 25). Of those 77 (53%) presented with a housing issue*
- 39 young people were under 20 (more may have been teenagers when they first got pregnant). Of those 24 (62%) presented with a housing issue
- Aunty Faith Green from Gunya Meta told us recently that all the young parents they work with are homeless unless they have a lease in their own right (rare), because they are one family blow-up away from being out of their current housing

*'*presented with a housing issue*' refers to participants who identified housing as an urgent issue when they first engaged. It does not include those who experienced a housing issue while they worked with YFS (e.g. due to family conflict or those who were living with family in vulnerable situations but did not identify the fragility of this arrangement)

As a group, pregnant or parenting young women who are homeless or at risk of homelessness are further disadvantaged by lack of access to appropriate support services to meet their numerous and complex needs. The rules about who can live in certain types of accommodation means that pregnancy is a catalyst for housing insecurity. The eligibility requirements of Specialist Housing Services (SHS) and the lack of flexibility for client-initiated social housing transfers can present a barrier to both entering and remaining in these services. The service providers we spoke to highlighted that their service delivery contracts include a requirement to cease providing a service to a pregnant or parenting young woman if they are suspected or known to Child Safety.

While pregnant women may have once been prioritised for urgent housing, over the past three years, Queensland has seen the number of people on social housing waitlists increase by 65 per cent.[56] This has been coupled with a dramatic decrease in suitable private rental options, with rental vacancy rates at record lows and no affordable options for young people on youth allowance or for single parents on parenting payments.[57]

Young parents, particularly mothers, also have difficulty entering the private rental market with a young child, a lack of income and no rental record.

### *Enablers*

Safe, suitable and affordable housing is a key facilitator of ending cycles of homelessness for young people and providing a safe, stable and nurturing environment for their children.[58,59] Enhanced strategies and policy responses that prioritise the housing needs of vulnerable groups, including young parents will assist with this.

These may include:

- flexible service agreements and funding models, which provide housing support programs with flexible entry and exit points; and
- coordination and referral for housing support - young parents should be connected with assistance for housing through housing support services and helped to arrange appointments and documentation to ensure a smooth transition.

The Australian Human Rights Commission 2017 report also suggests that services provide short-term accommodation to allow young parents to build a rental history and/or act as a lead agent, allowing them to independently find and secure longer term, more stable housing.

## Income support and employment

Young parents are often on low incomes, and being a parent can limit their ability to obtain full-time employment. This can then lead to ongoing reliance on income support[60] thereby perpetuating a cycle of disadvantage.[61] This disadvantage compounds the risks of poor parenting, resulting in child maltreatment.[62]

### *Barriers*

A 2010 study,[63] which aimed to develop a deeper understanding of early motherhood in contemporary Australia, identified the frustration of a number of mothers with Centrelink services. Most of the criticism stemmed from the time it took to get their payments processed or being provided with wrong information or wrong payments meaning their income was cut or stopped.

In relation to encouraging mothers back to education or employment, programs that used punitive welfare sanctions for non-attendance have been found to be less successful than education and employment programs which do not engage these kinds of sanctions.[64] People in receipt of parenting payments are inevitably struggling to make ends meet. When payments are suspended, even for a short term, it is likely to trigger a crisis for the family, with flow-on effects when there is not enough money to live on and feed children.

The consequences of limited income support and financial stress can exclude younger parents from obtaining vital services for themselves and their children.[65]

### *Enablers*

A variety of income supports are available to all parents through Centrelink, including:

- Newborn Upfront Payment and Newborn Supplement — if you meet certain eligibility requirements (care for a baby or child who's recently come into your care, be eligible for Family Tax Benefit Part A and not be getting Parental Leave Pay for the same child);
- Parental Leave Pay — for eligible working parents who are on leave from work to care for their child;
- Dad and Partner Pay — two weeks government-funded pay for eligible working dads or partners;
- Child Care Subsidy — to help pay for the cost of approved child care;
- Additional Child Care Subsidy (transition to work) — to help pay for child care if you want to start working again or are job searching, working or studying;
- Family Tax Benefit — to assist with costs of raising children;
- Parenting Payment – the main income support payment to assist with costs of raising children; and
- Household assistance payments — e.g. Single Income Family Supplement and the Energy Supplement.

As can be seen from this list, payments can favour parents who were in employment.

Policy changes and strategies that may assist young pregnant women and mothers include:

- advance access to parenting payments and rent assistance during the third trimester, where there is evidence that housing is particularly unstable and potentially impacting the wellbeing of the mother and baby;[66]

- waiving age as a barrier to accessing Centrelink payments would see young women who are pregnant automatically qualify for independent payments, removing family 'permission' as a barrier to the financial means to access safe housing;
- support in negotiating and completing the necessary paperwork for income support, for example providing a high level of support and advocacy with Centrelink; and
- ensure cultural safety programs that help young mothers with work readiness skills, career planning, small business development plans, skills in financial literacy, mental health, and first aid training.

It is also crucial that young parents have access to affordable and accessible early childhood education and care to enable engagement in education, training and employment.

The Commonwealth Government offers the ParentsNext program, which intends to support parents and carers who receive a parenting payment to plan and prepare for employment by the time their youngest child reaches school age. Up until May 2023, these parents were required to participate in the program to receive the parenting payment, and payments were suspended if parents missed an activity or appointment. This was a major barrier for parents, and as a result of the Parliamentary Joint Committee on Human Rights' inquiry in 2021, the program is no longer compulsory. ParentsNext will cease on 1 July 2024 and a new voluntary program is being developed to replace it.[67]

**Case study: YFS Step by Step / Burrabilly team**

YFS has experience working with young First Nations mothers and their children to support them out of homelessness. Within the Step by Step team a number of First Nations workers work under the Burrabilly banner to provide culturally safe support for First Nations families. A young single 19-year-old mother, Mary (not her real name) with three children, all under the ages of 3 years was living in an unsafe and unstable situation and facing homelessness. Mary was a young person with a long-term care experience and had limited supports that would be able to support her with housing. Mary had previously had two private rental properties, neither ending well due to the people she had around her at the time, including events of family violence and damage to the property.

Due to the unsafe living arrangement Mary was in when commencing work with YFS she was supported into hotel accommodation by the Housing Specialist to allow her and the children to be in a safe place whilst ongoing work continued to find her stable accommodation. This included the YFS case-manager working with Mary and Centrelink to make sure she was receiving all correct payments. Mary expressed her desire to break the cycle and build a safe and stable future for her and her three children, over the next week Mary actively worked with the YFS team and 8 days after entering homelessness, Mary was approved for a private rental. YFS staff supported Mary to build her tenancy skills, around budgeting and the requirements that needed to be met to maintain a tenancy, supported to source furniture for the house. Having an integrated team allowed for the Housing Specialist to remain focused on this, whilst the case-manager was able to support Mary applying for birth certificates and enrol the children in daycare for the first time.

Once Mary was housed the case-manager was able to continue to work with her around maintaining a tenancy, routines, safe and healthy relationships and having boundaries with those who would place her tenancy at risk. Mary and her children remained engaged for 2 years and were supported through the moving process each time. This did become increasingly more difficult as the housing crisis increased. Mary and her children were supported into community housing in Ipswich partly due to the housing crisis intensifying in Logan and so that she could be closer to her informal support network.

## Universal parenting support

Access to parenting support for those who need it is critical,[68] with support that should be tailored to the specific needs of different parents, with some requiring more intensive support than others. A range of mainstream parenting support programs are available across Queensland, run by Queensland Health and the community sector. However, the stigma attached to help-seeking may prevent young parents from accessing these types of services.

### *Barriers*

Young mothers are at risk of experiencing social stigma, which has the potential to affect social determinants of their health, such as access to education, employment and social support services.[69] Our stakeholders told us that young women are much more likely to engage in specialised services if the antenatal care is specialised for their age group as opposed to the social stigma associated with attending alongside older women. Other barriers identified during our consultation included:

- young mothers not being aware of the supports that are available to them and not knowing how to access antenatal services;
- fractured and disconnected services and inconsistency in services being delivered across regions (including age range for services delivered, i.e. differing age thresholds across regions); and
- a lack of culturally appropriate, trauma informed services for young Aboriginal and Torres Strait Islander mothers.

Despite increasing recognition of the importance of a father's contribution to child development, child wellbeing and mental health in terms of child outcomes,[70,71] there have been few parenting supports designed specifically for fathers. Evidence suggests that where the involvement of young fathers is supported at the antenatal stage, they are more likely to maintain this involvement over time.[72] Stakeholders also pointed out that young fathers are considered to be poorly served compared to young mothers attending support services.

### *Barriers that prevent young parents in out-of-home care seeking help*

Young parents with a care experience may be reluctant to access formal support services as a result of stigma and feeling stereotyped by health professionals and social workers as being irresponsible and incompetent on top of additional stigma as a result of their out-of-home care history.[73,74] Further, young parents may be reluctant to use support services due to fear of repercussions such as their child being taken into care, particularly when considering evidence of a "surveillance bias" for care-experienced young people who are parents with connection to child protection services.[75,76]

It is important to acknowledge that young parents with a care experience most often perceive having a child as a positive experience that provides a sense of purpose. Similarly, qualitative research identifies that young parents with a care experience are motivated to meet the needs of their children in a manner their parents could not for them.[77]

### *Enablers*

Queensland has a relatively expansive network of 106 public hospitals and health care facilities across the state. Queensland Health delivers antenatal and maternity programs, such as the Safer Baby Bundle program, designed to reduce preventable stillbirths, create awareness of associated risk factors, and encourage clinicians to apply the bundle of care to every pregnant woman. Elements of the program include:

- smoking cessation support;
- improved detection and management of impaired fetal growth;
- increasing awareness and management of women with decreased fetal movements;
- provision of maternal safe sleeping advice; and
- improved decision-making around timing of birth for women with risk factors.

Stakeholders told us about partnerships that exist between hospitals and support services which act as a key conduit for young parents to connect into the appropriate parenting supports and vice versa (support services are able to check in with potentially high-risk parents and give them the opportunity to opt into services).

Another enabler is the adoption of service delivery models such as progressive universalism, which can deliver services based on the diversity of parenting needs.[78] According to progressive universalism:

- there is a continuum of services (i.e. 'seamless' service delivery) as opposed to distinct levels of service;
- universal services (i.e. available to everyone) are the platform for additional services; and
- additional services are provided at a scale and intensity that is proportionate to the level of need.

The major benefit of progressive universalism is that if services are available to everyone (i.e. the universal component), the use of those services is 'normalised'.[79] Universal services can then act as a touchpoint to identify those young people that may need additional or more intensive services and supports, without the stigma attached to accessing these supports.

**Case study: Catherine's House**

Jane (not her real name) lives with her mother and three siblings and has a background of complex trauma including multiple sexual assaults, domestic violence and significant childhood abuse. On referral she had pre-existing diagnoses including reactive attachment disorder, bipolar disorder, attention deficit hyperactivity disorder, autism spectrum disorder, anxiety, depression, and a history of substance misuse and self-harm/suicidal ideation. Jane had previously been in the care of the Department of Child Safety and was in out-of-home care before returning to her mother's residence towards the end of her pregnancy.

Jane was referred to Catherine's House Mother and Baby Unit by her GP when her baby was about 2 months old. This pregnancy was the result of a sexual assault. During pregnancy, Jane was fully engaged with her antenatal care, while pressing charges against her assailant and commencing court proceedings. A complex birth, and the subsequent trauma, led to a disconnect between Jane and her baby, further complicated by her own complex trauma history.

When Jane was assessed, she was presenting with postnatal depression and low parenting confidence. On the other hand, she was seeking help, abstaining from substances, not engaging in self-harming behaviour and wanting to be a loving and protective mum to her baby.

Jane was offered and accepted an admission to Catherine's House and was admitted for one week. She actively engaged in all groups provided, accessed therapeutic interventions and allied health options offered to her on the ward, and had significant improvement in her mental health and in her parenting confidence.

During the 7-day post-discharge follow up, Jane reported she was feeling a lot more confident in herself, engaging with and taking joy from her baby. She was performing the majority of her baby's cares and accessing support from her mum when appropriate. Jane was referred to Child Health and parenting groups and was engaging with these in the community.

## Targeted support

Programs to support young women are limited in Queensland, and especially so for those living outside major metropolitan areas. Nationally, there is a noticeable focus on programs and services which support young parents to stay engaged with education and consider employment goals, with less priority placed on parenting skills and

individual wellbeing.[80,81] In addition to this, pregnant and parenting programs for young people in Australia are rarely evaluated.[82]

In Queensland, targeted programs for young parents provide support through pregnancy and parenting groups, including antenatal classes and support for re-engagement or continuation of formal education. In addition to this, programs often included simplified access to the health system and health education, with the minority of programs building parenting and relationship skills, reducing isolation, enhancing resilience and provision of support or education to enhance social and emotional wellbeing. Consistent with the literature, fathers in Queensland were found to be generally less supported in targeted young parent programs and supports.

These programs are scarce throughout Queensland, particularly outside major cities. A list of Queensland-based services targeting young parents can be found at **Appendix 2**.

### *Barriers*

The more barriers that a young woman faces and/or the more vulnerabilities she experiences, the more difficult it is for herto access services; the most effective services are those where there is a strong relationship with a service provider, which takes into account the complexity of the lives of these young women at an individual level.[83] Another study has found that about a third of young mothers do very well, one third were coping and one third had severe difficulties, with the difference between the first and last groups identified as having good, practical, non-judgemental support.[84]

There are multiple barriers that young people experience in accessing services. A study conducted on behalf of the National Youth Affairs Research Scheme[85] 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.

Regional and remote young people are over-represented 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 while raising children.[86]

### *Barriers to accessing youth mental health services*

Findings of the QFCC's 2023 Community Perceptions survey found that of 3,154 respondents, only 50 per cent of respondents said they had access to youth mental health services in their area. In addition to this, about 3 in 10 respondents who were under 26 or had parenting responsibilities had tried to access youth mental health services in the past three years. Of these, 69 per cent had experienced barriers, including:

- long waitlists;
- cost of services;
- being unsure about how to obtain referral;
- lack of services in their area; and
- lack of awareness of services in their area.[87]

Child Youth Mental Health Services (CYMHS) provides free specialist mental health services for children and young people aged under 18 years who present with severe and complex mental health concerns. Our stakeholders reported that when young pregnant women present to CYMHS providers, they are referred to

Perinatal Mental Health. However, if a pregnant woman is aged under 18 years, they are not eligible to access this support.

### *Enablers*

Highlighted in the literature are a number of best practice principles and enabling factors that encourage young parents' involvement in targeted programs. These include:

- case management and transition planning services;
- support in effective parenting;
- services that are welcoming and youth centred;
- involving relevant family members including fathers or significant others in service delivery;
- access to pre- and post-pregnancy care and youth health services;
- provision of practical support and incentives;
- peer mentoring;
- providing transitional employment opportunities;
- accessible support and referral pathways;
- access to childcare; and
- access to parenting/child-rearing supports and transport.[88,89,90,91]

Successful programs for young parents focus on helping young parents develop self-efficacy as capable parents and secure mother/father-infant attachment. Characteristics of successful programs also include:

- removing any cost barriers to attendance by making group attendance free;
- continuity of care involving follow-up even when young parents fall outside a certain catchment area;
- linked in, wrap-around services to support additional needs;
- flexible programs and funding models that enable providers to tailor each case according to the individual needs and aspirations of the participant; and
- effective, high-quality programs that have guaranteed and secure funding available for the desired length of the program. This provides security that enables program delivery to adequately cater to the desired aspects of intervention without limitations that would jeopardise outcomes.

## Support for First Nations young parents

For the first time, a legislative requirement was passed by the Queensland Parliament in August 2020 which embeds a requirement for each HHS to redesign and reorient local health systems to better listen to and support First Nations Queenslanders, address historical and ongoing economic and social injustices, and recognise First Nations sovereignty and right to self-determination.[92] This framework requires that Queensland's 16 HHSs must embed an Aboriginal and Torres Strait Islander health equity strategy. Under section 40 (1)(c) of the *Hospital and Health Boards Act 2011*, every HHS must consult with its health professionals, consumers, Aboriginal and Torres Strait Islander community members, and the Aboriginal and Torres Strait Islander community-controlled health sector to develop the strategy.[93,94]

### *Barriers*

The barriers identified for support for First Nations young parents include:

- mental health is a growing concern across urban, regional and remote areas, with significant disparities and challenges experienced by Aboriginal and Torres Strait Islander peoples;[95]
- maternal and child health – some HHS regions have high rates of 'Discharge against medical advice' after birthing;[96] and
- obtaining and using contraception is difficult. Contributing social factors which affects access includes shame, ideas surrounding women's health, cultural disengagement and social isolation.[97]

### *Enablers*

Programs supporting Aboriginal and Torres Strait Islander parents must be culturally appropriate, and Aboriginal and Torres Strait Islander controlled models of pregnancy care have been developed in various parts of the country to address this. Aboriginal and Torres Strait Islander community controlled organisations play an important role in supporting young mums and parents through both the Family Wellbeing Service and, where there is a risk of Child Safety intervention, through the Family Participation Program.

There have been a range of best practice principles developed from consultation with Aboriginal and Torres Strait Islander young parents. Many of these principles and considerations are the same as those discussed earlier, although they further identify the importance of having:

- strong relationships between communities and HHSs, referral and discharge pathways, and in-reach and outpatient services with Aboriginal and Torres Strait Islander community controlled organisations;[98]
- committed and engaged Aboriginal staff and health workers;
- culturally sensitive antenatal and postnatal health care;
- increased education, access and use of contraception, testing for sexually transmitted infections and pregnancy termination;
- programs and resources developed through local involvement, consultation and ownership by community;[99,100] and
- investment in services and resources in regional and remote communities.

While the health system can deliver care to patients, it cannot achieve equitable outcomes for Aboriginal and Torres Islander peoples without assistance from agencies responsible for housing, education, employment, justice and the other social determinants. Consideration needs to be given to programs such as the Courageous Conversations About Race program which is currently being run at Gold Coast HHS; it is an innovative training and cultural immersion program designed to transform understanding of how race impacts everyone's lives, work and communities.

**Case study: IFYS Young Parent Support Program: supporting a First Nations family**

The IFYS Young Parent Support Program (YPSP) has been pivotal in providing comprehensive support to a young single First Nations mother of four boys. This case study highlights the significant barriers she faced including the tailored interventions provided by YPSP.

When Ella (not her real name) was first engaged with YPSP workers, she faced significant barriers due to social isolation, mental health, low socio-economic status, limited family supports, behavioural and medical challenges with her children and transport limitations. Her inability to attend crucial appointments and school drop-offs was highlighted as an immediate need to address. Crucial appointments included medical appointments for herself and her children, including discussions with Child Health about behavioural concerns regarding her second eldest child, who was missing school due to her lack of transportation and limited family support to assist. Although Ella occasionally walked her son to school, the task became increasingly difficult as she juggled the management of three children while pregnant and then while caring for a newborn.

YPSP collaborated with Murri's on the Move to provide Ella with driving lessons which enabled her to obtain a learner licence. She then received a driving test package covering the cost of the driving test and Ella successfully obtained her licence giving her freedom and access to independent transportation to ensure her school-age children attended school and that all family members could attend their appointments. Obtaining her licence further assisted in Ella actively engaging in the support of the REFOCUS First Nations service, which increased her connection to community, access to counselling and her children's engagement in community after school activities, expanding their social connections.

# Section 4 – A comparison of models of support


## Summary

- There is a limited evaluation base providing evidence of what is an effective model of support for young parents.
- The research and literature suggests models must be holistic and have common characteristics such as being relationships-based, sustained, participatory, inclusive of fathers, focused on developing connections and supports, family-inclusive and practical.


The way interventions are constructed, and outcomes are measured, can make evaluation of individual initiatives problematic, with many interventions focusing on outcomes for parents rather than children, and on short-term positive impacts rather than long-term effects.

Pregnant and parenting young people have complex and interconnected needs. They need services to support their health, the health of their child, their educational attainment, their employment, as well as to parent positively and maintain healthy relationships. They also need concrete supports such as childcare, baby supplies, food and safe housing. Given the complex nature of these needs, no single organisation is likely to be able to meet them on its own.

### Case study: Institute for Urban Indigenous Health – Birthing in Our Community

The Birthing in Our Community (BiOC) model of care was established in 2013 in the South Brisbane region as a partnership between the Institute for Urban Indigenous Health (IUIH), the Brisbane Aboriginal and Torres Strait Islander Community Health Service (ATSICHS Brisbane) and the Mater Mothers Hospital. Developed and implemented under First Nations leadership, BiOC delivers a unique model of maternity care that provides comprehensive and culturally informed maternal and infant health services for Aboriginal and Torres Strait Islander families.

The program is integrated within a family services model, grounded in a culturally intrinsic parenting model which supports connection, belonging and cultural growth. The service is supported by an Indigenous workforce strategy and is based out of a culturally safe and welcoming Aboriginal Community Controlled, community-based hub.

The core elements of the BiOC Model include:

- an Aboriginal and Torres Strait Islander-led, partnership model of governance and service operation;
- continuity of a midwifery carer provider throughout the pregnancy, birthing and into the post-natal period;
- continuity of a Frist Nations Family Support Practitioner, a unique role in the BiOC model, engaging and supporting families throughout the pregnancy walking alongside the family to address key social, economic and cultural determinants of health;
- a community-based hub – a safe and welcoming gathering place for Aboriginal and Torres Strait Islander women, babies and families;
- a core focus on growth and development of a skilled Aboriginal and Torres Strait Islander birthing workforce – recognising its importance in providing a culturally safe and responsive service AND in directly addressing a key social determinant of health and well-being;
- a multidisciplinary team of psychosocial health and well-being services and supports; and
- facilitated access to partnership programs and specialists.

## Characteristics of successful programs

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 have 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 be working alongside;
- the program begins during pregnancy and continues up to three years after the birth of the baby;
- the program design is flexible to the 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 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 their continuing education, planning for employment or any other needs they have;
- programs support and facilitate parenting and childcare responsibilities;
- services work in partnership and facilitate referrals to meet the needs of young people;
- programs use a family systems approach, and engage family members or friends in their delivery;
- service staff have the knowledge, skills and motivation about the needs of young parents and are able to discuss sensitive issues with them;
- programs can facilitate practical education for young parents with their own infants to demonstrate different parenting techniques;
- programs use technology to provide feedback and initiate discussion with young people; and
- there are good referral and transition processes when a young person leaves the service.[101,102,103,104,105]

***When YFS were designing their young families service, they engaged with young parents about what they wanted. One key message was that they didn't want something that looked like a "service" and they didn't want to be "case managed". They wanted to be able to seek support for things that they identified as priorities and goals, rather than things that others thought they should focus on.***

# Section 5 – Conclusion

We know that young parents can and do provide safe and effective parenting for their children to thrive. This is particularly the case when they, like any parent, have access to reasonable financial resources, stable housing, access to good medical care and social and emotional support to enjoy the job of parenting.

Young parents are more likely to have experienced multiple forms of disadvantage in their own lives which place them at a higher likelihood not only of having an early pregnancy, but to experience adverse life outcomes and persistent disadvantage as a result.

Intervention strategies must view young people in this context and take a holistic approach to addressing and overcoming the experiences of disadvantage that many young parents face. Interventions for this cohort need to be able to address the varied needs of young people, including for stable accommodation and housing, coordinated services to address their complex needs, and support for their mental health and wellbeing. Interventions and supports must also be developed with recognition of young parents' inherent capabilities and strengths in raising children and be respectful of their decision to raise their child.

A whole-of-government approach, with appropriate support from the service system, is needed to recognise and respond to the special needs of young parents and their children and provide them a comprehensive range of supports. This will enable young parents to avoid the risk of poverty, poor education and lack of job skills, and in the process, open the door to a different future for their own children and an opportunity to intervene in a cycle of disadvantage.

IFYS supports young people facing multiple adversities and knows firsthand the vulnerabilities they experience. We understand the importance of providing a service response that is collaborative, relationship based and focussed on everyone's need for connection within community. As a large provider of residential care, foster and kinship care services IFYS would welcome the collection of nationally consistent data that would inform policy design and service delivery for young parents with a care experience.

- *Tony Pignata, Managing Director of IFYS*

Based on the analysis outlined in the paper, the QFCC recommends investment is continued, expanded and commenced across the following areas.

## Continue

### Access to fertility controls

The data in this paper demonstrates that the contemporary, pro-choice policy changes have made an impact on the number of mothers aged under 20 in Queensland. It is recommended that Queensland strengthen and continue to make culturally-safe fertility options, including contraception and termination, accessible and affordable with a specific focus on co-design and delivery of services with First Nations young mothers and community. Integral to these services are the additional supports needed during and after termination of pregnancy and also support options for young people whose pregnancies have resulted from trauma.

In this regard, the QFCC welcomes the Queensland Government's recent Bill to allow nurses and midwives to prescribe, administer or supply a treatment dose of termination of pregnancy drugs. If introduced, this change will improve access to termination of pregnancy care in locations where access to service providers may be

limited, particularly in regional and remote areas. Ensuring access to termination is paired with appropriate supports, this will continue to ensure young people have access to choice about unplanned pregnancy.

## Expand

### Strategies proven to work

The QFCC recommends that programs should be funded that can demonstrate the characteristics of successful programs that have been identified in this paper, based on the available literature. Ensure programs and services continue to be developed and implemented with young parents, including First Nations young mothers.

The QFCC would like to see holistic, integrated service delivery afforded to young parents, with as many support services they need for themselves and their child to thrive – parenting, health, housing and education.

Strategies that reduce the stigma young people experience when accessing services will go a long way towards ensuring they can access the care they need earlier in their pregnancy. Stakeholders told us that young women were much more likely to engage in antenatal care if the service was specialised for their age group, rather than attending with older women where they may feel judgement and stigma.

### Education for young people with a care experience and those who disengage from the education system

There is strong evidence to suggest that a statutory child protection and/or youth justice care experience may increase the risk of early pregnancy and parenthood. For children in out-of-home care, changes in placements and schools can mean young people miss reproductive education messaging and lack consistent, positive adult support. This provides an opportunity in policy and practice to ensure young people in care are receiving the same information as their contemporaries. In addition, young people who disengage from education early, or who are excluded for disciplinary reasons, are also missing this important aspect to their education. The Queensland Government should intensify its efforts with these cohorts of young people in terms of reproductive education and supporting information about respectful and positive relationships.

## Commence

### Improve data gaps

Throughout the development of this paper, gaps in Queensland's knowledge base about pregnancy and parenting young people were identified. We need more information about:

- young fathers;
- young parents from a CALD background;
- young parents living with disability;
- the housing situations of young parents;
- the outcomes for children of young parents;
- the number of pregnancies of children in out-of-home care and subsequent outcomes for parents and children;
- attendance patterns and enrolments of pregnant or parenting young people in Queensland's schooling system; and
- the number of pregnancy terminations where the mother was not admitted to hospital.

Collection of data about these issues will help paint a more complete statistical picture of young parenting in Queensland.

### Stronger mental health support services

Clear responsibility for the mental health needs of young pregnant women needs to be a priority for service delivery. Our stakeholders reported that when young pregnant women present to Child and Youth Mental Health Service providers, they are often referred to Perinatal Mental Health. If a pregnant woman is aged under 18 years

old, however, they are not eligible to access this support. Young women are then left to navigate two service streams who may not support them when they are at their most vulnerable.

Queensland Health is currently drafting a new *Perinatal Mental Health Clinical Guideline* which will provide referral pathways to organisations that support young parents and will set clinical standards for:

- evidence-informed pre-conception care for women with a history of, or current mental health condition;
- timely identification of women with mental health conditions across the perinatal period;
- support for evidence-informed preparation for pregnancy, birth, and parenthood;
- timely identification of deteriorating mental health in the perinatal period with appropriate referral and escalation of care; and
- optimised infant mental health during the perinatal period, through timely assessment and appropriate management of identified concerns.

### Perinatal mental health data national dataset

Queensland Health is currently implementing digital screening for all women and/or partners throughout the perinatal period (from conception to one year after the end of the pregnancy) across public maternity and child health services. The digital platform (iCOPE) screens for symptoms of depression and anxiety and assesses psychosocial risk factors. Screening involves a series of questions sent via an SMS link to a mobile phone. Scores are automatically calculated, interpreted and delivered as tailored reports for both clinicians and patients.

The QFCC also notes that a Perinatal Mental Health data pilot commenced earlier in 2024 which will see Queensland contributing to a new AIHW National dataset specifically for perinatal mental health. This pilot, in conjunction with the implementation of iCOPE, will eventually see statewide perinatal mental health data being provided to AIHW, so mental health reports for young parents will be able to be generated using this dataset.

### Monitor Health and Wellbeing Queensland's First 2000 Days Action Plan

Currently in the early stages of implementation, the action plan focuses on providing access to universal health promotion services to support children and their families toward better health through nutrition, physical activity, and positive health behaviours. Key focus areas include:

- preconception health – increasing awareness of the importance of health promotion behaviour to conception through an awareness raising campaign and resources for healthcare professionals;
- universal antenatal healthcare – providing digital health behaviour support for women when pregnant; and
- postnatal health – creating a targeted program for women postnatally to improve health behaviour.

### Monitor the federal government's parenting program

Monitor the developments of the federal government's parenting program that will replace ParentsNext in mid-2024.

# Appendix 1

Queensland-based education programs*

| Service | Region | Location | Criteria |
|---|---|---|---|
| Young Mothers Pathways Project | Moreton Bay | 3/75-79 Bailey Rd, Deception Bay | Young Mothers Pathways Project provides tailored support to young mothers in Deception Bay area so they can study, find work and build a happy, healthy family |
| Ipswich State High School Young Families Connect and Young Families Connect Outreach Program | Ipswich | Ipswich State High School, 1 Hunter St, Brassall | The Young Families Connect (YFC) Outreach Program commenced as Queensland's first distance education program for young parents across Queensland. The YFC Outreach Program:<br>• provides vulnerable students under the age of 24 years, regardless of where they reside throughout Queensland, with the opportunity to continue or re-engage in education through a supportive, flexible working approach<br>• provides flexible delivery of learning and content toward the receipt of a Queensland Certificate of Education and certified |

| Service | Region | Location | Criteria |
|---|---|---|---|
| | | | competency-based training<br>• links with external agencies for local advocacy and support. Students can access the program full time or choose to engage in a part time shared enrolment with their local high school<br>• is hosted by Ipswich State High School, who also run the place based Young Families Connect Program<br>• available for young parents in Queensland who do not live in locations where young parent education programs are readily available |
| Cape York Girls Academy – Boarding school for Aboriginal and Torres Strait Islander young women who have infants | Cairns | 302-310 Sheridan Street, Cairns QLD 4870 | The Cape York Girls' Academy supports First Nations girls to re-engage with and complete their education by attaining either a Queensland Certificate of Education (QCE) or a Queensland Certificate of Individual Achievement (QCIA) award. It is Australia's first boarding school designed for young mothers and their babies, |

| Service | Region | Location | Criteria |
|---|---|---|---|
| | | | and for girls who have been chronically disengaged from their education. |
| Aspire program | Moreton Bay | Deception Bay State High School, Cnr Phillip Pde & Government St, Deception Bay | Educational program designed to support young mothers and pregnant women between 15-19 successfully complete their Queensland Certificate of Education - childcare educators supervise their children while mothers attend school |
| STEMM | Nambour | Blaxland Road, Burnside Queensland 4560 | Educational program that runs 4 days a week that enables teenaged mothers to complete their education and meet their educational goals. In partnership with Education Queensland, the University of the Sunshine Coast, Horizon 2 and TAFE East Coast. |
| Brave – Supporting Expecting & Parenting Teens Program** | | | Personalised program which matches an expecting or parenting young person with a professional mentor for 12 months. Mentors work from local hub sites, community organisations or via virtual delivery. Eligibility includes age (under 19) or aged under 25 years but became a parent at 19 or under. Please note, BRAVE is not a high intensity program, meaning they will refer to others for case |

| Service | Region | Location | Criteria |
|---|---|---|---|
| | | | management where young people have complex needs. |
| ParentsNext | | | Helps parents to identify and reach their education and employment goals through participation in activities and by connecting parents to local services to help them prepare for employment. It should be noted that this service is not specific to young parents, as only a small proportion of ParentsNext are under 20. |
| Search Light Early Learning Centre | Sunnybank | 153 Lister Street, Sunnybank 4109 | Early Childhood education and family support programs are available to high school students and young parents, under the age of 25, who require specialised family support while they are studying or working |

*It is important to acknowledge that this list is by no means exhaustive, the Queensland based services listed highlights key findings.
** The Supporting Expecting & Parenting Teens Program (SEPT) has been independently evaluated by the Peter Underwood Centre for Educational Attainment, University of Tasmania. [106]

# Appendix 2

Queensland-based parenting programs

| Service | Region | Location | Criteria |
|---|---|---|---|
| Brisbane Youth Service - Centre for Young Women | Brisbane | 5 Zillah St, Stones Corner | Trauma informed and strengths-based approach to help young women feel safe and supported to reach their goals. |
| Encircle - Young Parents Program | Brisbane | 119 Stafford Road, Kedron | Young pregnant and parenting families (up to 23 where the age of the first pregnancy was up to 19 years) to assist with antenatal education, connecting peer support, child development milestones, enhancing parenting skills and knowledge |
| Micah Projects - Keeping Families Together | Brisbane | 15 Hope St, South Brisbane | Direct personal and family support. Parents as Teachers model to assist families understand development needs of children and offer health screening |
| Institute for Urban Indigenous Health | Brisbane (South) | 96 Blomfield Street, Salisbury, 4107 | Birthing in Our Community delivers a unique model of maternity care that provides comprehensive and culturally informed maternal and infant health services for Aboriginal and Torres Strait Islander families. |
| Young Parents Program - Wesley Mission YHES House | Gold Coast | 161 Scarborough St, Southport | Young parents aged 12-25 years and includes childbirth education and support (birth classes, breastfeeding education, |

| Service | Region | Location | Criteria |
|---|---|---|---|
| | | | newborn care, baby development, contraception) |
| YFS – Step by Step (incorporating Burrabilly) | Logan | 2-4 Rowan St, Slacks Creek | Young Parents family resourcing (coaching and case management), housing support, employment mentoring, peer support groups for mums, dads and playgroups.<br><br>Burrabilly works with First Nations families. |
| Lutheran Services - Intercept | Moreton Bay | 1/69 King St, Caboolture | Young parents and their families - support to help them deal with parenthood pressures and build their future |
| Family Wellbeing Service – MATSICHS | Moreton Bay | 10-20 Walkers Rd, Morayfield | Service guides Aboriginal and Torres Strait Islander families to build strong, positive and secure relationships with their children |
| yourtown – Young Parents Program (Glugor House) | Moreton Bay | 219 Deception Bay Road, Deception Bay | Peer support, activities including parenting skills, living skills, personal development, early childhood |
| Micah Projects – Young Mothers for Young Women | Moreton Bay & Brisbane | | supporting young women, who are pregnant and/or parenting, to grow and develop as individuals and as mothers in a supportive, respectful environment |
| Mercy Community - New Families Program | | | Mothers and expectant mothers subject to child |

| Service | Region | Location | Criteria |
|---|---|---|---|
| | | | safety - early intervention (during third trimester), intensive support for mothers and babies up to 6 months, community visiting for babies up to 12 months - for 12 weeks - referrals only from Child Safety |
| Redcliffe Hospital Antenatal Care | Redcliffe | 38-40 Silvyn Street, Redcliffe, 4020 | Redcliffe Hospital runs a specific young parents' antenatal support group, and also a co-designed 'preparation for parenting' program that has been changed and tweaked over the years with the support of pregnant young people in their catchment.<br><br>This program and the group have a very specific mental health focus as well as well as links to First Nations Programs that support young mothers – like *Ngarrama Family Service* and *Strong Start to Life* |
| Integrated and Family Youth Services – Young Parent Support Program (YPSP) | Sunshine Coast | 10 Allambie Street, Maroochydore | YPSP supports young parents aged 25 years and younger – provides some outreach and social connection through group programs targeting 3 stages of the parenting journey: pregnancy; new parents with children under 12 months; and young families with children under 5 years old |

| Service | Region | Location | Criteria |
|---|---|---|---|
| Queensland Youth Services – Young Parents Program | Townsville | 16 Somer Street, Hyde Park | The program helps parents and their children come together in a safe, informative and engaging environments by providing opportunities to attend playgroups or parent groups within the community |
| Antenatal and Postnatal Care - Impact Community Services – Foundations for Life Program | Bundaberg | 108 Bargara Road, Bundaberg East, 4670 | The Foundations for Life program by IMPACT Community Services is committed to improving access to high-quality and appropriate antenatal and postnatal care for vulnerable and at-risk women aged under 25 years and their partners in the Bundaberg region |

*It is important to acknowledge that this list is by no means exhaustive, the Queensland based services listed highlight key findings.

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