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PREGNANT & PARENTING
TEENAGERS



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The views expressed in contributed articles are those of the individual authors and do not necessarily represent the views of the Association of Women Educators Inc.

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The Association of Women Educators is a professional body, founded in 1983, committed to the full participation of women and girls in education.

The Association:

- works to eliminate all forms of discrimination in curriculum, in institutional practices and in policies;
- encourages and supports women so they can effectively pursue careers in education;
- responds to issues of concern for women both in education and the community;
- lobbies for further reforms and change generally to enhance the position of women in education and in society; and
- undertakes research projects to make a difference for girls' education.

Membership of the Association of Women Educators is open to women who work in education and to women who are interested in the education of women and girls.

Redress welcomes contributions on all educational matters, including academic papers, reports on research, short articles, book reviews, letters to the editor, line drawings, cartoons and photographs, which are likely to interest women. Some issues of *Redress* are thematic in nature. Others cover a wide range of issues relevant to women and girls in education.

All written material should include an abstract (approximately 100 words) and a brief biographical note (approximately 100 words). A scanned photograph of the author should accompany each biographical note. Photographs and images of suitable quality for print reproduction should be presented in .bmp or .jpeg format. Articles should be between 200 and 3,000 words, and should be comprehensible to general readers. Academic papers should include a 200-word abstract. References in the text should appear as bracketed numbers only, with numbered references listed in full at the end of the article. Footnotes are not to be used.

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Email transmission of articles and graphic files is preferred.

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FROM THE EDITORIAL COMMITTEE



THE ASSOCIATION OF WOMEN EDUCATORS has been advocating for pregnant and parenting teenagers since the 1990s when we published *Pregnant, Present and Proud*. This was followed by two more publications, *Step by Step - Side by Side* and *What it Takes*. We also conducted a series of workshops around Australia

and two national conferences about the issue. From those conferences a national network arose of educators and other community service providers who give support to pregnant and parenting young people. On page nine of this edition there is an article about the Australian Young Pregnant and Parenting Network (AYPPN) and its recently launched website. Schools, in particular, with young people who need support, and young people themselves, can use this website to search for information and service providers in their state or territory.

The lead article by Kay Boulden, the author of all the above AWE publications, gives an excellent summary of the issues surrounding pregnant and parenting teenagers and support needs. She also gives a series of recommendations for a national approach to this support.

Members of AYPPN who conduct programs for pregnant and parenting young people have written about these programs. These articles showcase the various innovative support models that exist in Australia (albeit too few of them) and illustrate that no one model is the panacea. The articles all show that community partnerships are essential for successful programs particularly as the needs and circumstances of young people are complex and funding is precarious.

The individual stories by young women show their amazing resilience, their gratitude for the support that they have received in these programs, their determination to create a future for themselves and their child – and their joy in motherhood.

Finally, Susan Currie, a friend of mine from high school who was a young single mother in the 1960s, writes of her harrowing experience at that time. Susan is the author of a recently published biography of the life of Dr Janet Irwin, a fearless feminist activist.

L.

Lesley McFarlane AM—Editorial Committee



THE ASSOCIATION OF WOMEN EDUCATORS FACEBOOK SITE SEEKS FRIENDS

The AWE has set up a facebook site to help members and friends connect and share information. Join up and “like” us!

<https://www.facebook.com/pages/Association-of-Women-Educators/205030579508722>

IN THIS BUMPER ISSUE

TEENAGE PREGNANCY AND PARENTING: ISSUES AND RECOMMENDATIONS

by Kay Boulden

2

AUSTRALIAN YOUNG, PREGNANT AND PARENTING (AYPPN) WEBSITE

by Lyn Allison

9

TALKING REALITIES: YOUNG PARENTING PROGRAM

by Michel Wyman

10

SPACE: NORTHERN BAY COLLEGE'S YOUNG PARENTS PROGRAM

by Jo Ridgeway

16

ZOE SUPPORT AUSTRALIA

by Anne Webster

19

STEMM: SUPPORTING TEENAGERS WITH EDUCATION, MOTHERING & MENTORING

by Janelle Logan and Jacqui Deane

22

IPSWICH STATE HIGH SCHOOL YOUNG FAMILIES CONNECT PROGRAM

by Corinne Harper

26

KARINYA YOUNG MUMS 'N' BUBS PROGRAM

by Karinya Young Women's Service

28

THE BUMP PROGRAM BY RAISE FOUNDATION

by Vicki Condon

31

PORT SCHOOL YOUNG PARENT CENTRE

by Michelle Forsyth

36

LADIES IN WAITING

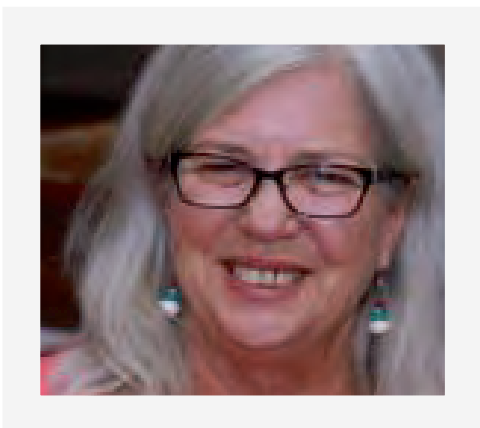
by Susan Currie

41

TEENAGE PREGNANCY & ISSUES AND RECOMMENDATIONS

66 PROGRAMS TO SUPPORT YOUNG WOMEN ARE LIMITED IN AUSTRALIA, AND ESPECIALLY SO FOR METROPOLITAN AREAS. YOUNG MOTHERS ARE LIKELY TO EXPERIENCE **DISCRIMINATION** IN RECOMPLETION OF BASIC EDUCATION.

BY **KAY BOULDEN**



 kboulden@bigpond.net.au

AUSTRALIA'S TEENAGE BIRTH RATE has fallen steadily since the 1960s and compares relatively well with both the UK and the USA.

- In Australia in 2015, 11.9 live births per 1,000 (a total number of 8,550) were recorded for women aged 19 and under.
- In England and Wales in the same year the birth rate was 14.5 per 1,000 for the same age group.
- In the US, the 2014 birth rate for the age group was 24.2 per 1,000.

However, when compared to other advanced economies in Europe and Asia, the situation in Australia appears less deserving of celebration. In France in 2014, the rate was 9 per 1,000; in Denmark, the Netherlands and Japan it was 4 per 1,000.

In addition, teenagers from already socio-economically disadvantaged circumstances are far more likely to continue their pregnancies than those from more privileged backgrounds, so that teenage parenting often has a multiplier effect on disadvantage.

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

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

Programs to support young women are limited in Australia, and especially so for those living outside major metropolitan

PARENTING: ATIONS

OR THOSE LIVING **OUTSIDE MAJOR**
RELATION TO THE **RESUMPTION OR**

areas. Young mothers are likely to experience discrimination in relation to the resumption or completion of basic education. This is often due to young mothers having disengaged from education prior to school completion, or having had poor outcomes from schooling, often linked to existing disadvantage.

As a consequence, recommencing education in order to acquire the qualifications necessary for employment can be daunting. Despite the fact that the teen birth rate in Australia remains relatively high, there is no systematic approach to the provision of education support tailored to the needs of young mothers, nor more than a handful of dedicated programs around the country.

Although discrimination on the grounds of pregnancy or parental status is made illegal by both state and federal legislation, many pregnant and parenting young people and their families remain unaware of their rights to continue or resume their education. Despite a flurry of activity in the 1990s in relation to pregnancy, parenting and school completion, it is now very difficult to find information on the rights of pregnant and parenting young people to access education on the website of most state education departments.

The Australian Young Pregnant and Parenting Network (AYPPN) and its member organisations are aware of ongoing

indirect discrimination against young women by virtue of this policy silence, as well as of direct (if often discreetly managed) discrimination by school and system leaders, whereby enrolments are cancelled without recourse to departmental procedures, young women and their families are left in ignorance of their rights, and subtle messages are given that the pregnant or parenting student is not 'suitable' for the school, or 'unlikely to succeed'.

In a fairly typical example of a case brought to the attention of AYPPN a few years ago, a parenting 15-year old student in a public high school in one of the most socio-economically disadvantaged communities in Brisbane, was told by the principal upon her return to school following her baby's illness that her absences meant she was no longer eligible to be at school, and that her enrolment had been cancelled. On the recommendation of a third party, assistance was sought from AYPPN, and a complaint was made to the Queensland Anti-Discrimination Commission. The case was finally heard by the Commission which found in her favour, but by then her absence from school had been prolonged by many months and the degree of rancour and tension between the principal, the student and her family was such that she decided not to return.

Most common is the failure of the school or educational institution to make reasonable provision for students who clearly have special needs given the multiple demands on

66 NEITHER EDUCATION NOR EMPLOYMENT IS A CHILD CARE. UNDER CURRENT ARRANGEMENTS THEIR CHILD CARE ALLOCATION HAS



Above: The AWE publication *What it Takes: Supporting Pregnant and Parenting Young People*.

their time and resources. The handful of programs around Australia that do offer tailored programs with inbuilt flexibility and support serve to highlight the level of neglect that surrounds this group of young women more generally.

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 and economic independence and well-being for themselves and their children is limited.

Neither education nor employment is a possibility for most young parents without access to quality affordable childcare. Under current arrangements, many young parents find that

by the time they have completed schooling, their childcare allocation has been used up, leaving them without affordable options for tertiary study. This has been an ongoing problem, and one in need of urgent attention.

In relation to housing, many young mothers find themselves without support from either the child's father or their own family and friends, and often face the prospect of having no adequate accommodation. Homelessness amongst young parents is not uncommon; and though public housing may be available, it is often in marginalised areas of towns and cities which reduce access to services such as education, training and employment, and exacerbate the risks of social isolation.

POSSIBILITY FOR MOST YOUNG PARENTS WITHOUT ACCESS TO QUALITY, AFFORDABLE OPTIONS, MANY YOUNG PARENTS FIND THAT BY THE TIME THEY HAVE COMPLETED SCHOOLING, MONEY HAS BEEN USED UP, LEAVING THEM WITHOUT AFFORDABLE OPTIONS FOR TERTIARY STUDY.

The failure of successive governments to consider a whole-of-government approach to recognising the special needs of young parents and their children and providing a comprehensive range of supports to them, has contributed to a situation where the majority of the country's young parents struggle—and often fail—to escape the cycle of poverty, poor education and lack of job skills, and in the process, open the door to a similar future for their own children.

The following recommendations are drawn from the publication *What it Takes: Supporting Pregnant and Parenting Young People* produced by the Association of Women Educators.

The full report is available at: http://www.awe.asn.au/drupal/sites/default/files/what_it_takes.pdf.

Recommendations are organised around three focus areas:

1. A national approach to improving outcomes for pregnant

and parenting young people.

2. A national strategy to reduce teenage pregnancy and the teenage birth-rate.
3. A national approach to supporting young parents and their children.

Recommended strategies are underpinned by the following principles:

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

THE RECOMMENDATIONS

1. A national approach

- i. A national approach to reducing the incidence of unintended teenage pregnancy, and to improving outcomes for pregnant and parenting young people and their children, should be developed as a matter of urgency through the mechanism provided by COAG.
- ii. Such an approach should be evidence-based, and supported by a sound research agenda which includes longitudinal studies to determine effective practice amongst diverse groups of young people, and which enables both national and localised strategies and appropriate targets to be developed.
- iii. It should be underpinned by an understanding of the complex factors, reflecting the experiences of young people over the course of their lives, involved

in the sexual behaviours and pregnancy-resolution decisions of young people. It should demonstrate respect for the decisions they make about their lives, and ensure that the fact of parenthood at an early age does not result in long-term exclusion from education, employment and social connectedness; nor place the children of young parents at risk of long-term negative consequences.

- iv. It should commit to providing wider and more consistent support for young parents and their children while also responding to the demands of equity in the provision of services for diverse groups of young people in different parts of the country.
- v. It should adopt a whole-of-government, or 'joined-up', approach, and foster appropriate collaboration

not only between government agencies at national, state, and local levels, but also between government agencies and non-government organisations.

- vi. Such an approach should specify responsibilities at all levels of implementation, and be monitored carefully over a significant period of time, with annual reporting to both government/s and the general public.

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

- i. Develop and implement a long-term proactive strategy to reduce the teenage birth rate. Such a strategy should be part of a whole-of-government effort to reduce inequalities in the lives of families, thereby addressing the factors which predict higher rates of teenage motherhood amongst particular social groups. It should include a specific focus on:
 - Improving girls' experience of, and attitudes to, schooling in the pre-adolescent years.
 - Providing 'life option' programmes for adolescents who may be disengaged from education, to provide alternatives to early parenting.
- ii. The strategy should be accompanied by a comprehensive research and evaluation framework.
 - A key element of such a framework should be the development of a method of consistent data collection across jurisdictions in relation to teenage pregnancy terminations.
 - It should support further research to better understand teenagers' decision-making process in relation to the resolution of unintended pregnancy, and their experiences of termination.
 - Given the higher health risks associated with teenage pregnancy and birth in under- 15-year olds, current data collection and reporting needs to be modified to provide a clearer picture of the numbers of under-15 conceptions and births, and a more detailed profile of this cohort of young

women.

- iii. The strategy should develop, through the national curriculum project, a comprehensive high quality sex and relationships education program, which clearly identifies:
 - Its location in the core P-12 curriculum.
 - Key learnings for particular age groups.
 - Appropriate resources.
 - Strategies and resources for the provision of quality teacher training and professional development to ensure quality delivery in the classroom.
- iv. A national sex and relationships curriculum should include a focus on:
 - The development of respectful relationships between boys and girls.
 - Knowledge about, and skill and confidence in using, contraception.
 - Addressing the range of attitudes and values that young people bring with them that shape their motivation to engage in early sexual activity and to use contraception.
 - Developing skills in resisting social pressures, identifying the nature of healthy relationships, problem solving and decision-making, negotiation, and assertiveness and communication about sexual activity and the use of contraception.
- v. Such a curriculum should specifically address Australia's social, cultural geographic and social-economic diversity in terms of content, teaching and learning strategies, and resources.
- vi. Develop and implement a public education campaign to meet the needs of young people who are not engaged in formal education for accurate information about sex and relationships, and skills in negotiating relationships, sexual engagement and the use of contraception. Such a campaign should be:
 - A long term strategy regularly updated and refreshed.

66 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 AND ECONOMIC INDEPENDENCE AND WELL-BEING FOR THEMSELVES AND THEIR CHILDREN IS LIMITED.**

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

3. A national approach to supporting young parents

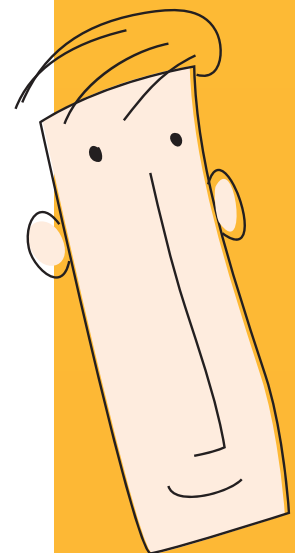
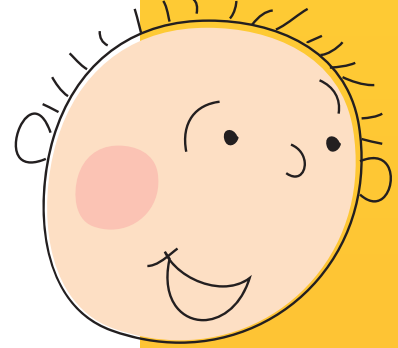
- i. Convene a national whole-of-government working party to develop a comprehensive strategy to promote positive outcomes for young parents and their children, and to co-ordinate joined-up service delivery which responds to the diverse social, cultural, geographic, and economic circumstances of young families.
 - Key issues which should be addressed in such a strategy include:
 - reducing long-term welfare dependency and poverty;
 - improving secondary school completion rates and participation in post-school education and training by young parents;
 - improving the emotional health and well-being of young mothers; and
 - improving health outcomes for the children of teenage parents.
- ii. It should be accompanied by a national review of service delivery, with a view to identifying areas where

service needs are high and supply is low; and where the needs of particular groups are not adequately met. This should include:

- A focus on current funding models with a view to removing the uncertainty under which many services currently operate due to the non-recurrent status of their funding base.
 - Greater provision of residential programs for pregnant and parenting young women who are homeless, or at risk of homelessness, or who have other high-level needs that require a residential placement.
 - A commitment to outreach services to target young parents who would not usually seek assistance from existing services.
 - The provision of support to the parents/families of pregnant and parenting young people to assist them to develop the understanding and skills to assist their children and grandchildren.
 - Identifying the service needs of young fathers in terms of emotional, social, and educational support.
- iii. Develop a national research partnership to provide an evidence base for the development and evaluation of interventions to improve outcomes for young parents and their children.
 - Prioritise research projects which focus on:
 - areas where there is an above average incidence of births to teenage mothers, for example, in the Aboriginal and Torres Strait Islander community, especially those living in remote areas;
 - filling gaps in knowledge and understanding of the experiences and decision-making of pregnant teenagers, for example in relation to teenagers in culturally and linguistically diverse communities; and
 - the experiences and needs of young fathers.
 - iv. Improving secondary school completion rates and

participation in post-school education and training by young parents should be underpinned by an acknowledgement of:

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



AYPPN

THE AUSTRALIAN YOUNG PREGNANT AND PARENTING NETWORK

ABOUT US

PREGNANCY ADVICE

SCHOOL PROGRAMS

SERVICES & SUPPORT



NSW Schools

Vic Schools

Qld Schools

SA Schools

WA Schools

Tas Schools

NT Schools

ACT Schools

Australian Young Pregnant and Parenting website launched

The Australian Young, Pregnant and Parenting Network is made up of healthcare providers, educators, social workers and community members from across Australia. We support pregnant and parenting young people to make the right choices and create the best outcomes for themselves and their children.

We advocate for good quality healthcare, education, training, employment and housing as the fundamental building blocks of physical, emotional, social and economic well-being for young people.

AYPPN was formed as an outcome of the **2009 Symposium on Supporting Pregnant and Parenting Young People**, organised by the Association of Women Educators. It was started by a handful of thoughtful women who could see that young women and some young men were missing out on an education and opportunities in life by virtue of their pregnant or parenting status. One problem they had was not knowing what they could expect from their school, where they might find childcare or help with parenting, how to connect with other teen parents, how to get reliable, evidence-based advice on their options, including abortion.

The AYPPN launched its website in 2016. The site provides a mix of online links to service providers, analysis of government policies and entitlements such as Medicare rebates for pregnancy counselling, and warns against the organisations that base their advice on conservative religious belief. ***Young people and their parents or carers can search for the school programs and other services and support in their state or territory.***

Family planning organisations in each state offer a wide range of services and in all states there are various support agencies for young people but the situation could not be described as in any way comprehensive.

The site critiques, state by state, government school policy in catering for the needs of pregnant and parenting students—it is largely sparse to non-existent. Where it is expressed, as in

Queensland, the onus is on students to demand their rights under anti-discrimination legislation—hardly an option for most in this situation. South Australia leads the way with its progressive ***Healthy Young Parents in Education*** program and numerous schools doing good work. Northern Territory takes the wooden spoon with no programs evident despite high rates of teen pregnancy, especially Indigenous.

Links are provided to the Australian curriculum on sex and respectful relationships, useful resources for teachers and young people and links to sex education policy in states where we can find it.

The site lists research in areas of relevance, statistics on teen birth rates and other advice on what the risks are, what helps young people and what is good policy. News items from around the world are published.

The website can be found at: **<http://youngpregnantandparenting.org.au>**.

AYPPN would love your feedback which can be given via the website.

Lyn Allison
President

youngpregnantandparenting.org.au

TALKING REALITIES

YOUNG PARENTING PROGRAM

BY MICHEL WYMAN

METROPOLITAN YOUTH HEALTH - WOMEN'S AND CHILDREN'S HEALTH NETWORK | ADELAIDE, SOUTH AUSTRALIA



Talking Realities is one of a range of programs offered through the Metropolitan Youth Health **Young Parents Program**.

Talking Realities Young Parenting Program is a unique, innovative, community-based, collaborative program that

aims to improve the health and educational outcomes of young parents and their children, and contribute to the capacity of young people and children to make informed choices regarding their health, young parenthood and pregnancy.

The **Talking Realities Young Parenting Program** originated in Adelaide from modest beginnings as a community development initiative 20 years ago in 1996 by a group of young mothers supported by community worker, Nicoline Kovatseff (who sadly passed away in 2009). The young mothers, who were aged between 14 and 16 years, found that they were not adequately prepared for the dramatic changes in lifestyle associated with being a parent at a young age. The financial, housing, education and employment challenges—along with the steep learning that was required in becoming a parent—came as a shock, and they were keen to share their stories with other young people. From this a peer education program evolved that involved training in communication, group work, public speaking, sexual health and services available.

Young parents who complete the accredited peer education training are trained to present to adolescents within secondary schools and other community locations about the “realities of being a young parent” (hence the name—**Talking Realities**). The presentation aims to provide a realistic view of young parenthood and to increase the capacity of young people to make informed choices regarding parenting and sexual health. Young parents who have completed the necessary training also have the opportunity to become involved in service delivery either as peer leaders and mentors, guest

speakers, training staff in working with young parents or in some cases, as paid peer support workers. The involvement of the young parents in the development of the program, and at every stage, has been integral to the program's success.

Young maternal age and a variety of social determinants of health such as isolation, depression and lack of support (Quinliven 2006; Van der Klis et al. 2002) are recognised risk factors for reduced learner well-being for parenting teens, which in turn may impact on the outcomes for themselves and their children. **Talking Realities** actively intervenes to empower young parents as learners, to develop pathways towards education and future employment and to support the learning of their children [3]. The accredited training modules are linked to both the South Australian Certificate of Education (SACE) and Vocational Education and Training (VET) system, and young parents are supported and encouraged to engage or re-engage with the education system to achieve valuable qualifications. The accredited learning packages are tailored to be relevant to the young parents as they have a focus on parenting and child development.

The creation of Flexible Learning Options (FLO) by the Department of Education and Child Development (DECD) Student Engagement Unit has further supported young parents in the **Talking Realities** program to successfully complete secondary school and to gain the qualifications they require for employment (SACE/Year 12).

Although the young parents are enrolled as students at a DECD school, they attend approved programs provided on-site at **Talking Realities** as an alternative to attending a school campus. The case management component of the program enables **Talking Realities** staff to offer individualised support to young parents to assist them to be successful. In addition **Talking Realities** works to address the inequities and poor health outcomes for young parents and their children by providing access to health information, and seamless access to health and other community services.

Over the 20 years **Talking Realities** has existed, it has had several different ‘homes’ and survived on short-term funding.



YOUTH SUPPORT SERVICES

Get Help with; housing, legal, pregnancy, family, relationships, employment, finances and health.



Participants from the program have presented to thousands of school students and workers around the 'reality' of being a young parent.

The program has seen hundreds of young people graduate with their SACE, continue to university and TAFE studies and gain employment. In addition, four of the staff currently employed by Metropolitan Youth Health **Talking Realities** are successful graduates of the program—a living testament to its success!

The **Talking Realities** program has evolved over the years and is a multi-level, holistic program with proactive and responsive components. There are a number of entry points including a Friday Fun Group, 1:1 Support, a healthy relationship group, grant-funded parenting groups and accredited group training programs including Early Childhood Development, Sexual Health Training, and Child Safe Environment Training.

The program incorporates best practice principles and evidence-based approaches as highlighted in the literature including:

- case management and transition planning services;
- support in effective parenting;
- services that are welcoming and youth centred;
- access to flexible, quality, accredited education;
- 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;
- access to parenting/child-rearing supports and transport (Boulden, K., 2010; Corlyon & Stock, 2011; Loxton et al., 2007; Price-Robertson, 2010; Wylie et al., 2009; Slowinski, 2001).

TALKING REALITIES

In December 2015 **Talking Realities** moved into new accommodation at Angle Park. This new venue has an expanded service team through Metropolitan Youth Health who work alongside **Talking Realities** and includes administrative support, a community liaison midwife, clinical nurse, social worker, Aboriginal clinical health worker and a doctor who provides a clinic one day each week.

Other services provided through the Metropolitan Youth Health **Young Parents Program** include: antenatal services provided by community liaison midwives; shared-care antenatal care; pregnancy-to-parenting antenatal groups

in partnership with local hospitals; grant-funded post-natal groups; 1:1 support and case management providing wrap around support; and early access and entry points to the **Talking Realities** program.

In Adelaide, **Talking Realities** is currently provided through Metropolitan Youth Health at Angle Park and more recently at the Elizabeth site. In addition there are a number of interstate providers who have been licenced through Metropolitan Youth Health to deliver **Talking Realities** over the years, with programs currently provided in New South Wales and Queensland.

LUCY'S STORY

At the age of 17, I fell pregnant with my eldest daughter. I was homeless and had very limited family support. Isolated and desperate, I found myself in extremely unsafe relationships. Domestic violence resulted in being hospitalised and I was located in an emergency shelter. I spent the next two years transient; even couch surfing, with my daughter.

At the age of 19, I was fortunate to be offered a Supported Accommodation property. Once settled—but struggling financially—I tried to get a job. With no education and no vocational skills, this was really hard. I tried to go to TAFE to complete my SACE/Year 12 but I didn't have the minimum education requirements to enrol. I came across a community centre that offered Certificate II in Community Services. I completed my Certificate II with flying colours and found that I was very passionate about the world of community services. I felt like I could give something back. I started looking into further study options at TAFE. There wasn't any flexibility for a single mum and I didn't have the money to get any fancy technology to study from home. Again, I came to a halt.

At the age of 20, I fell pregnant with my second daughter. I put my study plans on hold and tried to focus on being ready for a second child. I tried to get a job again, being pregnant and still with no work experience, it was even harder. Being isolated, having no money and struggling with the idea of juggling two kids, I became very depressed. I looked for a support group to meet people who I could bond with. I found some mum groups but this was with women a lot older than me that I couldn't relate to and vice versa. I eventually came across **Talking Realities!** I was hesitant at first but quickly found my feet within the groups!

At the age of 21, I had successfully completed my Year 12/SACE and Certificate III in Community Services! I was able to use this to gain my first part-time employment as a Peer Support worker with SA Health. That led on to further amazing work opportunities, being offered short-term contracts and casual work which was extremely gratifying over the next few years.

Now at the age of 25, I have my two beautiful girls! I work full-time within SA Health (winning permanency part-time and also winning a temp co-ordinator contract)! To this day, I owe the workers from **Talking Realities** everything! If it wasn't for their support, patience and guidance, I would not be where I am today!!!



ROCHELLE'S STORY

My name is Rochelle, I am currently 23 years old. I have been attending **Talking Realities** for approximately four years.

I fell pregnant at 16 and gave birth at 17 to a beautiful little boy. Around this time I was introduced to **Talking Realities** by another young mother that I had worked with and I was so excited to meet others like myself and continue study, but unfortunately my son's father was quite controlling and did not allow me to attend the group.

When I was 18 going on 19 I fled from the domestic violent situation taking my son with me. I then pursued getting in touch with **Talking Realities**—this was truly one of the best decisions I had made.

Since then I have made many friends and completed many of my life goals such as getting my driver's license, completing a Certificate III in Health Service Assistance, completing a Diploma of Enrolled Nursing, almost finished completing my SACE/Year 11 and 12, joined in the programs that were offered such as circle of security, sexual health, relationships and feelings and many other programs that are provided. From all of these things I have learnt so much about not only myself but also about life skills, appropriate relationships and ways to improve my parenting.

Over the last four years I have had an overwhelming amount of support from the **Talking Realities** team—helping me work through my feelings, giving me guidance when I have asked or just generally having someone listen to me about my personal issues or major events that have occurred in my life. I can honestly say that this place, to me, feels like a home away from home. I am going to be devastated when I have to leave as I will be turning 25 next year and I will be working as a nurse.

I have also been attending the My Health Clinic as my doctor that I had been seeing for many years was retiring and I didn't know where to go. The team from **Talking Realities** mentioned to me about possibly going to see the onsite doctor/nurses. I then shortly after made an appointment and I can also say that the My Health Clinic team is amazing. I would trust them with my son's—and my—life a thousand times over. I have been through some tough medical issues these past eight months and my son has had a few medical issues himself. Not only do they know how to treat me medically, they also listen to my concerns, giving me appropriate guidance and answering all my questions without any judgement.

I truly believe if I didn't have the care from My Health and **Talking Realities** I wouldn't be where I am today and achieved so many life goals. They are all such amazing people and I couldn't thank them all enough for all the support and help I have received over the last four years.

XARRA'S STORY

Most of my interaction with Metropolitan Youth Health has primarily been through **Talking Realities**, a program designed to help young parents in a variety of ways such as helping them to complete their studies, giving them a place to meet other young parents and also to refer them to other services as needed. This is only naming a few of the fantastic things that **Talking Realities** does. I have been coming to **Talking Realities** for two years now and since coming here I have accomplished so much due to all the wonderful staff here and their ongoing support. Last year I completed my SACE as well as finishing my Certificate III in Community Services Work. I was very touched when all of the workers that helped me with this took the time and effort to come to my graduation ceremony. It is something I will never forget.

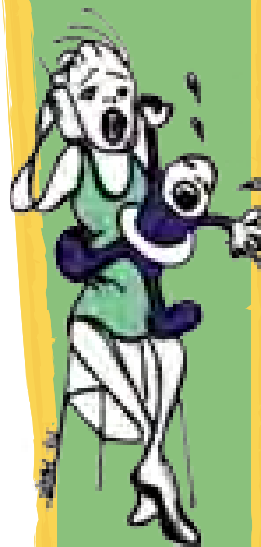
I have also had the chance to speak at Shine SA to a group of workers telling them a bit about my experiences as a young parent and what they can do to better communicate and connect with young people that come into their care. I have also done talks like this at both the University of Adelaide and at an ICAN Conference. Being given these chances has boosted my confidence and also helped me realise what I want to do with my future. I want to help young people the same way the **Talking Realities** staff have helped me and that's why this year I enrolled in a Certificate IV in Youth Work so that I can acquire the necessary qualifications to become a youth worker.

YOUTH SUPPORT SERVICES

Get Help with; housing, legal, pregnancy, family, relationships, employment, finances and health.



SOME PARTICIPANTS IN THE TALKING REALITIES PROGRAM



THE TALKING R

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ABOUT THE AUTHOR

Michel has worked in SA Health since 1995, when she started at Metropolitan Youth Health (formerly The Second Story) as a Young Parents Worker with a focus on group work and counselling.

Michel also spent two years working at Shine SA as Sexual Health Counsellor, before returning to Metropolitan Youth Health to take up her current position of Program Manager—Young Parents in 2011. Her current role also includes Manager of **Talking Realities** and Team Leader of Metropolitan Youth Health West.

Michel's professional background includes qualifications as a registered nurse and social worker and she holds a Masters in Counselling and Graduate Diploma in Family Therapy.

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REALITIES TEAM



XARRA & ROCHELLE - PARTICIPANTS IN THE
TALKING REALITIES PROGRAM

BY JO RIDGEWAY

SPACE

NORTHERN BAY COLLEGE'S YOUNG PARENTS PROGRAM

NORTHERN BAY COLLEGE is a five-campus college in North Geelong, Victoria. Since 2003 we have supported young parents to return to school through our **Young Parents Access Program (YPAP)**. This program offers traditional education pathways for young parents who wish to return to high school, with award winning additional support methods to enable young parents to remain engaged with education.

Integral to the positive engagement of our parent students has been the onsite access to quality parent support and childcare. The establishment of our onsite childcare centre in 2004 was a successful response to the increasing need within our community. There has been an influx of refugees settling in our community in recent years, in particular the Karen refugee families from Burma/Thailand. These parents are required to attend adult English classes and 29 children from 26 families utilise our centre.

Our family centre, also based at our senior campus, has enabled our student parents to be 'student parents' rather than be expected to be students. They have been involved

in regular mentoring sessions, cooking classes, playgroups and in particular, our strong ongoing relationships with the Bluebird Foundation. The Bluebird Foundation provides free Dabble 'n' Dance classes to our young parents strengthening the relationships they share with the children and also the social connections with each other, as well as the facilitators.

In the years between 2010 and 2014 the traditional **YPAP** program was evidenced as not meeting the needs of the young parents who were not eagerly engaging with traditional education. In 2013 a need was recognised to work with the wider community to support young parents and funding was provided by VIVA Energy. In 2014 a collaborative partnership called **The Northern Bay Guarantee** was formed. This project aimed to support single parents under 25, living in the Northern suburbs (3214 postcode) with access to childcare and personal development, and training and employment.

The partnership involved:

- Northern Bay College
- The Gordon TAFE
- VIVA Energy
- Deakin University
- Northern Futures.



Brianna and Brooke graduate from the 'Getting Ahead' class as a part of the Northern Bay Guarantee in 2015.



Dway Shar Paw—2016 YPAP student, receives donations from Geelong mums.



Northern Bay College

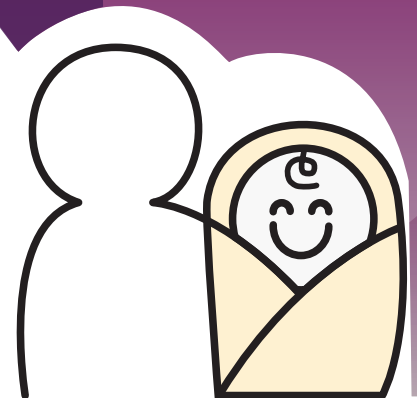
The strength of this community partnership was the outreach/intake component that involved engaging with young parents on their terms, offering support based on a relationship-building foundation, informed by a social capital theoretical perspective. Social capital theory argues that strong communities are characterised by opportunities for people to connect with other people and a range of support services [1]. Social capital is characterised by two types of relationships or connections:

1. **Bonding**—relationships developed between like groups and services [2]; and
2. **Bridging**—relationships where people connect with people or services outside of their normal range of relationships [2; 3].

Communities are strengthened by the presence of both 'bonding' (horizontal) and 'bridging' (vertical) relationships.

Throughout the two years of funding multiple supports were offered to 20 young mothers. These included fee-free courses, childcare assistance, materials and book purchasing assistance, a 15-week intensive personal development course—*Getting Ahead* (Certificate I in Access to Skills, Work and Training), as well as mentoring support, community referrals, transport and advocacy. Unfortunately, due to funding ceasing, the formal partnership was dissolved in December 2015—although, Northern Bay College, valuing a sustainable (ecological) model pledged to continue to fund support for the recipients of this program.

The traditional **Young Parents Program** has continued and adjustments have been made to ensure the flexibility of catering for parent students. Northern Bay College staff were able to adapt their VCAL applied learning program to fit within an 'applied learning to parenting' framework. In addition to supporting parenting skills, specific units around personal effectiveness, goal setting and future planning have enabled our parent students to focus their lives for the benefit of their children. We hope to be able to offer more supports such as these in the future.



Recently the **Young Parents Program** and **The Northern Bay Guarantee** have undergone evaluations to understand and evidence the barriers and protective factors required by parent students. Using this evidence, the programs have recently been re-branded under one banner, now known as **SPACE—Supporting Parents' Access to Childcare & Education**.

SPACE allows for more fluid intake criteria, including age, location and combined supports. Northern Bay College hopes that this program will help to support parent students to be 'parents' as well as 'students,' allowing them to follow their dreams with scaffolded, understanding support along the way. This program is an example of a community aligned approach, demonstrating a population focussed support structure and networking model for our young parents to engage more fully with the community in which they live.

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SPACE

SUPPORTING PARENTS' ACCESS TO CHILDCARE AND EDUCATION

SPACE WILL PROVIDE YOU WITH THE:

- ★ Confidence to complete your education
- ★ Confidence to be job ready
- ★ Confidence to apply for and gain long term employment
- ★ Skills to plan, budget and manage your finances
- ★ Support to build meaningful relationships
- ★ Assistance to access community services and activities
- ★ Strategies to cope with stress and mental health issues
- ★ Tools to sell yourself
- ★ Communication skills to improve your job readiness

Rewrite
your
Story

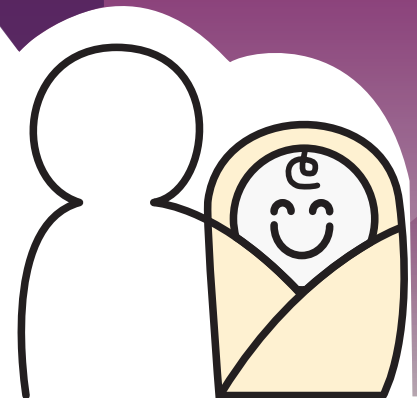
FOR FURTHER INFORMATION

Facebook@northernbaySPACE

Or contact via

M. 0447 356 519

E. SPACE@nbc.vic.edu.au



SERVICES

- ★ Face-to-face meetings—we can come to you, or meet in our family friendly space
- ★ Access to free WiFi and computers
- ★ On-site childcare with supportive fee structures
- ★ Family and parenting supports
- ★ Ongoing mentoring support sessions
- ★ Assistance in applying for childcare funding
- ★ Scholarships and other financial supports
- ★ Community services
- ★ Centrelink support
- ★ Personal development



Northern Bay
College



BY ANNE WEBSTER

THE ZOE SUPPORT MISSION STATEMENT IS : **CONNECT - INSPIRE - LEARN**

Alyshia and her son Lucien.

ZOE SUPPORT IS A NOT-FOR-PROFIT, community-based organisation operating within the Mildura and Wentworth local government areas. It is focused on four key aspects:

- Support services to assist pregnant and parenting young mums
- Support services for young mums to re-engage in education
- Life skills programs focused on parenting and running a home
- Childcare with a focus on early intervention and best start principles.

Zoe Support Australia (**'Zoe Support'**) provides evidence-based, holistic, place-based support to young mums (ages 13-23 years) to re-engage in education. Since **Zoe Support** commenced in 2012 it has supported over 105 young mothers, 40 of whom have transitioned either to other regions, employment or training. **Zoe Support** currently assists over 60 young mums to address barriers to social connectedness, civic life and pathways to education as they embark on their parenting journey.

Why this service in this town? Research shows the Mildura region ranks the third most disadvantaged local government

area in Victoria.

- Perpetually high teen birth rates at 22.6 per 1,000 ASFR 15-19-year olds, and double the Victorian average at 10.4 per 1,000 (Department of Health, Perinatal Data Collection, 2012).
- High numbers of young parents and adolescents not completing secondary studies (*NMLLEN Report, 2015*). This impacts on lifelong outcomes with higher incidences of homelessness and welfare dependency.
- Poverty, domestic violence, crime, low levels of literacy and numeracy skills in children, high levels of unemployment and social exclusion are all linked to single teen motherhood (Department of the Prime Minister and Cabinet, 2009).

Zoe Support provides a socially inclusive environment with connection to peers, case workers and the community, where young pregnant and parenting mothers can access and receive the support they need to increase their parenting capacity and improve their well-being. **Zoe Support** also facilitates engagement in education, becoming a Learn Local in 2016, and 38% of clients now engage in pre-accredited training.



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 anne@zoesupport.com.au

Two-thirds of 62 **Zoe** clients are now re-engaged in education.

As Hannah, currently studying Community Services says:

66 *This is helping me because with this support I've gotten further than I would have on my own. I know that I have people to turn to and talk to when I need help. They've given me direction and pushed me to do something I'd dreamed of doing. Basically given me the nudge that I needed to better my life for me and my son.*



Hannah and her son Jacob.

Zoe Support provides a safe and secure environment for the development of peer relationships.

As Alyshia, a current client says:

66 ***Zoe Support** is a wonderful group of people who provide*

endless support and opportunity for young mothers. It is a great place for meeting other young mums and discovering the possibilities of re-entering the education system. I am very thankful for all of the help they have given me and cannot recommend them enough.

Family day care in Venue Care

Research shows that childcare onsite or in close proximity is essential for young mothers to have confidence to re-engage in education. Without it, most young mothers will put their child first and remain disengaged. The first Zoe Childcare centre and study hub opened in 2013, the second in 2015, the third in 2016. Currently we need a fourth. The limits on how many children can be cared for in the three **Zoe Support** Centres under Family Day Care regulations, limits the number of young mums who can be assisted. Some prioritisation of need has had to be undertaken to cope with the demand. Without upgraded facilities, the development of an Integrated Long Day Care centre/study centre, many needs will not be met. At present 38% of clients are able to access the childcare service, but 42% are waiting for a place in order to continue their studies.

Award-winning playgroup

Zoe Support playgroup co-ordinator Libbie McBain won the State award for co-ordinator of the year in 2015. This year the playgroup has been nominated for the best supported playgroup with the outcome pending. The popularity of playgroup for clients is evident by the fact that 42 young mothers have attended this year plus their children, and many weekly.

Collaborations essential

Partnerships with education institutions, mental health and health services, financial institutions, business and welfare agencies are essential to the ongoing strength, growth and sustainability of service delivery. Community support builds

capacity for persistence.

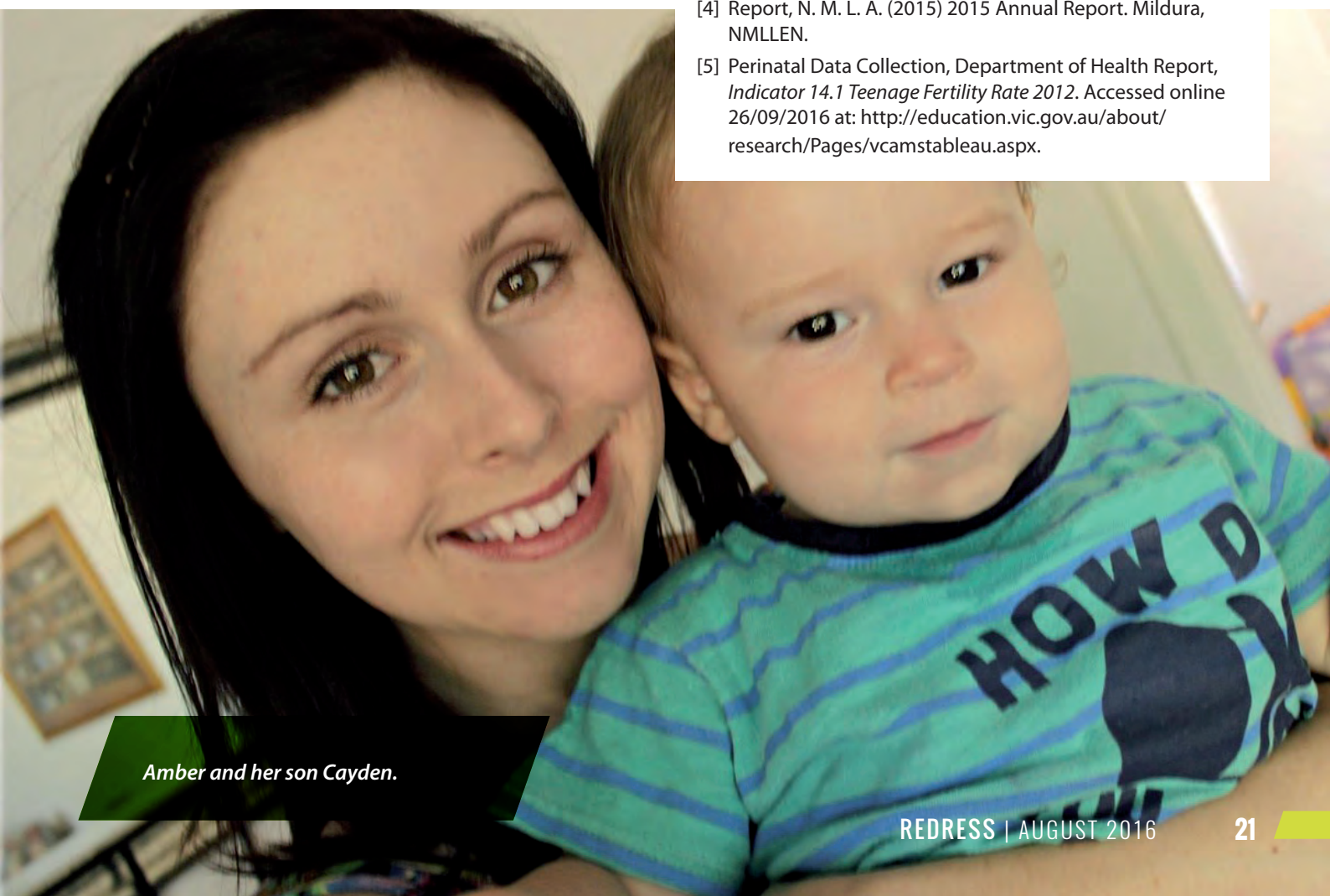
From Amber—a **Zoe** young mum.

66 It was in a local newspaper that I first discovered **Zoe Support Australia**. As a 19-year old mum with two children, I was excited. I had previously tried to re-engage in education without success, other local 'supports' had turned me away, advising me to stay at home until my children were in school. I was in public housing and knew that I wanted more for my future than to remain on Centrelink. I became a client of **Zoe** after my first meeting, and was encouraged in my decision to return to school as a Year 11 student. I had not been in school for five years, and I had a two-year old and a five-month old breastfed baby when I started. The **Zoe** centre is located perfectly, a four-minute walk from school, so I was able to spend lunch and any spare time at the **Zoe** centre. This meant I was able to maintain breastfeeding my son until he was almost one. I discovered that I was more than capable of being both a mum and student. After receiving top marks throughout Year 11, I was keen to complete my VCE the following year. **Zoe** provided much more than day-care and case management, the centre became our second home, where I learned life skills and connected with other young mums through playgroup, and lifeskills programs. My children also thrived in their time with **Zoe**, where they received quality care and regular contact with maternal

and child health and other professionals. **Zoe** provided me support in every area of my life: accommodation, daily transport and help with my studies. The staff at **Zoe** were incredible, and I credit them for how far I have come as a parent and person. After a difficult breakup with my children's father, my mental health deteriorated during my last months of VCE. I needed all the support I could get, the staff were there day and night. I knew that I had genuine, caring people backing me all the way to VCE exams and beyond. I completed my VCE in 2014 and was accepted into La Trobe University with scholarships and am now studying the second year of my Social Work degree. I am confident that **Zoe** is the right place for other young mothers, as it was for me. I now volunteer with **Zoe Support** whenever I'm not busy at university.

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Amber and her son Cayden.

STEMM

BY JANELLE LOGAN AND JACQUI DEANE

SUPPORTING TEENAGERS WITH EDUCATION, MOTHERING AND MENTORING

THE STEMM PROGRAM re-engages pregnant and parenting young women with education and support in a safe, non-judgemental environment to gain independence. The program was founded in 2008 by secondary school teacher, Jacqui Deane, who was pregnant at the time with her third child and had a 13-year old pregnant student in her class. As Jacqui's pregnancy was celebrated and congratulated, her young student was judged and criticised. The student tried to complete her education, but it all became too difficult.

Whilst Jacqui was on maternity leave, she started a young mothers' group on the Sunshine Coast and after realising their common desire to return to education, **STEMM** was 'born', establishing itself within the grounds of Burnside State High School on Queensland's Sunshine Coast, with the backing of Principal, Kerri Dunn. Soon after, co-coordinator Janelle Logan (a fellow secondary school teacher) and a dedicated team including a counsellor, youth support co-ordinator, key support teacher, four adjunct care workers and an administration aide banded together to provide a multi-award winning program with the mantra, *By educating a mother, you educate a family.*

The **STEMM Program** is the only type in Queensland to support pregnant girls and young mothers in schooling through an innovative and unique stand-alone curriculum.

STEMM empowers pregnant and parenting young women by providing pathways to education to achieve certified outcomes as well as personal and parenting support, mentoring and community access. The program is instrumental in implementing Education Queensland's values and mission regarding inclusive education.

The early intervention wrap-around service model, based on Hay's best practice research [1], is a key strategy to re-engage pregnant and parenting young women in education to gain independence for themselves and improve attachment with, and brighter futures for, their children.

"It takes a village to raise a child."

This old African proverb provides the basis for measuring the high levels of success achieved by the **STEMM Program** in establishing strong partnerships between Education Queensland, Queensland Health, community and industry.

Currently, **STEMM** has 30 students enrolled in the program from Beerwah to Noosa. **STEMM** operates four days a week from Monday to Thursday and employs a bus driver to transport the young mums and their children to and from the program in the **STEMM** Minibus.



From left to right: Carolyn Twiggs (STEMM counsellor), Jacqui Deane (STEMM co-ordinator), Tamarah Randell (first STEMM university graduate), Janelle Logan (STEMM co-ordinator), and Emma Kill (TPP lecturer from USC).



The Education arm of the **STEMM Program** provides the following study options:

- TPP—Tertiary Preparation Pathways through the University of the Sunshine Coast.
- Certificate III in Early Childhood Education and Care through training provider, Horizon2.
- Certificate III in Beauty or the Diploma in Beauty Services through Demi International Beauty Academy.
- Literacy, Numeracy and Distance Education.
- First Aid Certificate through National First Aid Training Institute.
- Art, Cooking Class, Parenting and Respectful Relationships classes.

The Mothering arm of the **STEMM Program** provides for the health and well-being of the young mothers and their children through:

- two adjunct care rooms for babies and toddlers;
- a midwife visiting weekly;
- a child health nurse visiting weekly;
- an on-site counsellor;
- a youth support co-ordinator on-site;
- a general practitioner who visits weekly;
- two child and youth mental health experts visit weekly to

- work on attachment with the mums and their children;
- key support workers to individually case manage each student; and
- wonderful volunteers assist with childcare in our adjunct care rooms.

Additional services are provided by Centrelink with a liaison officer visiting weekly and also a financial counsellor who visits on appointment to assist the young women with budgeting and finances.

Since its inception in 2008, **STEMM** has graduated 160 young women. Of the 128 we have been able to track, 65 gained employment, 44 enrolled in tertiary studies at university or TAFE and 19 stayed home to raise their children. This year, **STEMM** saw the first of its graduates to complete a university degree gain employment as a nurse at the Lady Cilento hospital in Brisbane.

Jacqui, Janelle and the team are extremely proud of the young women in the **STEMM Program** for making the brave choice to return to education. Often they are the first in their family to complete a qualification and they are changing their family's life pathway for generations to come. The following story outlines the journey of one of our courageous young mothers—Tara-Anne.



Amanda Tidy-Russ and Bailey—Amanda has her own photography business after completing a photography course at STEMM.



Tara-Anne at STEMM with her son Samuel.

TARA-ANNE'S STORY

My name is Tara-Anne and this is my story. I am nearly 24 years old, I am a single mother to one beautiful, well-adjusted little boy, Samuel and he is about to turn five.

My journey up until now has been one of many highs and lows. I, myself, was born to a teenage mother and while she tried her absolute best things didn't exactly go according to plan. I guess it is a matter of perspectives—I see my childhood as being good for the most part—as I know my mother tried very hard to shelter both my younger brother and me from the hideous world she grew up in.

Unfortunately we were exposed to a number of things our mother tried so hard to protect us from. We were exposed to domestic violence in all forms from physical to emotional, financial to sexual, as well as psychological abuse. We were also exposed to the power of addiction through prescription medications, as well as homelessness, low-educated parents resulting in a low socioeconomic background. I learnt about mental illness—depression, anxiety and suicide—at an early age, with my mother being institutionalised the first time when I was just four

and then again several times as I got older.

Despite being confronted with all these things throughout my childhood the one thing that kept me going was the love my mother had for both my brother and me and the hope that things would get better. Education was my key to escape the cycle, that and to not have children until I was older, settled in a career and happily married. I was the first (and only) person in my family unit to complete high school. I graduated and was determined to go on to university and make something of myself... then inbetween graduating high school and starting uni something happened that was to change my life forever.

I went to a party with my 'friends'. It was much like any other night, except that night my drink was spiked and I was violently raped. At the time I had no memory of the event, I just put it down to I had a wild night and too much to drink, I was only 18 and a wild night wasn't too hard to imagine. About six weeks later my doctor informed me that I was pregnant. Time literally stopped. How could this be? It was through many counselling sessions with all kinds of different professionals that I can now recall in a



Tara-Anne (above left) now acts as the University Social Work Student who comes back to STEMM to mentor current students.



66 BY EDUCATING A MOTHER, YOU EDUCATE A FAMILY.

fair amount of detail the horrendous acts of that night. However, if given the opportunity to go back and change it, I wouldn't. When I look at my son I do not see the result of rape—I see the most precious soul I will ever meet.

*It was through the birth of my son that I met some of the most inspirational women I know. I walked through the doors of **STEMM** when Samuel was three months old and for the first time in a very long time I felt accepted and I felt that despite what was going on in other aspects of my life, this was a safe place for me and my baby. **STEMM** equipped me not only with an opportunity to continue with my study, they taught me essential life skills such as cooking, budgeting and how to care for my baby.*

*However, I believe the most significant thing **STEMM** offered me was support. They supported me to make the fundamental changes required to break the cycle of abuse. I have had many in-depth conversations with the staff at **STEMM** about where I am versus where I want to be and they have helped me in more ways than I can imagine.*

*I am now living by myself with my son Samuel in a little unit. I am enrolled as a full-time student in a Bachelor of Social Work through the University of the Sunshine Coast. I am in my third year of study and my graduation date is closer now than I ever imagined. I am fortunate that I am in a position where I can now come back to **STEMM** not as a student but as a mentor. I can see the extent of my achievements and the level of personal growth that I have achieved. All of which was made possible because somebody took the time to see past the fact I was a young mum and believed in me and my potential.*

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IPSWICH STATE HIGH SCHOOL YOUNG FAMILIES CONNECT PROGRAM

BY CORINNE HARPER



The *Young Families Connect Program* was launched at the Ipswich State High School on 19 May 2016. Supporters of the *Young Families Connect Program* understand that everything is normal, yet nothing is. **Young Families Connect** has a clear focus—to remove the barriers to learning for pregnant and parenting students. The program works to implement the Education Queensland *Pregnant and Parenting Students Policy* to create a welcoming environment for pregnant and parenting students and their babies. The program is designed to increase the participation rate of pregnant and parenting students in education and to support them to complete education to senior level certificate or successful transition to work, university or TAFE.

Young Families Connect is a program based at Ipswich State High School through a funded partnership with Mission Australia Communities for Children—in Inala to Ipswich Region.

Low rates of school completion are associated with the very limited support available to pregnant and parenting students to complete their education. **Young Families Connect** encourages and supports all pregnant and parenting students to complete their education. Young parents are far less likely than their peers to complete secondary education or to engage in post-school education and training without an initiative that meets their needs as new parents. Continuing education throughout the pregnancy, maintaining a relationship with the school after the birth and re-engaging

as soon as practicable all have enormous benefits for both the mother and her child/ren.

The program supports young parents through both academic and parenting education and facilitates their re-engagement into education by targeting the education and support needs of young families, addressing social inclusion and reducing the isolation of disadvantaged families. Flexible learning options and timeframes, on-site adjunct childcare and providing a holistic health service provision in partnership with KAMBU Health and Queensland Health. In partnership with many other government and non-government organisations we also deliver programs such as **Playgroup**, **Library** programs, and **Sing & Grow**.

Young Families Connect is a Program of Excellence enrolling students from the Metropolitan Region and beyond. The program has established strong partnerships both locally and nationally to support young people in maximising their opportunities. Students are connected to services, including Mission Australia Communities for Children, Kambu Family & Child Health, Ipswich Community Youth Service, Queensland Health school-based youth health nurse, Ipswich Hospital, Mater Mothers Hospital, child health nurses, midwives, childcare services, Goodna and Ipswich youth agencies, Legal Aid, Centrelink, Child Safety, Mercy Family Services, Playgroup Queensland and Ipswich Women's Centre Against Domestic Violence.

THERE IS NO LONGER A NEED TO REGARD PREGNANCY AS A REASON TO LEAVE SCHOOL—DON'T OFFER JUDGEMENT, JUST ASSISTANCE.

STUDENT STORY BY **TAHLIA WANDIN**

I fell pregnant at 15 years of age, I still chose to continue to finish as much school as I possibly could. Unfortunately I had to stop going at 22 weeks of my pregnancy due to some medical complications that occurred. The structural layout of the school made it difficult for me to attend.

I stopped going but I planned to come back six months after I had my son. However, once I had my son I decided to continue to breastfeed and the school wouldn't accommodate a breastfeeding student.

When I decided to go back to school I heard about the **Young Families Connect Program** that supported pregnant and young mothers to finish school.

We are currently two months into this program and I have nearly completed the necessary work to obtain a Grade 12 Certificate. This school is very supportive to me and my very inquisitive, breastfed toddler.

STUDENT STORY BY **AMY**

When I was 13 years old I found out I was pregnant and at 36 weeks gestation. I was scared because it was non-consensual sex.

When my son was three months old I tried to go back to school. I was allowed to go for half days but it was hard finding support because there was nobody who understood what I was going through. My friends and classmates didn't have anything in common with me anymore. I left school and wasn't really sure what I would do.

When my son was two years old I enrolled in the **Young Families Connect Program** where I can complete my Queensland Certificate of Education and take him to school with me. At first I found it really hard because my son had only ever been with me and my family and he struggled being left in the adjunct care room even with me only being in the next room. He is doing so well now and enjoys going to school. I can now study knowing he is OK and not far away if he needs me.

I'm going to finish Year 12 and go to university to be a veterinarian. I am going to be able to do the things I thought were no longer going to be possible for me.

STUDENT STORY BY **ANNA**

When I was 14 years and 6 months old I found out that I was pregnant. I was scared and didn't know what to do. I was still going to school but I had no help at that time. My school was not encouraging me to continue with my education. After my son was born I was lucky to be contacted by Erin from **Young Parents Connect**. Erin and my grandmother supported me to go back to my mainstream school but it didn't work, I was treated poorly so I dropped out.

Once the **Young Families Connect Program** opened a flexi school with adjoining adjunct care I was invited to enrol. I decided to join the **Young Families Connect Program** at Ipswich State High School and I am now working towards getting my senior certificate. I would like to work in Child Care.

The staff at **Young Families Connect** are supportive and understanding of how complicated the lives of young parents can be. My son and I enjoy the additional programs such as playgroup and First Five Forever Library days.

FURTHER INFORMATION ABOUT THE PROGRAM MAY BE GAINED BY CONTACTING **CORINNE HARPER, PROGRAM MANAGER**, OR **ERIN SELL, EDUCATION CO-ORDINATOR**, AT IPSWICH STATE HIGH SCHOOL.

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KARINYA YOUNG MUMS 'N' BUBS PROGRAM

* Names changed to protect identity.

KARINYA YOUNG WOMEN'S SERVICE is a specialist homelessness service provider funded by both the State and Federal Governments. The service was established in 1979 to meet the need for safe, confidential, crisis accommodation for young women in the Launceston and greater Northern Tasmania region. It provides short term crisis accommodation to young women aged 13 to 20 years.

The **Karinya Young Mums 'n' Bubs Program** was developed in response to identified lack of service provision for a very specific client group. Karinya had initially identified that a critical gap in support existed for young women (aged 18 and under) expecting babies and experiencing homelessness in the northern region over 15 years ago. In 2010 Karinya

published a report outlining research into the service needs and program gaps for young pregnant women and young parents aged 16-19 in northern Tasmania. In considering the nature of the gap and the problem, it became apparent that access to suitable properties and security of tenure was a clear and tangible barrier to support and accommodation.

As a result of the findings of the research Karinya proceeded to develop a model involving the establishment of a portfolio of Community Tenancy units leased by Karinya through Housing Tasmania and managed by the service. A program of parenting and general support is attached to the accommodation and preparedness to participate in this program forms part of the lease agreement for each young mother/parent.



KARINYA
young mums 'n' bubs





The program was up and running in 2012 and addresses the gap in service by providing supported accommodation to this vulnerable client group. The program facilitates opportunity for young mothers to create a positive family unit. The research literature indicates that it is at this time in their lives that they are often at their most change ready and thus motivated to adopt a new lifestyle and learn new living skills that can equip them and their children for a more positive future.

The program focuses on four main areas for intervention:

1. **Addressing homelessness:** a roof and an opportunity to address the immediate causes or determinants of homelessness;
2. **Child and maternal health:** a healthy pregnancy, safe delivery, good health and nutrition in the post-natal period for both baby and mother;
3. **Transition to parenting:** support wrapped around the young woman and improved access to relevant services. Includes learning positive parenting skills; creating a positive family; and engaging positively with child protection and the foster care system (where this figures in the young woman's situation); and,
4. **The young woman's continued development:** As a teenager, the mother continues to have adolescent learning and development needs of her own. These include:
 - addressing the root causes of homelessness and any associated personal challenges she faces eg. substance misuse, family breakdown, and history of abuse;

- engagement with school or other forms of training and learning;
- balancing parenting responsibilities with her/his own continued development.

The program is built on Karinya's existing practice principles which include a solution focused, client led, strength-based approach to working with young women. We take a community development approach in working with residents to identify and implement activities that will serve the needs of the residents, and serve to build communities of support (or networks of care) around each young mother and child, in which she participates.

In the 2015-2016 financial year the **Young Mums 'n' Bubs Program** provided accommodation and intensive family support to 24 young women, 5 young men and 20 young children.

The service has been able to observe the difference accommodation and support makes and how it impacts on the health and wellbeing of young parents, this is especially highlighted with the pregnant young women. Karinya has noticed improved health outcomes with the young mums once they are housed; there is less depression and anxiety, and there has been a lower rate of premature births. We believe having safe and stable accommodation and support attributes to this.

An example of the impact of this support is one of the program participants, *Jo. She was happy to share her story with you.

KARINYA

young women's service

Jo was referred to the program in her sixth month of pregnancy. Jo was alone, had no family support and limited friends. Her relationship with her partner was fragile and she was living in a car and occasionally couch surfing.

Jo had a blood disorder which required her to inject herself daily and her health was poor.

Jo felt stressed that she didn't have stable accommodation and she wondered where she would have her baby. She felt isolated which increased her anxiety and she was experiencing depression.

Jo was unable to access healthy food as she ate on the go and was unable to get reasonable rest.

Once Jo was referred to the program, **Karinya Young Mums 'n' Bubs** was able to support her with accommodation and assist her with furnishing the unit. The day Jo moved in she stayed up until she had the unit set up and the nursery ready.

Jo's body language changed very quickly from a tight and intense to a more relaxed pose, and she finally smiled and began to see hope and a future.

Jo recently told us that before she was referred to the program she was at the point of contemplating suicide as she could see no hope.

As Jo's pregnancy progressed we were able to link her with other services and provide support with reconnecting with family.

As support was provided to Jo and her partner and family we observed the beginning of reconciliation. Jo and her mother are on the journey of reconnection and Jo has begun to have contact with her siblings. Jo and her partner have a stronger relationship and are working together to raise their child, and are making plans for their future.

The positive outcomes don't stop with Jo. *Brad, Jo's partner has joined his local football club, and his confidence has increased and he got his driver's license, which then resulted in a part-time job.

Jo and Brad and their child have recently moved into private rental after Brad's job increased to full-time work.

Jo never knew her father growing up, she is so happy that her child will be growing up in a two-parent family and that this is



the first generation where a parent is working.

This is just one example of how important support linked to accommodation is. We know this program works as we see it in the lives of the young people we support and the positive results.

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THE BUMP PROGRAM

BY **RAISE**
FOUNDATION

BY **VICKI CONDON**

BORN OUT OF A PASSION to bring generations of girls and women together to break the cycle of disadvantage across three generations (the mentors, the mentees, and the mentees' children), **BUMP** is a mentoring program developed by Raise Foundation. When young girls are faced with an early pregnancy, it can be very challenging for them, so part of what Raise does at **BUMP** is to teach the girls that their destination can be just the same as any other woman, it is just that their journey is going to be a little different.

**Raise your hand
to mentor**

Raise your hand to mentor today, change a young life.



your hand to mentor,
change a young life
raise.org.au



The **BUMP** mentoring program was especially developed for young pregnant and parenting girls aged between 13 and 23, and is a fun way for the girls to meet other young mums, as well as have some much needed 'me' time for themselves. **BUMP** includes fortnightly mentoring with an experienced mum, as well as fortnightly workshops which provide personal development for the girls. These workshops are accredited so that **BUMP** graduates receive a TAFE Certificate I when they conclude the program, as outlined in the **BUMP** Program Summary.

BUMP is run across Australia in Sydney, Brisbane, and Melbourne in several metropolitan locations, and is also run in Geelong, Newcastle, Gosford and on the Gold Coast. So far, 591 young mums have graduated from the **BUMP** program across Australia in the last eight years.

Young mums meet with their mentor every fortnight at the same time and place, either for a casual chat or to participate in our monthly workshops. Our mentors are experienced mums that young mums can chat to about anything at all, have some time out with, and ask questions of. Raise Mentors support the girls to build their confidence, develop their relationships, strengthen their resilience and coping strategies, identify and achieve smart goals, engage with education and increase their employability skills.

The **BUMP** monthly workshops provide a great support network, as the girls can meet other young mums in their area. The detailed **BUMP** Program Workshop Curriculum is accredited through TAFE, so that the girls are effectively re-engaging with education by participating in the program. The mentees and mentors come together at the conclusion of the program with an inspiring graduation party to celebrate the girls' achievements throughout their time together.

All Raise mentors complete the free 15-hour accredited Course in Mentoring through TAFE, and they complete compulsory Working with Children Checks, National Crime Checks, and telephone interviews. Mentors are supported by Raise Foundation's team of qualified Program Counsellors who conduct regular debrief and supervision sessions to ensure that all the needs of the mentors and the mentees are being met.

Young mums can refer themselves to the program, or they can be invited to attend by community workers who feel they might benefit from having a neutral positive role model in their lives. The girls choose whether they would like to be involved, and then an application form is completed. The program is completely free for young mums, and for mentors. Raise works closely with social workers, midwives, youth workers, caseworkers and



community organisations who are welcome to make referrals as outlined in the **BUMP** Program Diagram.

More information about Raise Foundation's **BUMP** program can be found at www.raise.org.au.



SALLY'S BUMP STORY

WHAT WAS IT LIKE FALLING PREGNANT AT A YOUNG AGE?

I had just turned 17 and was about to start my final year of high school when I found out I was pregnant with my son and it was honestly terrifying. I think that for a while I was in a bit of shock and denial, even knowing of other girls who had become mothers as teenagers, it's never really something that you imagine happening to you. You can't help but think about how other people are going to react when they find out, there was fear and worry around what my friends and family would think and how it would change their opinions of me. Termination or adoption was never really an option for me in my mind, I completely support and admire those who do choose those paths—it just didn't feel right for me. But I was constantly concerned about how I was going to be able to provide the best life for my child as possible in the position I was in... questions that everyone else asked were things that were already constantly running through my mind ...*what about school? ...how are you going to pay for a baby? ...where are you going to live? ...how will you work? ...aren't you worried about missing out on all the normal teenage things?*

Everyone's experiences are different but being pregnant as a teenager was a sad time for me in the sense that I didn't get the opportunity to embrace and enjoy being pregnant. I had a sense of guilt, I felt as though I had disappointed my family as I wasn't supposed to be pregnant so didn't get to share what I was going through with anyone. It was scary because I didn't know what you were supposed to do when you were pregnant like when or how you were supposed to book into the hospital or see the doctor.

HOW DID PEOPLE TREAT YOU?

As a pregnant or parenting teenager people judge you, even when they try not to, you can see people in the street looking between your belly and face, trying to pick your age. People also seem to feel sorry for you... I ended up going through a private obstetrician who took \$1,000 off his bill just because

he felt bad for me because of my age.

I was surprised when I found myself feeling as though my school wanted to be distanced from me (I attended a selective high school that was affiliated with a number of other local campuses to be able to offer more subjects. They recommended that I drop my HSC studies to part-time, suggesting that I continue to attend the two units that I was completing at another campus.) I then made the decision to leave school because I didn't feel as though I would have been able to complete my HSC with a newborn baby with the level of support I was being offered.

WHAT IS PARTICULARLY TOUGH ABOUT BEING A YOUNG MUM?

I think being a young mum comes with all the stresses you'd expect for any mum—just amplified—as well as a whole lot of other worries. For many young mums things are exceptionally tough financially, for the most part young mums don't have a big lump of savings to fall back on, they don't own a home or possibly even a reliable car.

Being a young mum can be incredibly isolating, you are in a different place to your friends and it is difficult to maintain those relationships. It is also difficult to create new friendships through mothers groups when the women in the local mothers group have a median age 20 years older than you.

Relationship dynamics change and it's tough to figure out what your new role is in your family, with your friends and within the community.

One of the toughest things I found as a young mum was the pressure I felt to prove myself, to prove that I was capable of being a good mum and that I could still achieve the things I wanted in my life.

HOW DID YOU FIND OUT ABOUT BUMP?

I found out about **BUMP** through a young mums playgroup I was attending at my local women's resource centre.

HOW DID THE BUMP PROGRAM HELP YOU?

Being part of the **BUMP** program helped me to be able to feel a sense of connectedness and belonging to the group. It made me feel supported to be able to share my experiences with other girls in similar situations. The **BUMP** workshops gave



THE YOUTH
MENTORING
FOUNDATION

me an opportunity to spend some time focusing on myself, which was a rare occurrence as a single parent, as well as provide me with information and skills about things like relationships, education and employment to move forward with my life.

WHAT WAS YOUR MENTOR LIKE AND HOW DID SHE HELP YOU?

My mentor was exceptionally supportive, caring, intelligent and non-judgmental. Being able to talk with her was like having a sounding board with no fear of bias or offence. She really helped me have the confidence to pursue my goals as well as increasing my confidence in myself as a mother. Meeting with my mentor weekly meant I was able to talk about things I was afraid to discuss with other people, issues that I think I may have otherwise kept to myself and not addressed. She helped me to let go of some of the pressure that I felt to prove myself and focus on who I wanted to be, what I wanted to be, where I wanted to get to and how I was going to achieve those things.

SINCE GRADUATING FROM BUMP, WHAT HAVE YOU BEEN DOING?

I graduated from **BUMP** in 2009 and after that I focused on my education, taking an altered route to university without completing my HSC, completing a Certificate III, Certificate IV and Diploma through my local TAFE then completing my Bachelor Degree through distance education with Charles Sturt University while working full-time. I then took maternity leave with my second child which prompted me to get involved with **BUMP** as a mentor for a year. After I completed my qualifications, I applied for a job as Program Counsellor at Raise Foundation, and I now run the **BUMP** program at Newcastle supporting a group of fabulous mentees and mentors.

I have since had my third child and I have been doing what I think would be considered normal for the mother of any young boys... being amazed while watching my sons grow into beautiful young men before my eyes all while going between swimming lessons, soccer training, play dates, oztag, birthday parties, school events and part-time work!

WHAT WAS IT LIKE TO BE A MENTOR LAST YEAR?

Re-engaging with **BUMP** was both a rewarding and reflective experience for me. Due to my distance from the mentees (I live in Newcastle and attended **BUMP** in Woy Woy) and the fact that there were enough local



Sally when she was a mentor at Bump.

mentors for the attendees I didn't personally mentor one girl. However, I spent time with many of them either as a group or individually at the monthly workshops.

As a young mum myself, I found connecting and empathising with the mentees came quite naturally. I think many of the girls found it comfortable to talk to me because they knew I had been through similar experiences and was closer in age to them than the other mentors. I found that the issues that many of the girls were facing were ones that I could relate to and provide insight, advice and support or simply be an example that things can and will change, and that you can move forward from difficult places.

WHAT DID YOU EXPERIENCE WITH YOUR MENTEE?

It was lovely to see how they, and their children, were growing. One mentee in particular seemed to be experiencing a lot of social isolation due to her living circumstances and I spent a lot of time encouraging and trying to empower her to connect with other local mothers. We were able to talk about concerns she had regarding her daughter's development, her relationships, living arrangements and education goals. I was able to watch her confidence as a mother and simply in herself grow and, consequently, her relationship with her daughter blossom and see her end an unhealthy romantic relationship she was in.

WHAT HAS THE EXPERIENCE OF BUMP MEANT TO YOU AS A MENTEE AND AS A MENTOR?

Being involved with **BUMP** really makes you feel as though you are part of a community, a village. As a mentee it gave me the skills, knowledge and confidence to identify, follow and achieve my dreams. As a mentor it has given me the opportunity to share those experiences and knowledge to support the girls to do the same. Being a mentor really helped me to reflect back on how far I have come personally and professionally, as a mother, a friend, a daughter and as a woman. It has encouraged me to continue working hard to achieve what I want in life. Hopefully my experiences have given the mentees a similar push of encouragement.

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PORT SCHOOL

BY **MICHELLE FORSYTH**

YOUNG PARENT CENTRE

PORT SCHOOL IN HAMILTON HILL, Western Australia recognised the need to provide a purpose-built teen parent centre due to high pregnancy rates amongst teen girls. The inception of providing this service commenced in 2012 in consultation with various agencies, networks and government departments, including the Department of Education, ACECQUA and Lotteries West. The logistics were completed in 2014 with the acquisition of land behind Port School.

The project of building both a **Young Parent Centre** and **Early Learning Centre** began in 2014 with support from

staff, students and the community of Port School. Many of Port's students were involved with various construction stages of both centres. In September 2015, Hon Peter Collier, MLC, Minister for Education opened both the **Young Parent Centre** and **Early Learning Centre**.

Port School's **Early Learning Centre** (ELC) was imperative so the young mums could feel safe with the knowledge that their children were right next door and accessible any time during the day. The ELC provides a supportive environment for up to 17 children aged from birth to three years. The centre is fully accredited and registered, and follows the *Australian Early Years Learning Framework*. The focus is on play-based learning and improved outcomes in language and communication skills and socio-emotional development.





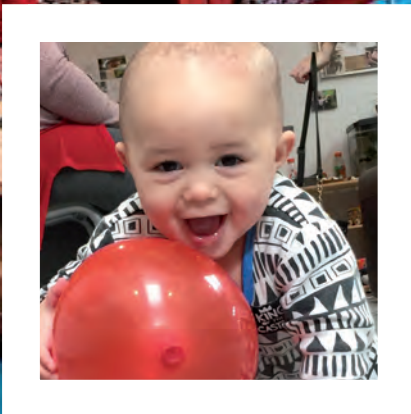
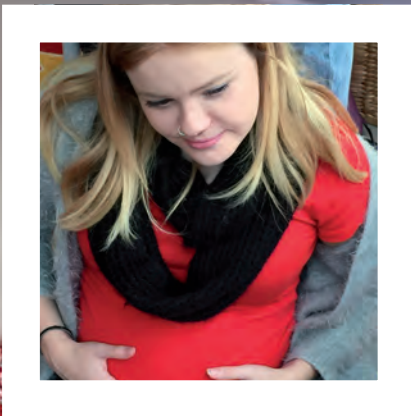
The Co-ordinator and staff from the ELC work collaboratively with the Co-ordinator and Teacher of the **Young Parent Centre** to support the young parent to further develop and enhance their parenting skills. The ELC also has volunteers such as a retired health nurse, teachers and other skilled support personnel who are able to assist both the young children and their families.

The **Young Parent Centre** (YPC) provides an holistic and cohesive environment, where the young mums are provided with both parenting support and training to achieve educational outcomes. The young mum is enrolled in Port School and attends the YPC anywhere from three to five days per week, with many attending five days a week. The YPC is able to accommodate up to 15 young mums each day and

they can continue to attend until the year they turn 21.

Friday is a compulsory playgroup morning where the young mum, their partner and their families are able to spend time and interact with their child. Playgroup provides an opportunity for both the parent and child to play together and develop socio-emotional, cognitive and physical skills. This encourages and enhances critical relationship building skills in a safe, stimulating and supportive environment.

The **Young Parent Centre** is staffed with a full-time co-ordinator and teacher, with support offered by various agencies and corporate mentoring. This includes St John of God who provide outreach support and Visy who have kindly offered mentoring for the young mums with their Service



PREGNANT AND PARENTING TEENAGERS

Manager, Maria Quaggan. Maria helps support the young mums with job readiness and practical skills including resume and CV writing, preparing for an interview and participating in a mock interview at Visy's offices. Other important services which provide support to the young mums and their children include Better Beginnings who offer *Rhyme Time*; a literacy program to enhance both the parent's and child's reading and communication skills, City of Cockburn for support with youth services, Best Beginnings, Kind Edward Memorial Hospital Adolescent Unit and numerous youth and social workers who support the young mums.

The **Young Parent Centre** provides training in various certificate courses including the Certificate of General Education I, II and III, Community Services Certificate III, Hospitality Certificate II and Sport and Recreation Certificate II. The young mum is able to enrol externally in other courses, in which she can receive educational assistance; this includes Certificate III in Early Childhood Education and Care and Diploma in Community Services.

The young mums engage in parenting activities to further develop and enhance their parenting and relationship skills. Sids and Kids provide free on-site training in safe sleeping practices and all mums complete a senior first aid course. Healthy eating and cooking within a budget is promoted and the young mums participate in a cooking class once a week with a qualified food nutritionist/cook. Recreational activities

are encouraged and provided with other Port School students; such as hip hop dance and sport and fitness to promote a balanced lifestyle.

Even though the YPC has only been operating for one year, we have been able to support many young women with housing, financial issues, health matters and to obtain their drivers license. Two mums have obtained paid work experience in childcare centres and next year will see our first young mum apply for admission into university to undertake a nursing degree.

Port School's **Young Parent Centre** is able provide support to teenage pregnant and parenting women in a cohesive, non-judgmental environment. All young mums have a chance to succeed in life, improve their socio-economic outcomes and be able to support their own children with literacy, numeracy and other core foundation skills. Port School in collaboration with numerous agencies is helping to make a difference to each teenage mum and her child's life.

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PREGNANT AND PARENTING TEENAGERS



LADIES IN WAITING

BY SUSAN CURRIE

This article was first published in **A PRESCRIPTION FOR ACTION: THE LIFE OF DR JANET IRWIN.**

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THERE WAS AT LEAST ONE HOME FOR UNMARRIED MOTHERS in Brisbane in 1968. But I guess sending me there would have defeated the purpose. I was to go away, have the baby, give it up for adoption, come home, nobody would be any the wiser, and life would return to normal. When my boyfriend (**B**) and I announced to Mum and Dad, that I was pregnant, there was more hanging on that announcement than the pregnancy itself. **B** was in the invidious situation that he was an articled law clerk in my father's firm. Fortunately my father was not given to histrionics. There was no suggestion of **B** being thrown out of their house or sacked immediately.

Once our news had had time to sink in, Dad was the one who responded. He and Mum would not like us to repeat the mistake they had made, "would we, Joyce". We should not feel that we should have to race into marriage just because I was pregnant. Mum nodded. There was no discussion about how **B** or I felt about the pregnancy. Indeed, **B** and I had not discussed how we felt about the pregnancy. Our sole focus on finding out that I was pregnant was with my parents' reaction. We hadn't talked about getting married. We hadn't talked. We had just panicked. Dad took charge of the situation. He would make enquiries. **B** was politely shown the door. Mum looked at me as if I had betrayed her. She had never approved of my going out with **B**. I could do much better. But her sense of betrayal went much deeper than that. I was revisiting past shame on her when she had committed her life to redeeming it.

St Margaret's Hospital, Darlinghurst sounds quite benign. And when my father arrived with me in tow to be dropped off, the Nun in charge appeared likewise benign. The conventional wisdom about appearances proved however to be correct. It was the last I was to see and hear of the outside world for a long time. In respect of its contingent of young unmarried mothers, St Margaret's operated like a prison. Once inside its walls, we were not allowed outside except for an initial visit to the local church to make a confession of our wicked ways. We were not allowed to send or receive mail, and were allowed approved visitors only. In my case, that was my father's brother and his wife. No-one else. When my closest friend flew down from Brisbane to see me, she was refused admission.

'**Ladies in waiting**' the nuns called us in a snide way. By having sex before marriage, we had relinquished any claim on the title 'lady'. And our wait was a long one, having been banished from home 'before we started to show'. I don't remember how many of

WHEN I STARTED TO EXPERIENCE CONTRACTIONS, I WAS TAKEN TO A SMALL BARE ROOM WITH TWO CHAIRS, A SMALL TABLE, AND A **CRUCIFIX** ON THE WALL. THERE WAS A **BUZZER** NEAR THE DOOR BUT IT WAS MADE CLEAR TO ME THAT I **WAS NOT TO USE IT UNTIL I WAS SURE THE BABY WAS COMING.**

PREGNANT AND PARENTING TEENAGERS

us there were. Thirty? We came from all over Australia. At 21, I was the oldest, and the only one with a university education. Our accommodation was in rooms that had been previously occupied by medical students. Presumably the laundry did their washing for them as we had no laundry facilities. We had to wash our clothes in the hand basin in the toilet area and then hang them to dry over the toilet door. This was notwithstanding that most of us were working in the hospital laundry as a means of earning our keep. I was put to work in the art union office. This was special treatment, no doubt earned because my father was a solicitor. It was doubly unfair to the other young women in that it involved typing and most of them could type. Placed in the science stream at school (because of my grades rather than any inclination to science) I had never been near a typewriter.

The others worked on the mangles in the laundry. Mangles were old-fashioned clothes dryers which served double duty as irons. They consisted of two huge, heavy, horizontal, heated rollers through which items such as sheets would be fed. It was necessary to lean across the rollers to ensure that the sheets were firmly in place. From an occupational health and safety point of view, it was hardly suitable work for pregnant women. Some acknowledgement of this was made in that in the final month of pregnancy, ladies in waiting were taken off the rollers and given light duties. It would not do to lose the babies required for adopting parents. These light duties involved waiting upon women who had just given birth and had the privilege of keeping their babies. There was the double punishment of being forced to witness the joy of these new mothers while being paraded as unworthy to join them. Perhaps the only person who could inflict such cruelty was someone who had taken a vow (whether willingly or unwillingly or when too young to make an informed choice) of celibacy.

I was very fortunate that I was not sent to Coventry by the other young women for being afforded special treatment. They must have resented this discrimination but they never showed it. As it turned out, I did end up joining them on the mangles. This was not because of my lack of typing skills but for speaking out. Little speaking out was done, but then we young unmarried mothers had limited choices. The fact that we were in this institution in the first place was witness to the stigma against unmarried mothers. There was no financial support available from the government. Unless the father was prepared to marry you, or your mother or sister agreed to bring up the child as theirs, adoption was the only possibility. Two young women voiced their protest by climbing over the stone walls of the hospital at night and escaping. We never heard any news of what happened to them and their babies.

My speaking out related to another unmarried mother whom

I will call Susan, as well, as so many of us were in those days. Gradually but progressively, Susan's behaviour started to change. She became quieter. She paid scant attention to her appearance. She started to dribble out of the side of her mouth at meal times. We all started to worry about her, suspecting that something was physically wrong. I knew very little about the human body except that, as the nuns at school had foretold, it was an occasion of sin. But Susan's condition could not be ignored, and I decided to raise the issue with the nuns. The change in Susan's appearance, I was informed peremptorily, had been noted. She was lazy and slovenly, and had been spoken to. The discussion was at an end. Shortly afterwards, Susan stopped joining us at meals. Nothing was said by the nuns but somehow we found out that she had died from a brain tumour. My aunt and uncle came to see me each weekend. They were very kind to me but I did not feel I could discuss the death with them. From the start, I had felt it incumbent upon me to present an untroubled picture of life at St Margaret's. I did not want to worry them or my parents. Each visit, they would bring me in a beautifully home-cooked roast chicken with vegetables, enough so that I could share it with some of my friends there. Each time, I took it back to my room and binge-ate it by myself, literally stuffing down my feelings.

I knew nothing about the physical process of having a baby and there were no pre-natal classes for us to attend. I tried not to think about it. I knew it started with contractions because that had been the starting point for other girls to be taken to the hospital proper to give birth. When I started to experience contractions, I was taken to a small bare room with two chairs, a small table, and a crucifix on the wall. There was a buzzer near the door but it was made clear to me that I was not to use it until I was sure the baby was coming. What was not made clear to me was how I was to tell. The hardest part of being in that room was not being able to distract myself from fear of the unknown. There was no-one to talk to, to reassure me. There were no newspapers, no magazines, no books, no television. There was no food. Contractions arrived unpredictably dealing me excruciating pain. I paced the room. I was there from the darkness of early morning until evening. No-one looked in on me. When it started to get dark again, I felt as if I had died and gone to hell. I would not allow myself to cry but I finally pressed the buzzer. A nun arrived. I started to sob. "I can't stand the pain any more." "You should have thought of that before you got yourself pregnant," she responded, examining my body before heading out the door again.

When I was finally taken down to the birthing room, I remember the piercing screams coming from women giving or about to give birth in nearby rooms. I was terrified. What were they doing to them? I remember nothing of actually giving birth.

‘LADIES IN WAITING’ THE NUNS CALLED US IN A SNIDE WAY. HAVING SEX BEFORE MARRIAGE, WE HAD RELINQUISHED ANY CLAIM ON THE TITLE ‘LADY’.

Immediately my baby was born, it was whisked away. I did not know if it was a boy or a girl. It was better that way, I was told. The less I knew, the easier it would be for me. I remember very little of the ward I was sent to. I do recall however being pinned to the bed with sheets in a way that had the effect of straight-jacketing. I was told that it was standard practice to ensure that women’s bodies returned to normal as soon as possible after the birth. Certainly childbirth then involved women being kept in hospital for a much longer period than it does today.

We had been no better prepared for this later stage of our journey in St Margaret’s. No-one asked us whether we still wanted to adopt out our babies. No-one had told us that private adoption agencies would come around after the birth with consent forms for us to sign. There was a process like an assembly line and we were part of it. That was all. I don’t know when I decided that I was going to keep my baby but I strongly suspect that it was when I was first given a consent form to sign. It was not an informed choice. I had not carefully thought through the consequences of keeping the child compared with adopting it out. It was not even the impulsive decision of a mother who has just given birth. I am sure it was delayed and well overdue resistance. Resistance to other people controlling my life, making decisions on my behalf without ever once asking me what I wanted or how I felt. So, on that first morning, on that first visit from the adoption agency, I said ‘No.’ That afternoon, I said ‘No’ again, and the next morning and the next afternoon, and for ten days, I simply said ‘No.’ And each time I said it, it felt better, and I felt stronger. I was able to resist pleas to consider the child, and how much better off it would be. (Similarly, as I write this, resisting a strong sense of discomfort about sharing these matters in public, I feel better and stronger.)

I did not think about what my decision involved. I did not even think about how it was going to be put into effect. I knew that might weaken my resistance. I still did not know whether my baby was a boy or girl and my requests to see it were refused. I was due for discharge on day 14 but I was living from day to day, not thinking about the next when a miracle happened. On day 11, there was a new nurse on duty. She walked into the ward, took one look at me and said in astonishment, “*What are you doing here?*” It was Judy Talty. We had been in the same class at school in Brisbane. When I had last seen her, I had been School Captain and Dux of the School. I told her my story. I told her of my decision. And she did something extraordinarily brave, something that must have placed her employment in jeopardy. She brought my baby to me.

I had imagined my baby to be a boy and I was right. But the baby she brought to me was not right. He had black hair. My imagined baby had fair hair. I asked her was she sure it was

the right baby. She reassured me it was. I cuddled him to me. He was real. My son was real. My parents were contacted, I’m not sure whether by Judy or by the nuns. My father, I was told, was flying down to collect us. I was placed in a room by myself with my baby. Once again I was given no information and no assistance with looking after him. He was being bottle-fed so I continued with that, and tried to fathom how to pin on a nappy. I clearly remember looking at him with a mixture of joy and fear as I realised that he was mine, he would always be my son. I was a mother.

When I returned to Brisbane, my parents arranged a wedding at the local church and reception at their place with baby R as the guest of honour. Many years on, his father was to have the marriage annulled by the Catholic Church. But for the moment, I was a wife. Quite apart from my world doing a 360 degree spin, I was in pain with my lactating breasts and I was suffering from agoraphobia. I dreaded leaving our rented accommodation to do the shopping. Although the shops were not far away, the noise of the traffic and the closeness of the other shoppers overwhelmed me. Once I caught the ferry into the city, only to flee in a panic. But it was not only open spaces that were a problem.

One of the reasons I had been such a good student was that my mother had always prioritised study. I could squirm out of doing our household chores by claiming I had an assignment to finish. As a result, I was poorly house-trained. I had no idea how to cook or how to use the washing machine, for instance. But if I was in a constant state of anxiety about how to run the house, mothering was my Waterloo. Poor baby R sensed my fear that I would do something wrong and he would die. He would cry during the day and wake at two-hourly intervals during the night. I got no sleep. I cried. My mother was in hospital, having a hip replacement. We moved in with B’s parents. I remember sitting in front of the television that July with my son on my knee watching Neil Armstrong land on the moon and announce his step forward for mankind. I might as well have been on the moon for all the landscape around me was familiar. But, as I reminded myself, if I was feeling disoriented, that was nothing compared to how the other ladies in waiting must now be feeling. I had my son. He was beautiful, and now that I had some help, I could relax and enjoy him. They had lost their babies. There was no consolation for them. They had been waiting for Godot.

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A PRESCRIPTION FOR ACTION

The life of Dr Janet Irwin



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A PRESCRIPTION FOR ACTION: THE LIFE OF DR JANET IRWIN

BY **SUSAN CURRIE**

At a time when Australian states are carrying out 'groundbreaking' trials of medical marijuana, this biography tells the unlikely story of a woman doctor who, more than 40 years ago, proposed that aged pensioners should be able to grow marijuana, both for their own use, and to sell to the government to supplement their pension.

Likewise, when Australian universities are carrying out a 'groundbreaking' comprehensive survey on sexual harassment, it details how that same woman was a pioneer in arranging surveys of sexual harassment at universities, and naming it as a workplace health and safety issue.

Dr Janet Irwin, born in 1923 in a poor, remote area of New Zealand, came to lead controversial campaigns, both in that country, but particularly in Australia, on health and social justice issues. Her motto was "If you haven't been driven by the passion and the action of the times, you haven't lived."

In writing this book, I wanted to know the factors that led to Janet being a fearless activist, and the strategies she used to bring about change. Just as Janet's life was a prescription for action, this biography is a prescription for action by its readers.

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