Literature review
Research and Social Policy Team
July 2020

Improving outcomes for young parents and their children

Effective policy settings and program approaches
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Executive summary

Support for young parents has been a neglected area of policy and practice development in Australia. However, there is now increased focus on addressing the needs of young parents and their children at both State and Federal Government levels.

Teenage parenthood is more likely to occur for young people from a low socio-economic background, who are disengaged from education, who misuse drugs and/or alcohol, or who engage in antisocial behaviours. In turn, young parenthood entrenches some of these issues and perpetuates a cycle of disadvantage.

Teenage pregnancy amongst Aboriginal and Torres Strait islander women is far higher than the general population, at almost eight times that of non-Indigenous women. There are also significantly higher birth rates for young people transitioning from out-of-home care and those living in rural and remote areas.

Young maternal age is strongly linked with poor outcomes for both mothers and their children, including: adverse physical and mental health; poor educational attainment; welfare dependency and poverty; and intergenerational involvement with the child protection and criminal justice systems.

However, effective cross-sectoral support across health, education and social services can prevent adverse outcomes and break the multigenerational cycle of adolescent parenthood.

Successful programs for young parents focus on helping young mothers develop self-efficacy as capable parents and secure mother-infant attachment. Case management is a core component of effective programs and may be the most critical form of assistance.

Research also identifies the following key elements of effective approaches:

- start early, during pregnancy
- use a multi-disciplinary and comprehensive approach, which combines support across multiple life areas including, health, housing, financial support and connections to education and employment
- make it easy for young parents to access a range of services through service hubs and assertive outreach
- address access barriers, for example, by proving child care and transport
- focus on building protective factors which help them to develop resilience – for example, self-efficacy, problem solving and relational skills, opportunities for social interaction and involvement in positive activities.
- pay attention to child and adult physical and mental health needs
- prioritise relationship support – younger women are at greater risk of experiencing domestic violence during pregnancy and in early motherhood
- use a multi-generational approach which works with children and adults together and acknowledges the significant role of grandparents and other third generation kin
- are culturally safe and appropriate for Aboriginal and Torres Strait Islander young people and young parents from culturally and linguistically diverse backgrounds
- are inclusive of young fathers (when safe and appropriate). Effective strategies to engage young men include: having a mixed gender staff team; providing separate, male-only services; involving fathers initially through practical supports; and being flexible to accommodate young men who work.
The stigma and prejudice felt by many young parents is a significant barrier to accessing services. This points to the importance of using assertive outreach and building trusting relationships with young parents. Young mothers are also more likely to access services if there is a clear reason to do so linked to their children’s health and wellbeing.

Young parents often lack social support and are particularly vulnerable to loneliness. This points to the value in offering programs specifically targeted to young parents to provide a safe space and opportunity for peer support.

The likelihood of poor outcomes for young mothers and their children increases for young people in out-of-home care (OOHC). Young women who have been in care are at greater risk of being reported for child maltreatment and of having their own child taken into care. In Australia, there has been limited development of policy and programmes to support young women who are pregnant and young parents who have grown up in OOHC, to prevent the intergenerational cycle of children coming into care. In contrast, there has been considerable focus on, and investment in, addressing this issue in the United States (U.S.). The literature review therefore also discusses some examples of good practice in the U.S. which reflect the key elements of effective approaches (such as starting early in pregnancy and using a comprehensive approach).

Not returning to school or education within six months after the child’s birth is associated with repeat teenage pregnancy occurring in less than two years. Initiatives to support pregnant and parenting young people to remain engaged in or reconnect to education and training are a pivotal strategy for supporting positive outcomes for young parents and their children. Models of flexible learning which incorporate vocational training can facilitate reconnection with education. It is also crucial that young parents have access to affordable and accessible early childhood education and care to enable engagement in education and training.

Access to stable housing is also central to addressing other issues and challenges that young parents face. However, there are limited affordable accommodation options that are appropriate for young people. Core components of supportive housing programs for young women who are pregnant and young mothers include support and resources to promote: self-sufficiency skills; housing stability; financial stability; and healthy relationships.
Background

About Uniting

Uniting is one of the largest not-for-profit community service providers in NSW and the ACT and provides services for vulnerable children, young people and families, early learning, aged care and programs for people with disability.

Uniting provides a range of services to disadvantaged children, young people and families in NSW and the ACT. Our programs span prevention and early intervention, intensive family preservation and restoration, out-of-home care (OOHC) and aftercare, family counselling and mediation, and accommodation and support for young people experiencing homelessness.

About this literature review on improving outcomes for young parents.

The review aims to summarise both the Australian and international literature. However, because of the limited number of relevant Australian studies, international studies are relied on heavily including studies from the United States, Canada, the United Kingdom and New Zealand. The methodology is outlined in Appendix 1.

The policy context

Support for young parents has been a neglected area of policy and practice development in Australia.

In 2017, the National Children’s Commissioner conducted a project investigating the rights and needs of young parents and their children. The Commissioner found that there is a general lack of data on young parents and their children to guide policy development. For example, there is no systematic collection of data on the attendance patterns and inclusion of young parents or pregnant teenagers in schooling systems across Australia. However, there is now increased policy focus on addressing the needs of young parents and their children at both State and Federal Government levels.

In NSW, the Forecasting Future Outcomes Report conducted by Taylor Fry for Their Futures Matter (TFM) identifies the poor social outcomes experienced by young mothers and their children. Relative to a matched NSW comparison group, young mothers (aged 21 or younger) were 15 times more likely to have children placed in out-of-home care (OOHC), for example. The report identifies the high average estimated cost of future service delivery compared to the NSW under 25 population.

Consequently, vulnerable young mothers and their children are a key priority group under the Their Futures Matters (TFM) cohort approach. Thriving Families provides targeted support to meet the needs of vulnerable young parents (aged 25 and under) and their children which is being piloted in Western Sydney. A dedicated key worker provides a single point of contact, supporting families to access services across health, housing, employment and child development. Facilitated family meetings connect the family’s support network to work in partnership with services to achieve identified goals.

Young parents are also a priority group within the NSW Department of Communities and Justice (DCJ) Targeted Early Intervention Program.
Why focus on young parents and their children?

Teenage parenthood is more likely to occur for young people from a low socio-economic background, who are disengaged from education, who misuse drugs and/or alcohol, or who engage in antisocial behaviours. In turn, young parenthood entrenches some of these issues and perpetuates a cycle of disadvantage.

Teenage pregnancy amongst Aboriginal and Torres Strait Islander women is far higher than the general population, at almost seven times that of non-Indigenous women. There are also significantly higher birth rates for young people transitioning from out-of-home care (OOHC) and those living in rural and remote areas.

Young parenthood is strongly linked with poor outcomes for both mothers and their children. For mothers, teenage pregnancy and parenthood is associated with:

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

For children, teenage pregnancy is associated with:

- adverse neonatal health outcomes—babies born to young mothers (aged under 20) are more likely to be born pre-term compared to babies born to mothers aged between 20 and 39. They are also more likely to have low birth weight (compared to babies born to mothers aged between 20 and 39). In part, this is due in part to higher rates of smoking during pregnancy among teenage mothers.
- increased risk of mortality from sudden infant death syndrome, accidents and injuries in the first year of life
- higher likelihood of developmental delay and behavioural issues
- exposure to domestic violence
- intergenerational involvement with the child protection and criminal justice systems.
- the children of teenage parents are themselves more likely to become parents in adolescence.

Effective cross-sectoral support across health, education and social services can prevent adverse outcomes and break the multigenerational cycle of adolescent parenthood.

The impact of stigma

Young parents are acutely aware of assumptions that others can make about their parenting capacity. Many young mothers report experiences of feeling judged or even hostility in their dealings with social service agencies, education providers and health care
services. One Australian study found that young mothers felt stereotyped as irresponsible, immature and incompetent at raising their children. They were less likely to access playgroups or mothers’ groups because they felt they did not ‘fit in’. This points to the importance of using assertive outreach and building trusting relationships with young parents.

As stigma and disapproval has a detrimental effect on younger mothers’ willingness to access support, policy makers should be cautious about future directions which further stigmatise young mothers.

Young mothers are more likely to access services if there is a clear reason to do so linked to their children’s health and wellbeing. Hospitals, GPs and other universal services are well placed to reach vulnerable younger mothers, who will be more likely to take up playgroups, parenting education and other activities from these settings. Messages to young mothers need to highlight the normality of seeking information and support.

Key elements of effective approaches

Successful programs for young parents focus on helping mothers develop self-efficacy as capable parents and secure mother-infant attachment. Adolescent motherhood is a risk factor in the development of a secure mother-infant relationship. Adolescent mothers are also at higher risk of pre-term birth and mental illness compared to adult mothers which further increases their risk of insecure attachment. Circle of Security has been identified as an evidence-based intervention which targets mother-child attachment and is appropriate for young mothers.

Case management is a core component of effective programs and may be the most critical form of assistance.

Consultation with young parents undertaken by the NSW Advocate for Children and Young People suggests that they value integrated services that build on their strengths.

Research evidence consistently identifies the following elements of successful approaches in improving outcomes for young parents:

- **Start early during pregnancy** – one study found that starting home visits prior to infant birth made a significant difference in preventing child abuse and neglect and was also associated with lower subsequent rate of rapid repeat pregnancies
- **Use a multi-disciplinary and comprehensive approach**, which combines support across multiple life areas including, health, housing, financial support and education and employment
- **Make it easy for young parents to access a range of services** through service hubs and assertive outreach
- **Address access barriers**, for example, by proving child care and transport
- **Focus on strengths and building protective factors** which help young parents to develop resilience. For example, self-efficacy, problem solving and relational skills, opportunities for social interaction and involvement in positive activities are associated with positive outcomes including reductions in rapid repeat pregnancies. Connections with caring and supportive adults are particularly important in improving outcomes for young mothers with depression.
- **Pay attention to child and adult physical and mental health needs** including the impacts of trauma or toxic stress on self-regulation skills
- **Prioritise relationship support** – younger women are at greater risk of experiencing domestic violence from their partner or other family members during
pregnancy and in early motherhood. One Australian study found that very few young mothers know about or had accessed family relationship services.

- Use a multi-generational approach which works with children and adults together (rather than in siloed services) and acknowledges the significant role of grandparents and other third generation kin.

- Are culturally safe and appropriate for Aboriginal and Torres Strait Islander young people and young parents from culturally and linguistically diverse backgrounds.

**Social support** is an important protective factor for parents which helps to build resilience. However, young parents tend to have less social support than older parents and can be particularly vulnerable to loneliness because they are less likely to know parents their own age. This points to the value in offering programs that are specifically targeted to young parents. Such programs can provide a safe space for them to learn about parenting and gain peer support. Providing space for social networking and developing connections is particularly important for vulnerable mothers who are not in education or working. Targeting of young parents should be done in a sensitive way to avoid perceptions of stigma or judgement.

It is also important that programs are inclusive of young fathers (when this is safe and appropriate). Research indicates that when fathers are involved in their children’s lives in some capacity, their children have better social adjustment, cognitive development and academic achievement. However, many services for young parents fail to provide environments that are appropriate and engaging for young fathers. For example, young fathers may feel uncomfortable attending a playgroup where they are the only male parent. Effective strategies to engage young men include: having a mixed gender staff team; providing separate, male-only services; involving fathers initially through practical supports; and being flexible to accommodate young men who work. Some young fathers may prefer to use web-based information services which provide a degree of anonymity.

While evidence on duration of support is limited, some research suggests that programs which provide support from pregnancy until the child is at least two years old have the best outcomes. There is little evidence about how program intensity impacts on outcomes.

**Young parents who have grown up in out-of-home care**

In Australia, there has been limited development of policy and programmes to support young women who are pregnant and young parents who have grown up in OOHC, to prevent the intergenerational cycle of children coming into care.

Research in Australia and overseas indicates that young people who are in OOHC or who have just left care are at high risk of becoming pregnant at an earlier age. A 2006 study in NSW found that nearly a third of the young women were pregnant or had a child within 12 months of leaving care. The 2009 Create Foundation survey, found that in the first year of leaving care, 28% of young people in the survey group were already parents themselves.

The likelihood of poor outcomes for young mothers and their children increases for young people in OOHC. Young women who have been in care are at greater risk of being reported for child maltreatment and of having their own child taken into care. A review by the NSW Ombudsman of leaving care found that of the seven young mothers in the review group, three had their children removed from their care before their own care order expired.
As noted previously, the Forecasting Future Outcomes report found that relative to a matched NSW comparison group, young mothers were 15 times more likely to have children placed in OOH C. Young mothers and their children were also four times more likely to enter custody; 4.2 times more likely to use social housing as adults; 1.7 times more likely to be admitted to hospital for alcohol and other drug disorders; and 1.4 times more likely to be supported by welfare.

Teenage parents leaving care experience similar difficulties to those faced by other young parents, such as finding a place to live, concerns about parenting, accessing education and work and child care. However, they are less likely to have positive parenting role models or to receive consistent and positive adult support with parenting or financial or emotional issues. Pregnancy may be a trigger for placement breakdown and placement instability is compounded by lack of available placements during and post-pregnancy. Young parents who have grown up in care are also particularly vulnerable as they often face a double burden of stigmatisation, both as young parents and as a young person in care.

Despite these challenges, young parents who are transitioning from care often view parenthood as an opportunity to develop loving relationships, create safe environments and break the cycle of abuse. Young parents transitioning from care may perceive parenthood as a turning point and provide them with a renewed sense of motivation.

Young women who are pregnant and young mothers need help with emotional and practical issues including financial help with the expenses of caring for a new baby, help with parenting skills, stable housing, and social support. Young fathers should also be encouraged to participate in the parenting process. Support should specifically focus on providing young parents with the skills and resources that will prevent their own children being placed in care.

Policy approaches in the United States (U.S.)

This section outlines policy approaches used in the U.S. to support young parents who are transitioning from OOH C. We focus on the U.S. because the approaches identified in the literature review are more targeted and comprehensive there than other jurisdictions.

Laws in all states require the child welfare agencies to make 'reasonable efforts' to prevent the unnecessary separation of children from their parents. In New York County, for example, a range of preventative services are available for young parents including concrete assistance (for example, obtaining child care, applying for housing or social security), direct services such as mental health, sustained nurse home visiting, parenting programs, therapy or employment training, and advocacy.

Extended care

In the U.S., the Fostering Connections to Success and Increasing Adoptions Act 2008 gives states the option of allowing eligible young people to stay in care until they are 21. In 2017, 25 states provided extended foster care beyond the age of 18.

This option is especially important for young women who are pregnant and young parents. Policies that allow young people to stay in care longer can ensure continued support for young parents and their children, including access to transitional housing, opportunities for further education and targeted support to enhance parenting capacity. Extended care provides a window for intentional efforts to delay pregnancy (or prevent rapid repeat pregnancy) and to provide targeted support to enhance parenting capacity.

In the U.S., extended care settings for young parents may include helping young people to return home to their family of origin; enabling them to live with a relative or other adults
with whom they have a strong attachment; being placed in a foster home with staff who are specially trained to support young parents; or being placed in a supervised independent living placement where parents and babies can be together.\textsuperscript{59}

**Shared care**

In the U.S., ‘shared care’ is considered the preferred placement option for pregnant and parenting young people.\textsuperscript{60} It is an intensive program that places the parent and children together in a home of a mentor family for a limited period, generally six to nine months. Mentor families are carefully screened, receive extensive training and are carefully matched with participant families. Services including teaching and mentoring parenting and living skills, clinical treatment and counselling, and helping parents establish connections with community resources.

There has been limited evaluation of shared care models. However, an evaluation of shared care in Contra Costa County in California found that after participating in shared care, children were less likely to re-enter foster care, their parents were more likely to be employed and to have increased their income, and the family was more likely to move together into stable independent living situations.\textsuperscript{61}

Barth and colleagues acknowledge the challenges of providing such a service noting that it takes considerable time and commitment to develop. They argue that it may be cost-effective for some parents when compared with other OOH options.\textsuperscript{62}

**Specialised residential care**

Specialised maternity/mother-child residences are another placement option. In New York County, the Maternity and Mother/Child Blended Residential Care program is available to young women (aged 16 to 20) who are pregnant or parenting and need services that cannot be provided in a foster home setting. The intervention components include: parenting education and support; family therapy; educational interventions; mental health consultation; and a structured behaviour management system which is tailored to the young person's treatment goals.\textsuperscript{63}

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**Good practice example – Alliance for Children’s Rights, Los Angeles County**

In 2004, child advocates and the Los Angeles County Department of Children and Family Services established a working group to improve services for pregnant and parenting teenagers in care. The initiative uses a comprehensive, multi-pronged approach, including:

- prevention of rapid repeat pregnancy
- family group conferencing (known as Teen Parenting Conferences) – these are held on a voluntary basis and are designed to proactively identify and address the needs of any pregnant or parenting teenagers under the supervision of the Department, including teenager fathers. The conferences identify: issues relating to pregnancy and the early stages of child rearing; preventative services to assist in stabilising the family; and supports needed to promote a successful transition to independence.
- comprehensive, wrap-around service delivery
- whole family foster homes (Shared care)
- extended care – if the young parent chooses to stay in care after they turn 18, there is funding for both the young parent and the baby.

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**Education and training**

Teenage pregnancy and parenthood are strongly associated with adverse educational attainment. Very few school-aged mothers complete secondary school.\textsuperscript{64} Teenage mothers often show signs of disinterest in school and low educational aspirations prior to becoming pregnant. One Australian study found that a considerable proportion of teenage mothers had already dropped out of school prior to becoming pregnant.\textsuperscript{65}
Disconnection from education is compounded by factors such as inflexible school policies in many mainstream schools, lack of affordable child-care options and bullying. Not returning to school or education within six months after the child’s birth is associated with repeat teenage pregnancy occurring in less than two years. Consequently, initiatives to support pregnant and parenting young people to remain engaged in or reconnect to education and training are a pivotal strategy for supporting positive outcomes for young parents and their children.

In a systematic review, Harden et al. found that programs that used punitive welfare sanctions for non-attendance, were less successful than education and career programs which did not involve sanctions in encouraging young mothers back to education or employment. Models of flexible learning which incorporate vocational training can facilitate reconnection with education. It is also crucial that young parents have access to affordable and accessible early childhood education and care to enable engagement in education and training.

**Housing**

Access to stable housing is central to addressing other issues and challenges that young parents face. However, obtaining suitable and affordable accommodation is a significant problem for many young parents. In their recent consultations with young parents, the Australian Human Rights Commission found that they generally considered public housing and refuges unsafe for them and their children and often located far away from family members and services with limited transport. They also raised the difficulty of accessing private rental with a young child and no rental record.

The U.S. Child Trends and the Healthy Teen Network has identified five core components of supportive housing programs for young women who are pregnant and young mothers:

- **Self-sufficiency**: support young people to develop basic self-sufficiency skills, to enable them to successfully transition to independent living, and access resources/services as needed (without the support of a case manager).
- **Housing stability**: facilitate attainment of affordable and safe housing, and continued housing stability on completion of the program.
- **Financial stability**: support young people to work towards financial stability by facilitating educational attainment and employment, and financial literacy.
- **Successful and engaged parenting and attachment**: facilitate engaged parenting skills, fostering attachment between parent(s) and child.
- **Healthy relationships**: Cultivate a sense of self-worth and right to healthy relationships, and skills to resolve conflict, solve problems, and negotiate.
Appendix 1 – methodology

Relevant research relating to effective services for young parents was identified by searching social sciences databases including: ERIC, APAFT, Child Development and Adolescent Studies, Family and Society Studies Worldwide, PsycINFO, Psychology and Behavioural Sciences Collection and Soc Index.

The initial search terms used included: “young parenthood”; “programs for teen parents”; and “teenage pregnancy”. A search was then also conducted to find evidence relating to duration of support using the terms: “teenage mothers” or “parent training” or “young motherhood” or “adolescent pregnancy” AND “vocational education” or “child rearing” or “community-based social services” AND “duration” or “period” or “length”.

A search of Google was also conducted and reference lists were searched for further papers.

Documents analysed included peer-reviewed articles, policy papers, conference papers and web-based guidelines. Quantitative and qualitative studies were included.

Endnotes

10 Ibid.
12 Ibid.
15 Pinzon and Jones, 2012, op cit.
16 AIHW, 2020, op cit.
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21 Ibid.


25 Ibid.

26 Ibid

27 Ibid.


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30 Cornell, K. and Lucio, R., 2010, ‘The role of school mental health services in addressing adolescent pregnancy’, *Advances in school mental health promotion*, 3(3).

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39 Ibid.


44 Allen + Clarke, 2019, op cit.


47 Ibid.


49 Cashmore, J. and Paxton, M., 2007, *Longitudinal Study of Wards Leaving Care: four to five years on*, Report of research commissioned by the NSW Department of Community Services.

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60 NYC Administration for Children's Service, op cit.


63 NYC Administration for Children’s Services, op cit.

64 Price-Robertson, 2010, op cit.


66 Pinzon and Jones, 2012, op cit.


70 Ibid.