Young Mothers for Young Women Caboolture Service Evaluation

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Executive summary

This report presents an evaluation of the first twelve months of operation of Young Mothers for Young Women Caboolture (YMYWC). The service, which opened in May 2018, is funded by the Queensland Government to provide a community-based integrated health and family support service to pregnant and parenting young women, their children and partners where appropriate. The service includes a coordinator, a family support worker, peer support workers and a midwife who is employed by Queensland Health. YMYWC is open to young women 20 years and under, who are pregnant and/or parenting and residing in the Caboolture Hospital Catchment area. The service also provides support to the partners and children of the young women.

The evaluation draws on a range of data sources including:

- Administrative data including intake, assessment and case-planning information for young women and their families who have engaged with the service in its first 12 months;
- The focus groups with YMYWC staff, staff from community based government and non-government services that refer to YMYWC and staff from the Caboolture Hospital;
- Interviews with nineteen young women about their experiences of parenting, of YMYWC, and their perceptions of their families’ needs and capacities.

During the evaluation, health and human service professionals, including YMYWC staff, identified that young mothers and their families have a diverse range of needs for which a service response is required. These needs include access to: housing, financial support, antenatal and postnatal care, health and mental health services, effective responses to intimate partner violence (IPV), parenting information, and opportunities for developing peer and community networks.

Thematic analysis of interview data with health and human service professionals, including YMYWC staff, identified key elements of the YMYWC approach as:

- Celebrating the choices and capacities of young women and their families;
- Creating hope with and for young families;
- Promoting the autonomy of young mothers;
- Creating a safe and welcoming environment;
- A comprehensive, proactive and practical approach to responding to the diverse needs of these families;
- Balancing structure and flexibility in their practice;
- Creating a bridge between the young women and service systems.

In the first year of service, the YMYWC program engaged 54 young women and their families. The evaluation team was able to access comprehensive intake data for 44 participants. Of these, the average of young pregnant and parenting women who participated in the program was 17.5 years and 36 of the 44 participants (81%) were aged between 16 – 19. The majority of participants currently involved with YMYWC at the end of the project’s first year of operation, had been with the project for more than
six months. This suggests that the program is successful in retaining young women and their families. Most participants are positive about their experiences of pregnancy and parenting. Nonetheless, the report identifies high levels of need among the participants in relation to housing, finances, IPV and Child Safety concerns, health and mental health concerns and social isolation. The young women express very high levels of satisfaction with YMYWC.

The majority of young women who participated in interviews for the evaluation were very positive about their experience of YMYWC. Almost all respondents saw the service as having contributed to substantial improvements in their confidence and capacity as parents, in improving their peer networks and in their knowledge of, and access to, health and human service systems. The longitudinal data suggested that YMYWC is also having a positive impact on young women’s perception of their potential for successful work and study with participants’ demonstrating increased interest in taking up study or work opportunities once their life circumstances allow. This is significant given that most respondents had not completed school and many had negative experiences of school.

YMYWC is to be commended on its establishment as an important and valued service in the region. It is evident that the service providers and young women who participated in the evaluation were highly appreciative of the service and the positive differences it is making to the lives of young families in the area.

Five recommendations for service development are provided for the consideration of Micah Projects, YMYWC and Child Safety Services.
Recommendation 1: Build the capacity of YMYWC to extend its outreach to young pregnant and parenting women in the Caboolture region. There appears to be significant unmet need for service in the region. However, YMYWC has limited resources, with two family support workers (one of whom is also a team leader), to extend its reach. In its first year of operation, YMYWC provided services to approximately 54 young women and their families. This represents approximately 25% of the total number of teenage women who gave birth at the Caboolture hospital in a 12 month period. Based on annual birth rates to teen parents in the area, there are an estimated 600 young teenage mothers in the region including others who gave birth in two or so years prior to the program’s establishment. With increased resources to employ more workers, YMYWC could further expand its services. If the service is to be expanded, YMYWC may consider developing strategies for continuing to build awareness of the service among young women in the region.

Recommendation 2: YMYWC should continue to maintain and build its networks with health and human services providers in the Caboolture region. Among the professionals who participated in the focus groups, there was strong awareness of the YMYWC approach and appreciation of the perceived positive differences the service was making to the lives of young pregnant and parenting women and their families. YMYWC should continue to build on these relationships as these are important sources of referrals, and also of developing comprehensive service system responses with and for young mothers.

Recommendation 3: YMYWC should continue to develop a collaborative response with Child Safety Services in relation to young parents. A substantial proportion of young mothers with whom YMYWC was providing services were also subject to Child Safety intervention. In addition, some of these young women are also currently children in care. It is recommended that YMYWC and Child Safety Services collaborate to develop effective responses to these young women and their children, particularly where these young women have dual identities as parents and as children in care. In addition, there appears to be a need for more proactive management of “unborn child notifications” to maximise the opportunities for young children to be raised safely and well in their family environment.

Recommendation 4: YMYWC should consider leading the development of service system wide responses to several groups of young parents who are currently either not eligible for, or choosing not to take up, YMYWC services. These groups are, first, the substantial group of young mothers who are reluctant to engage with support services. From a trauma-informed perspective it is important to be aware of, and responsive to, young women who feel unsafe in accessing support services both by offering services in innovative ways and in allocating time to building trust with this group of people. Distrust can emerge from previous negative experiences with the service system, such as for those young people who experienced trauma in their families, experienced removal and/or trauma in out-of-
There appears to be scope for examining how services can be extended to this group of young parents, such as through the more extensive use of peer support approaches and improved allocation of time to relationship building between professional service providers and young families.

Second, young mothers 20-25 years who are living within the Caboolture region appear to lack a support service directed at their needs as young parenting women. This older group of young mothers have a similar demographic profile to the young women eligible for YMYWC and could benefit from services focused on them as young women and for their young families. Third, professionals and young women identified a gap in services for young fathers. It may be inappropriate for YMYWC to address this need given that YMYWC provides a safe space for young women. However, YMYWC may consider advocating for improved service system responses to young fathers, many of whom share similar vulnerabilities and disadvantages to the young women engaged with YMYWC.

**Recommendation 5:** YMYWC and Micah Projects should consider developing a longitudinal study of young women and children’s progress and outcomes related to YMYWC involvement. This evaluation has identified some promising outcomes for YMYWC, particularly in terms of improving young women’s confidence as parents and for the well-being of their children. It appears that the program is also positively challenging young women’s perceptions of themselves and their potential. In particular, there appears to be substantial improvements in the young women’s interest in pursuing further study and work opportunities. YMYWC has a unique opportunity to establish a longitudinal study of the impact of comprehensive supportive interventions on the lives of teen parents.
Introduction

Young Mothers for Young Women Caboolture (YMYWC) commenced operation in May 2018. YMYWC is open to young women 20 years and under who are pregnant and/or parenting and who are residing in the Caboolture Hospital catchment area. The service is funded by the Queensland Government to provide targeted family support services to assist young mothers, their children and partners, where appropriate. The service aims to strengthen the protective factors for young parents to ensure their children can live safely at home and that families become more resilient and stronger. These protective factors include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children’s social and emotional development. The service uses an evidence based approach to support incorporating the accredited program “Parents as Teachers”. Specifically YMYWC aims include to:

- support positive parent-child relationships;
- improve parenting capacity;
- build the capacity of families to care for and protect their children;
- improve the wellbeing and safety of children, young women and their families;
- enhance positive child growth and development factors and reduce risks.

YMYWC is partnering with the Caboolture Hospital and fostering relationships with community organisations to build a model of support for young pregnant and parenting teens that supports outcomes for both the parents and children. The Caboolture area is one of relative socio-economic disadvantage scoring 925\(^1\) on the Socio-Economic Index for Areas (SEIFA) based on census data for 2016 (Moreton Bay Regional Council, 2019). In the 2015/2016 financial year, 205 teenage women gave birth at the Caboolture Hospital which constituted 10.5% of births at the hospital. This rate was more than twice the national rate of 4.7% of births to teens in the 2015/2016 financial year.

Young families referred to the service have access to:

- Comprehensive planned family support in which support workers incorporate the “Parents as Teachers” program;
- Opportunities for social connection with other parents;
- Targeted early childhood information sessions and workshops;
- Integrated healthcare – a midwife employed by the Caboolture Hospital is part of the multidisciplinary team;
- Peer networks, support and leadership opportunities.

YMYWC builds on the success of Micah’s YMYW program based in Coorparoo, which works in partnership with the Mater Mothers’ hospital.

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\(^1\) A score of 1000 on the SEIFA index is the middle ranking, with those below considered disadvantaged and those above are considered advantaged.
The Evaluation

In June 2018, Professor Karen Healy from the University of Queensland was appointed by Micah Projects Inc to undertake an evaluation of the YMYWC program. Dr Sue Scull was appointed to the evaluation team to support data collection and analysis. Shirley Peppler and Leilani Garland, experienced social workers, supported data collection. This evaluation aims to build the knowledge and evidence base of community responses to teenage parenting.

The research and evaluation was conducted over two phases. In Phase 1, the focus of the interim report (January 2019), the evaluation team presented an analysis of the baseline data about the characteristics, needs and capacities and goals, and experiences of the young women in the program. They also reported on YMYWC staff perceptions of the YMYWC approach to practice and its implementation in the Caboolture region. In Phase 2, they completed a 12 month evaluation of the project including all data collected over the 12 months of the project. The University of Queensland granted ethical clearance for the study in October 2018 prior to the commencement of the first round of data collection.

Method

The evaluation had two broad aims; to evaluate the service model impact over the first twelve months of operation, and to gather data relating to the needs and service gaps for pregnant and parenting young women 20 years and under in the Caboolture region. In this report, the evaluation team sought to address the following research questions:

1. What are health and human service professionals’ perceptions of the needs and gaps in services for young pregnant and parenting women?
2. What are the experiences of young pregnant and parenting mothers in the Caboolture area of the young families’ health and human service system in Caboolture?
3. What are the experiences of young pregnant and parenting mothers accessing YMYWC of this service?
4. What changes have young pregnant and parenting women, and their children, accessing YMYWC experienced in terms of their:
   → parenting capacity and confidence;
   → knowledge of and access to available services;
   → interactions with their child/ren;
   → child growth and development;
   → their safety, housing, family wellbeing; and
   → access to and engagement in education/employment and income.
Data sources
The evaluation draws on the three data sources.

Data Source 1: Administrative data.
Micah Projects provided the evaluation team with de-identified service system data. These data described the characteristics, needs and capacities of young mothers and their families who were attending YMYWC. This included intake data, assessment data and support plans.

1. Intake data (44 participants)
YMYWC provided the research team with intake data for 44 participants. This included 24 participants who were currently enrolled in the program in May 2019 and 20 participants who had exited the program. This data includes information about the young women’s characteristics, parenting status, socio-economic circumstances and service use history.

2. “Where am I at?” data (37 participants)
YMYWC staff undertake an initial assessment with the young women participating in the program about their current life situation including family situation, parenting experiences and confidence and housing circumstances. This structured assessment framework is referred to as “Where am I at?”. This provides useful baseline data to develop goals and to assess the progress of young women in the program.

This data is collected at approximately three monthly intervals. Data for the first wave of collection was available for 37 individuals and the team was able to access to three waves of data collection for nine individuals. This allowed for some insights into changes over time for the young women engaging with the program.

3. “What do you need?” data (50 participants)
YMYWC staff collect information about participants’ goals. The evaluation team had access to 50 respondents’ data about their long-term goals for engagement with YMYWC.

Data Source 2: Worker focus groups (17 participants)
The evaluation team conducted three focus groups. These include a focus group with current YMYWC staff (4 participants). Four staff associated with YMYWC participated in a focus group in November 2018. Second, in March 2019, the evaluation team conducted a focus group with community service providers (7 participants). This focus group included service providers from: child protection services; community legal services; community mental health services; domestic violence prevention and support services; youth justice and youth support services. Third, in May 2019, the evaluation team conducted a focus group with health professionals working in Caboolture Hospital and Health services (6 participants). This focus group included: two midwives; two social workers; a child health nurse; and a nursing/ midwifery administrator.

These focus groups were conducted over two hours and explored participants’ perceptions of the needs of young pregnant and parenting women, the strengths and gaps in the health and human services systems in the region, and the strengths and areas for improvement of the YMYWC service.
**Data Source 3: Interviews with young women (19 participants)**

All current participants in the YMYWC program were offered the opportunity to participate in a semi-structured interview in which they shared their perceptions and experiences of the program. The aim of the interviews was to gather data on the experiences of service users and the extent to which their current needs are being met.

Eleven (11) young women participated in the interviews in November, 2018 and another ten participated in interviews in May 2019. Two young women participated in interviews in both November 2018 and May 2019, hence there were a total of 19 participants overall. Mostly these were individual interviews except for interviews with participants 3 and 4 who asked to be interviewed together.

The participants who participated in the interview did not appear to be substantially different in characteristics from the population of young women using this service. The age range was from 15-20 years, with the majority being between 16-19 years. Four of the young women identified as Aboriginal and/or Torres Strait Islander. Fifteen were parents at the time of the interview including one who was both a parent and currently pregnant. Four of the participants were pregnant and becoming parents for the first time.

Thirteen of those who are parents have one child including one respondent with a child in foster care. Two mothers had two children. One parent (aged 20) had three children and two step children. Overall the number of children among the young mothers who participated in this set of interviews was 22 children (including two step children), excluding the unborn children of the young women who are currently pregnant.

Most participants in the interviews had not completed high school. The following table shows the highest level of education completion among participants in the interviews.

<table>
<thead>
<tr>
<th>Highest level of education completion</th>
<th>Number</th>
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<tbody>
<tr>
<td>Year 8</td>
<td>2</td>
</tr>
<tr>
<td>Year 9</td>
<td>4</td>
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<tr>
<td>Year 10</td>
<td>7</td>
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<tr>
<td>Year 11</td>
<td>1</td>
</tr>
<tr>
<td>Year 12</td>
<td>5</td>
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</tbody>
</table>

**Table 1**: Highest year of school completed

Four participants indicated that they had completed certificate qualifications through TAFE or Registered Training program in the fields of aged care, responsible service of alcohol and hospitality. Two participants also indicated they had commenced but not completed qualifications in hospitality.
Data management and analysis

Focus groups and interviews were transcribed, and the transcripts were de-identified to maintain participant confidentiality. Electronic data files are stored using password protection, while hard copy data is securely stored by the research team. Data is securely stored for the required length of time and destroyed in accordance with UQ’s policies on research data management and records management.

Descriptive statistical and thematic analysis was applied to the data. Descriptive analysis was applied to administrative data sets to identify and analyse the characteristics, needs and capacities of the young women and their families. Thematic analysis techniques were applied to open ended administrative data, focus group and interview data. Excel software was used to assist with the organisation of the data during the analysis.

Findings

Most of the data we present focuses on the young mothers’ characteristics and experiences. Before turning to that data, we report on service provider perspectives.

Service providers’ perspectives

Focus group participants were asked to identify the key needs of young mothers and their families in the Caboolture region and the extent to which these needs were being met. Qualitative analysis of their responses revealed the following themes.

The needs of young women

Respondents across the three focus groups identified a broad range of needs that impact on young women’s capacities and strengths as parents. The identified needs included:

- Practical support with accessing housing and sustaining tenancies;
- Access to transport, particularly to be able to meet with service providers;
- Antenatal and post-natal care;
- Access to health care and mental health care;
- Financial disadvantage and managing costs associated with their children’s needs;
- Assistance in protection from intimate partner violence (IPV);
- Access to legal support;
- Parenting information;
- Peer support, “just being able to have a support system for a group of people their age they’re able to link in with” (YMYWC focus group);
- Education and training, including access to flexible education and training options.

Respondents were asked to describe any barriers young parents encountered in their access to services and support. Several themes emerged.
Young mothers are often dealing with a range of issues

Across all three focus groups, respondents identified that young pregnant and parenting women in the Caboolture region are often dealing with complex challenges and with a range of service systems. The following statement reflects this theme.

“we are seeing lots of young ladies, I suppose, that have come in from really complex social situations too, it’s not just one or two issues that are happening. It is an issue in every way that you can think. They have got problems in terms of housing, in terms of support. Mental health issues. DV happening. It’s all happening at once.” (Hospital and Health Services focus group)

Respondents perceived that the complexity of these issues often limited young women’s capacities to engage with service systems.

Lack of support in navigating systems

Workers across all three focus group perceived that many of the young pregnant and parenting women with whom they work are isolated from informal support. Workers identified this as being due both to family breakdown and to intergenerational trauma and challenges. Respondents identified that, in some instances, the young parents had decided to distance themselves from their families due to the range of challenges posed by the family. Focus group respondents’ perceived that this isolation contributed to further challenges for the young parent in navigating the service system.

“Lack of a support network can be very common as well and so they need people to fill that gap. Quite often they end up being quite service reliant, a lot of them, is my experience of them. And assistance in navigating complex systems like hospitals and stuff like Centrelink where the system is not very intuitive and they don’t have a parent or guardian figure to assist them accessing those systems.” (Community Services focus group)

A strong theme was that young women were often attempting to navigate many systems on their own.

The young person’s own developmental readiness

Focus group participants’ identified that the young pregnant and parenting woman’s psycho-social development presented challenges to their engagement with services. Respondents identified that many of the young women had experienced psycho-social traumas, especially related to child abuse and neglect and to family violence. This appeared to have contributed to the under-development of a range of capacities and skills. For example, one respondent observed:

“Often the under-16 year old’s are not talking very much at all, and other people are speaking for them. When they are a little bit older, you will probably be able to engage them a bit easier. But you will get quite shut down, kind of lack of eye contact, and you will really dig to get them to engage with you until the baby comes. By then, you are best mates.” (Hospital and Health Services focus group)
Workers across the three focus groups identified that they adapted their own communication approaches to engage young parents. Strategies included high levels of flexibility towards young women, assertive outreach and integration of social media.

A related issue was the young women’s histories with health and human services systems and the perceived lack of respect for their autonomy.

“Our teen parents in the community are ... heavily over-serviced. And so part of what I think their need is to develop autonomy and working towards that as a younger person in general, let alone as a parent.” *(Community Services focus group)*

Another respondent identified:

“the rights of the young person as a child themselves still exist... and this gets lost amongst it all.” *(Community Services focus group)*

A key challenge then for service providers is that of recognising the psycho-social developmental needs of young women who were both “children”, including some who were children in out of home care, and as parents.

In addition, it was observed that professionals in mainstream health and human services may be uncomfortable also with young parents. For example, respondents identified that health professionals in the hospital context may be uneasy with the young parent due to their age. This can contribute to an atmosphere of distrust between both the young parent and the health professional, with one health care professional describing her role as:

“trying to calm all the midwives down, so these people can get on with what they are most comfortable with” *(Hospital and Health Services focus group)*

**Fear and distrust of services**

Service providers across all focus groups identified that the young women’s fear and distrust of services was a barrier to service access. The workers perceived that the young women’s prior negative experiences with human service systems and their often precarious living circumstances contributed to their reluctance to engage with service systems.

Young women’s fear of being reported to Child Safety Services was a strong theme across all focus groups. For many young women, this appeared to be linked to childhood experiences of Child Safety Services. As one respondent from a mental health service stated, this was a key feature of the young people who used their service who became parents, compared to those who did not was:
“they’re [the young parents] almost always Child Safety clients. There’s the big difference.” (Community Services focus group)

As young parents, the young women feared re-engagement with the child protection system and workers perceived this affected every aspect of their willingness to accept health and human services. For example, one respondent stated:

“Quite often, for these young women, apart from other things like transport and finances and stuff, they won’t attend [health services] because they think that we are checking up on them or that we are basically Child Safety’s go-to person.” (Community Services focus group)

Another respondent stated:

“It is the trusting in outside services, new people. It is all about the judgement, ‘Are they going to report me?’ that kind of stuff.” (Hospital and Health Services focus group)

Where Child Safety Services were involved, focus group participants identified challenges in working with Child Safety Services to find proactive and effective responses to promoting the safety and well-being of the young woman and her children. This issue was particularly challenging where both the mother and child were subjects of child safety intervention. As a YMYWC worker noted:

“Because quite often we have a massive overlap of child safety investigating a child, or an unborn notification, yet the mother is also a child in the Department's care themselves and there is that notable challenge we found that that is often quite forgotten, that the young woman herself is in the care of the department and coordinating there are two children, not just the one, trying to be able to support her just as much as the child and what does that look like working with the family and the department and all the needs that come with that.” (YMYWC focus group)

Here the worker identifies that Child Safety Services can have a dual responsibility to both the mother and the child due to the fact that the mother is in their care or is under 18 years and thus eligible for protective interventions by Child Safety Services.

Focus group respondents raised concerns that the needs of the mother as a child, as well as a parent, are not adequately recognised or prioritised. Workers also raised concerns about the need for a more proactive and partnership-based approach between Child Safety Services and YMYWC in the management of child protection concerns. This was especially a concern in relation to unborn notifications. As a worker put it:
“The baby is not considered a baby until it’s born and then all hell kind of breaks loose, when there could be opportunities to plan and prepare as per the legislation.” (YMYWC focus group)

It appears that young families would benefit from greater collaboration between Child Safety Services and family support services, such as YMYWC, in developing protocol for managing unborn notifications and in responding to the needs of young parents who are also under the guardianship of the Director General of Child Safety Services.

**The YMYWC approach**

Focus group participants were asked to describe the YMYWC approach, particularly how the service worked to achieve positive outcomes related to: building parenting capacity; supporting family relationships; and reducing child protection risks. Overall participants in the focus groups were extremely positive about the value YMYWC had added to the Caboolture service system and to proactively engaging young mothers and their families in the area. One respondent summarised this positive view in her statement:

“This was the kind of service that we talked about needing in this area for a really long time. So, it was a huge blessing to come along. And they’re overdue actually.” (Community Services focus group)

We turn now to the presenting the key themes in participants’ description of the YMYWC approach.

**“Celebrating” young parents**

The YMYWC workers’ identified that they aimed to “celebrate” young women as parents. The notion of celebration is evident in the following excerpts:

“I also think that young pregnant and parenting women need someone just to celebrate with them. To be their ‘cheer squad’.”

“Choices in how brave you are and looking at those positive what they’ve got to bring as a parent, the positive aspects to what they have to offer as a parent.”

“We want that early intervention as early in the pregnancy as we can and start that connection between mother and baby in the early stages and celebrating their pregnancy and introducing them to their peers, with our peer workers, introducing them to other young mothers and that helps to form that community in the early stages.” (YMJC focus group)
In these excerpts we see that there is an emphasis on supporting young women’s choices including the choice to parent and celebrating their pregnancy and strengths as parents. This recognition of young women’s choices and strengths forms the basis of building the young women’s capacities and their relationship with their child/ren.

This approach was also recognised by participants in the Community Services and the Hospital and Health Services focus groups. For example, one respondent stated:

“They [YMYWC] really celebrate the pregnancy and the birth too, which is nice because often they [the young women] have not had that elsewhere.” *(Community Services focus group)*

Respondents from the external focus groups also emphasised the importance of the relationships YMYWC developed with the young women over time. The respondents identified that the YMYWC connection with the young mothers prior to the birth was critical to building trust over time. As a participant stated:

“The ongoing contact, the group on Wednesday that they come to before the birth, the ongoing contact and support and all that stuff, brilliant. Brilliant.” *(Community Services focus group)*

It was noted that the contact is sustained even where the young mother’s relationship with her child is fractured, such as where a child has been removed.

“For women whose child has been removed, they can have contact during that group [the weekly support group] in a supportive environment rather than a contact centre or something like that.” *(Community Services focus group)*

This ongoing relationship, even in challenging circumstances, was identified as building young mothers’ engagement with and confidence in YMYWC.

**Creating hope**

Respondents from the Community Services and the Hospital and Health Services focus groups also emphasised the positive and future orientation of YMYWC. Respondents in the Community Services Focus Group described YMYWC as “a place of hope”. When comparing how YMYWC engages with young women, one respondent stated:

“The difference is that it’s like a place of hope where there’s opportunities spring boarding off all the visitors and all the opportunities that are presented to them about changing things, about moving forward in a different direction. Whereas they’re used to coming together around the same sort of future.” *(Community Services focus group)*
Another respondent stated:

“I think from the ‘get go’, the minute that the teen girls come in and they are pregnant, they’re immediately met with just a completely different approach. And it’s very focused on them and about empowering them. About what lays ahead and trying to boost that connection with their unborn child. I just think they [YMWC] do that in a very, very classy way and that from the ‘get go’ is about upskilling and again just about empowering that connection.” *(Community Services focus group)*

Key ways in which the YMWC contribute to hope for the future with and for the young women include: the comprehensive support provided by the service including developing a plan for the young women’s immediate practical needs in addition to her ante-natal care, such as addressing housing needs; and a focus on her future development, such as re-engaging with education or employment.

Part of creating hope was also challenging the young woman’s sense of herself towards recognising herself as a person with great potential. A strong theme throughout the focus groups was the young women often have experience of multiple traumas as well as other challenges, such as school disengagement leading to low self-esteem. The YMWC service was identified as turning this around. This theme is reflected in the following statement:

“They [the young women] can’t see they’ve got any strengths so they don’t know how to look for something around any interests. They may not even have had the opportunity to find out what they are interested in. And I think there’s potential for these types of services to really have great connections with education services and get them hooked up.” *(Community Services focus groups)*

Promoting autonomy

Respondents identified that the young women are often subject to a broad range of service systems interventions that were disempowering for them. Respondents remarked that YMWC’s collaborative approach to family support helped to promote the young mothers’ autonomy. As one respondent stated:

“I think with that added complexity of the intergenerational dependence or reliance on services, it’s really hard to break that cycle. But we have young people who are strong in this community and who want to change it and through different approaches of case management, which the [YMWC] team do really well, you can get to that point where it’s about them leading the way rather than services leading for them.” *(Community Services focus group)*

A welcoming physical environment

Focus group participants frequently highlighted the non-institutionalised nature of the YMWC service. This home-like and comfortable physical environment was identified as critical to the program’s success.
“The fact it’s [YMYWC] just configured like a home, it just has a completely different feel about it [than a clinical environment].” (Community Services focus group)

Another participant added:

“And this is probably a much nicer version of home than a lot of the girls in our community have experienced before so it’s nice for them to have two hours a week or whatever where the kids can be present in that.” (Community Services focus group)

In addition, the accessible location of the service and the outreach by the workers was identified as another positive feature.

“It is easily accessible. It is right on a bus route. They also have vehicles that if a woman was to call them, they would pick them and take them in.” (Hospital and Health Services focus group)

Participants described the YMYWC as educative and informative but in an informal way. For example, one focus group participant described the approach as “non-confrontational and non-judgmental” (Community Services focus group). Participants noted that the approach to information sharing was often subtle and involved creating opportunities to educate. For example,

“I’ve noticed they’ve got the [developmental] charts up on the walls. And you do see the girls standing around there talking and even making themselves a coffee. Yesterday I actually heard girls talking about the milestones and a couple of things. They’ve made an environment where they can just talk about stuff in a natural way.” (Community Services focus group)

Overall, the YMYWC was identified as successful in creating a welcoming and supportive environment for the young women and their children.

**Bridging to other services**

Focus group participants identified that YMYWC has built strong relationships with a range of services and that this assists in bringing a comprehensive response to the challenges facing the young women.

The YMYWC workers viewed their role as incorporating direct responses to these issues as well as providing a bridge for the young women and their families to access services. They also saw their role as making service systems more responsive to the needs of young women and this involved making service providers, such as hospital staff involved in maternity care, more aware of the needs and capacities of young women. These needs included providing information to young women in ways that are appropriate for their age and stage of life.
Workers identified that they had forged positive relationships with a range of services in the region and this is enabling them to improve their own and other services’ responsiveness to young women. For example, workers identified strong links to IPV services in the area:

“Numerous DV services have been great, communication or response to referrals of support we manage for young people. Although that’s a high need in the area, I think for the women we are working with, the response and support for that is actually one that is quite positive and successful in providing a response for them.” *(YMYWC focus group)*

The workers adopted a range of proactive strategies for linking young women to regional services. This included supporting young women to make phone calls, transporting young women to services, being present at interviews with services and advocating for young women and their families. The midwives associated with YMYWC also arrange for young women to tour the birthing suites at the hospital and to meet with hospital staff.

Participants in the external service provider focus groups also highlighted that YMYWC reduced barriers to service access in two ways. The first was through service providers being integrated into YMYWC. For example, Centrelink representatives and community legal services are present at YMYWC on a regular basis and this assists in improving access to services and the young women’s confidence in those services. For example, a community based lawyer provided the following example:

“Initially I came along as a lawyer to talk about domestic violence and things like that and there was a mistrust of me. But because I am now here every Wednesday morning and they see me and I turn up with morning tea or whatever and I just sit in group sometimes and then I’ll pull myself back here for a couple of hours where women can come through and talk to me. I think some of that trust has been built up so I’ve had some quite stunning disclosures in some of those appointments.” *(Community Services focus group)*

Participants in the external groups identified that YMYWC has broken down service silos and were bringing services together in the interests of young parents. One way they had achieved this was through holding celebrations around significant days, such as International Women’s Day that had brought together services and young women.

“They’re actually shifting the way the community is working. And I think they’ve done amazing things in a short period of time and I’m really excited to see what’s next.” *(Community Services focus group)*

Participants identified that YMYWC was active in ensuring communication among stakeholder groups not only in relation to individual young mothers’ but also in relation to developing greater cohesion across the Caboolture community services system.
A comprehensive and practical approach

YMYWC workers identified their approach as ‘walking alongside’ young women through diverse service systems that impact upon them, and this was also endorsed by workers in the other focus groups as a positive feature of the YMYC approach. As a YMYWC worker stated:

“I think overall as well, being an advocate for young people to navigate systems in general. It isn't just limited to health or government systems, it’s community systems. Everything under the sun assistance. Being able to walk with them, alongside them to say this is what the steps look like. A lot of these women haven't been through this situation before, so they don't actually know where to start and where to go next and how [0:02:07.4] in that way. So, just being able to make phone calls with them, take them up to appointments, show them what a paperwork assessment might look like, online submissions and lots of things like that.” (YMYWC focus group)

As this excerpt suggests, the workers’ viewed their role as providing a range of practical supports to the young women, described here as “everything under the sun assistance”.

The importance of the holistic approach was a strong theme in the focus groups with workers from the community services and the hospital and health focus groups.

“They kind of work with the person as a whole. It is almost like they complete a support plan where it is not just about the pregnancy. It is about the entire person’s life and helping support them in all different areas.” (Hospital and Health Services focus group)

The examples of support provided such as making phone calls, assisting with paper work and taking young parents to appointments. These actions were aimed at assisting young women to “navigate systems” and thus to promote the more effective functioning of these systems for the young women.

While the YMYWC approach is comprehensive, the workers also emphasised that they utilise the Micah Projects’ Housing First approach, in which housing stability is a priority:

“A lot of that just comes back down to the first thing, housing. If you can show the department, improve the child safety and wellbeing by having affordable and stable long-term housing for a family, that's the first tick in my opinion. Nobody is going to look at any of their other options if they don’t have somewhere that they could go home to at the end of the day to regroup, understand what’s happening for tomorrow.” (YMYWC focus group)

As the workers’ emphasised, stable housing is an important precondition for the young women to be able to address their family needs including child protection concerns.

YMYWC workers increase young women’s housing stability by assisting them to apply for
and, where possible, gain priority on public housing lists and in supporting the young women to meet the requirements of sustaining tenancies in both the public and private rental market. An example of this practical approach is provided in the following excerpt:

“[We explain] if you've got inspections coming up, this is the basic standard of what it looks like to not be breached in dirty house, or what that looks like and everybody's stance of hygiene and cleanliness is different, it's just trying to get through the baseline of what it means in the real world to be able to have that being, you know, less of an issue for them in the future and things like that.”

(YMYWC focus group)

Again, this excerpt demonstrates the YMYWC approach is practically orientated and involves working alongside the parent to sustain their tenancy.

Support in challenging situations

Focus group respondents identified that many of the young women engaged with the YMYWC experience domestic violence and also are at increased risk of their children being subject to child protection notifications. Respondents identified that YMYWC is highly proactive in supporting young women to negotiate these systems.

While not a domestic violence service, the workers are nonetheless mindful of and responsive to young women’s exposure to IPV and engage in safety planning with young women exposed to IPV. As a YMYWC worker described it:

“So like weekend time, we're not available for the two days over a weekend. Say I see her on a Friday afternoon, who are you going to call if you need support with this or this over the weekend? The number is saved in your phone. Okay, great.”

(YMYWC focus group)

Workers found they had to sensitively negotiate gaining the trust of young women in a context of fear that disclosures about IPV would trigger a notification to Child Safety Services. When discussing the needs of young women, a worker stated:

“I'd say some stuff around domestic and family violence and quite specific, you know, like assessing and providing a safe space to talk about domestic and family violence. Because again, people won't talk about it because they think we are just going to notify. So we are kind of creating an opportunity to have a conversation and then talk about safety and talk about options and link people in, whether it’s to get a domestic violence order, or to get them to counselling, or to do safety planning if they're choosing to stay, have that continuum.”

(YMYWC focus group)

We see here that the workers take a proactive and sensitive approach to responding to concerns about IPV. Aware of the young women’s fears of being notified to child safety authorities, the workers seek to create opportunities to discuss IPV and to provide opportunities for the young women to build the capacity to seek help and protection.
Across all focus groups, participants emphasised the fear many young women felt towards Child Safety Services. There was a perception that the young mothers’ involvement in YMYWC group, of itself, increased the safety and well-being of the child. This was because the young women were linked to a comprehensive support network. As a respondent stated:

“I think just the engagement with YMYW reduces risks around child protection, from the point of view that they have someone they are willing to trust, someone who is involved in their lives who may be able to pick up on things a little bit earlier than before Child Protection becomes involved.” (Hospital and Health Services focus group)

In the event Child Safety became involved with the family, YMYWC was able to provide effective support to the family. The support and advocacy provided through YMYWC was positively commented on by both external worker focus groups.

“I’ve seen it [support through a child safety matter] done beautifully with [YMYWC worker name] coming together with the young people and other stakeholders around equity and child safety, around how we all have the same goal and vision, which is for your child and for you to be well and safe and thriving and just demystifying the role of the [Child Safety] department.” (Community Services focus group)

Focus group participants perceived that YMYWC was able to achieve improved child safety outcomes through assisting the young parent and child safety authority to more effectively develop a shared understanding of concerns and to develop a plan to address the concerns.

**A balance between structure and flexibility**

YMYWC aims to provide a flexible yet purposeful approach to supporting young women. The high level of flexibility and responsiveness to the young mothers’ needs was a strong theme in the external service provider focus groups.

“Theyir flexibility in how they engage people I think is one of the biggest reasons they are successful. And just because of the relationship-based approach I think.” (Community Services focus group)

YMYWC incorporates structured formats into their assessments and support plans. These include the incorporation of the “Where am I at?” assessment framework. This framework helps the workers and the young women to identify together the parents’ capacities, behaviours and goals as parents. This forms the basis of YMYWC case-planning. Similarly, the Parents as Teachers framework is used to structure home-visiting and the group work program. Parents as Teachers is an evidence-based program that supports parents to understand their child’s developmental needs and to foster the parents’ role in promoting the child’s school readiness and healthy development of children.
While the structured approach enhances the consistency and quality of service provision, the service providers also recognise the importance of a flexible engagement process. This view is reflected in the following excerpt from the worker focus group:

“And understanding that with young people, making it fun and interactive is going to be a much more successful outcome than having them sit down in a classroom setting and this is what it looks like to be able to connect with your baby, making it personable but also enjoyable for them to be able to interact and play and actually understand this is all it may have to take to be able to create that positive bond or parenting support for their children because everyone’s circumstances, housing situation, backgrounds, all are very different.” (YMYWC focus group)

In this excerpt, the worker emphasises the importance of ensuring the service engages in a way that is “fun and interactive” and also that workers practically demonstrate parenting practices including what it looks like to “connect with your baby”. There is an emphasis on making the service approach enjoyable to the young women, many of whom come to the service with previous negative experiences of school and services.

Participants in the external focus groups also emphasised that YMYWC provided extensive information, education and support in a way that was informal and often modelled pro-social behaviours. The approach was frequently described as a “show, don’t tell” approach, meaning the YMYWC workers were modelling behaviours rather than requesting or demanding change. As one respondent from the Hospital and Health Services focus group who visits the YMYWC centre noted:

“I really notice that it is a very warm, friendly environment and they really try to demonstrate positive behaviours. Like, if mum sits on her phone, they will try to distract them, [they will] sit on the ground, play with the baby. So, they are modelling behaviour, and that is the biggest thing. It is just always a really comfortable environment, just the way they have it set up.” (Hospital and Health Services focus group)

“Any opportunity for an informal discussion is taken up. So they might be talking about nutrition and then something might happen and they might be talking about how important it is to sleep your baby on their back. So every opportunity is taken up but not in a ‘telling you what to do’ kind of way.” (Hospital and Health Services focus group)

Yet, despite the flexibility, the YMYWC’s focus on creating a positive future with and for the young women meant that they could be respectfully directive when needed.

“I’ve watched her [the community midwife at YMYWC]... be able to be really assertive, appropriately assertive, with the young women around stuff like birth control. ‘You’ve just had a baby and the future of that baby’s uncertain, so let’s make sure that doesn’t happen again right now’.… They’ve managed to balance out
Respondents perceived that the high level of trust young women had developed in the YMYWC workers meant they would accept directions from them in some circumstances. It appeared that the young women accepted that directions, though rare, were underpinned by a desire to achieve the best outcomes for the young woman and her child.

**Areas for development**

While across the three focus groups participants were very positive about the value of YMYWC, they also expressed some concerns about service gaps that related to the entire service system, not only to YMYWC. These were in relation to: age limits to service access; the challenge of services to young women who won’t engage; and the lack of services for young fathers. A fourth issue concerned sustaining YMYWC over time as a place of welcome to all young pregnant and parenting women and their families.

**Age limits**

Participants identified that many young mothers 20-25 years resided in the Caboolture region and encountered similar levels of complexity and need compared to other young women and these young women would also benefit from the YMYWC approach. There was also perception that a previous program, “Sandcastles” based in the region had provided a service to women up to 25 years and YMYWC was not able to provide a service to this group. As a respondent stated:

“we do have high unemployment, poverty, all the rest, and this is the area for young mums. It seems disappointing to me that we have that lid, and I know at the Mater they raised it. So, I am hopeful that the future will look bright for raising it to 25.” *(Hospital and Health Services focus group)*

While workers perceive high levels of need in women up to 25 years, there was also a perception that young parents, especially teens up to 16 years were an especially vulnerable group who needed a high level of support.

**Young women who won’t engage**

Focus group participants identified that YMYWC has provided effective outreach to many young parents through its flexibility, creativity and informality. Similarly workers in hospital, community health and community services had also aimed to be flexible and proactive in their approaches. Even so, there was recognition that the young women’s own reluctance to engage can be a significant barrier to engagement. A respondent observed:

“There are just some women who won’t engage no matter – despite your best efforts, because they have had multiple things happening in their life. Complex trauma. They may be DOCS kids in care themselves. They’re never going to feel safe.” *(Hospital and Health Services focus group)*
Respondents noted that the experience of pregnancy and becoming a parent could be a time of particular emotional challenge for young women with experiences of complex trauma. Participants in the focus groups identified that where young women had histories of sexual abuse or of having been children in care, the need to engage with service systems could be particularly daunting. Participants had no particular view about whether YMYWC could do anything to better engage these young women who were “never going to feel safe” and unlikely to engage with voluntary services of any type.

**The gap in services for young dads**
The lack of support for young fathers and addressing risk factors with young fathers was also a concern, not necessarily in relation to YMYWC but rather this being a service gap. The respondents in the Community Services focus group noted:

“In my experience of working with teen mothers and young mothers, quite often the biggest risk factors will be the partner in some way.” *(Community Services focus group)*

While respondents appreciated that YMYWC was a safe place for young women and their children to meet, they raised concerns about the lack of supports for young fathers in the region. They also noted that many young fathers had poor role models for parenting and without adequate support would be unlikely to develop the knowledge and skills to parent well.

**Sustaining YMYWC as a place of welcome for all**
Looking to the future, there was some concern raised only in one focus group of the need to protect the positive culture of the YMYWC group. It was noted that within the region previous services had encountered problems in maintaining a positive culture and outreach due to challenges facing service users. The concern was stated as follows:

“The public perception of this place is really positive because: the culture is right; the respect is right; the humanity is right. So, that is a really important aspect but, for whatever reason, they could have a swathe of drug affected mothers go through there and it won’t be okay to go there anymore. And no one will notice until it is hindsight.” *(Hospital and Health Workers focus group)*

While concerns about the future of YMYWC were not a significant theme in the focus groups, it has been included here because the respondents within this focus group were drawing on their experience of prior initiatives in the region. Their concern does highlight the importance of YMYWC being proactive in managing tensions or issues among the young women who engage with the service and ensuring that it remains an open and welcoming space for all who need the service.
Participants’ characteristics: Administrative data results

We turn now the analysis of the young parents’ characteristics and experiences. We start by providing an overview of administrative data. We then turn to the analysis of young women’s perceptions and experiences of YMYWC.

Micah Projects Inc provided the evaluation team intake data for 44 young women, 24 of whom were currently in the program (at May 31, 2019) and 20 of whom had participated in the program sometime during the first 12 months of the project but had exited by May 31. The age of the participants at enrolment is outlined in Table 2.

<table>
<thead>
<tr>
<th>Age</th>
<th>Currently enrolled</th>
<th>Exited</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>19</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>N=</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Average</td>
<td>17.4 years</td>
<td>17.8 years</td>
</tr>
</tbody>
</table>

Table 2: Young pregnant and parenting women’s age at enrolment in YMYWC

The average age for participants currently enrolled in the program at May 2019 is 17.4 years with the majority of participants being between 16 and 19 years of age. Those who had exited the program were more likely to be in the older teens group and to have already had a child (rather than being currently pregnant).

Eight of the 44 young women with completed Intake assessments and who had participated in the program identified as Aboriginal and/or Torres Strait Islander; this constitutes 18% of the participants for whom intake data was available. In the Caboolture region, approximately 8.5% of households identify as having at least one Indigenous person (Moreton Bay Regional Council, 2019). No participants in the YMYWC data identified as being from culturally and linguistically diverse (CALD) communities.

At the point of intake to the program, the majority of participants (33) said they had a GP. In addition, 14 participants indicated they were currently receiving ante-natal care and a further five stated that they “sometimes” received ante-natal care. Fifteen participants indicated that they had received ante-natal care through the hospital service, two through their GP, two through Indigenous health services and four through “other” services.

Only four stated they were not receiving ante-natal care at their point of intake with YMYC. We note however that there is no data available about the ante-natal care received by 21 participants.
We turn now to data about the young women’s length of involvement with YMYWC as outlined in Figure 1.

**Figure 1:** Participants’ length of time in the YMYWC program

Participants for whom intake data was available had participated in the program over a range of time spans from one month to more than 11 months. Almost two thirds of participants (n=14) who remained in the program had been involved for six months or more. Among those who exited the program, the average length of involvement was over five months. The capacity to retain this group of young women, many of whom were initially reluctant to join the service and who may carry negative prior experiences of services, is commendable.
Housing and financial circumstances

Many respondents appeared to be experiencing housing stress. At intake, 12 of the participants indicated they were currently homeless and six indicated they were currently homeless. The proportion of participants who perceived they were currently at risk of homelessness is outlined in Figure 2.

![Currently at risk of homelessness](chart)

**Figure 2**: Young women’s self-identification of risk of homelessness

At intake, 23 respondents indicated they were currently at risk of homelessness. This included five participants who were living in sub-standard housing including one in a caravan, two in improvised dwellings and one in a motor vehicle. Except for the respondent living in her car, these participants did not describe themselves as currently homeless. This contrasts with the Australian Bureau Statistics (2012) definition of homelessness as including being housed in inadequate accommodation.

A key reason for the risk of homelessness was the lack of access to affordable housing in the Caboolture region. Seventeen respondents stated that their current housing as not adequate and affordable. Only one respondent was currently on the public housing list, seven respondents were currently on the public housing waiting list and a further 31 stated they were not. There was no data for five remaining participants.

The majority of respondents (30) were living in private rental. Of this number, seven reported they were living rent free but the remainder were exposed to private rental costs. These costs were reported to be up to $400 per week.

We turn now to information about income sources. As Figure 3 represents, Commonwealth benefits were the primary source of income for almost all participants.
As Figure 3 demonstrates, respondents who were receiving benefits were receiving: youth allowance (19), parenting payment (15), and Newstart (1). Five respondents indicated that they were receiving no income and two had another source of income (employment). Two respondents were currently employed. Five respondents indicated they had current debts and a further four respondents had SPER debts. A further 15 indicated they were unsure if they had debts.

**History of trauma**

Participants were asked if they had experienced significant traumatic life events. They were then provided with the option of stating when this event or events had occurred. Unfortunately, there did not appear to be option to provide multiple events of trauma. Their responses to this question are presented in Figure 4.
Twenty of the 44 respondents to this question stated that they had experienced significant trauma as a child. Eight respondents stated the trauma had happened in the past two years and four respondents identified that the trauma was happening now. Only five respondents stated that they did not have a significant traumatic event. No specific data was collected about the nature of these events.

Participants were asked to identify if they were receiving support for the trauma they had experienced.

Figure 4: Respondents’ experiences of significant traumatic life events

Figure 5: Participants’ receipt of support to manage trauma
Ten respondents indicated that they are currently receiving support to help manage the trauma they have experienced or are experiencing, seven respondents indicated that they have received support in the past. Ten respondents stated that they did not need support.

Even though specific data about traumatic experiences was not collected, we did include seeking information about current and prior experiences with human service agencies and their current family relationships. This data indicated significant prior experiences of child abuse or neglect and current situations of fear in the family environments of some respondents. This included that: ten reported that Child Safety Services were involved with their family when they were children, seven reported being in out-of-home care, one being detained in a youth detention centre, and a further two identified that they were in out-of-home care and youth detention. Two respondents reported having been in an adult correctional facility and one in a psychiatric facility; all three of these respondents had exited the YMYWC by the time of the May 2019 data collection round.

At the intake interview, 9 respondents indicated that they are currently afraid of someone in their family and there was no data for five respondents in relation to this question. Ten respondents indicated that they would like support to improve their safety or that of someone in their family. Several respondents indicated that they would like help to improve the safety of their family despite indicating that they were not afraid of anyone in their family. This suggests that the perceived risk to safety is outside the family.

**Mental health and disability issues**

Sixteen respondents indicated that they had a diagnosed mental health condition. Ten respondents stated that their mental health was negatively impacting on their lives. Two respondents indicated they had a diagnosed intellectual disability. Seven respondents acknowledged that their use of drugs or alcohol was negatively affecting their health, their parenting or their financial situation.

**Parenting and Child Safety Services involvement**

Overall, respondents had 33 children. This included 29 children in the full-time care of their mothers and four had children being cared for by others, including two with children in foster care. The majority of participants (27) with children in their care had one child, though one respondent indicated that she had four children in her care and another had two children in her care.

Fifteen respondents indicated that Child Safety Services were currently involved with their family. Thirteen respondents provided information about the nature of this involvement and this is outlined in Figure 5.
Five young women indicated that a child protection notification had been made about their child (including notifications about unborn children) and additional six indicated that Child Safety Services were currently investigating their family. Two respondents indicated that their child had been removed from their care. Both of these respondents had exited the program at the time of the May 2019 data collection round. The removal of the children was not necessarily a barrier to the young mothers participation in the program as at least one parent had regularly attended the parenting support group with her child who was in foster care.

**The needs and capacity of young women**

The YMYWC team use a case-planning tool called “Where am I at?” to establish a baseline of participants’ needs and capacities. The tool is a self-report measure that is completed by the young women, with support from YMYWC support workers, and includes questions about housing stability and family relationships.

Baseline data for 37 participants (15 pregnant and 22 parents) was available for this review. We note that the initial baseline data is unlikely to offer a complete picture of the young women’s needs and that a more comprehensive understanding often develops over time as the young women’s confidence in the YMYWC service develops. This is particularly important in situations where the young women fear that revelation of need may trigger notifications to statutory authorities.

**Respondents’ needs and goals**

The evaluation team was provided with data from the “What do you need” support planning tool. YMYWC staff use this tool to identify needs and develop support plans with the young women. The tool differentiated between crisis goals and medium to long term goals. In Table 3 we present to needs identified by participants who were identified as being in crisis.
Table 3: Ten most frequently identified needs of young women in crisis

When young women presented in crisis to the YMYWC their main needs appeared to be health related, requiring either an immediate health assessment for themselves or their children, immediate safety issues which were primarily related to intimate partner violence, or related to immediate practical needs for housing or material needs.

We turn now to the medium to long term needs of participants, outlined in Table 4.

<table>
<thead>
<tr>
<th>Crisis (24-72 hours) needs</th>
<th>N=19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have immediate health need assessed</td>
<td>7</td>
</tr>
<tr>
<td>To address immediate safety needs</td>
<td>3</td>
</tr>
<tr>
<td>Access short term accommodation (crisis/emergency/motel)</td>
<td>3</td>
</tr>
<tr>
<td>Other not listed</td>
<td>2</td>
</tr>
<tr>
<td>That my locks/property damage that makes my home unsecure/unsafe are repaired/replaced</td>
<td>1</td>
</tr>
<tr>
<td>That my child’s immediate healthcare needs are addressed</td>
<td>1</td>
</tr>
<tr>
<td>To address immediate material needs</td>
<td>1</td>
</tr>
<tr>
<td>(food/clothing/toiletries/phone/transport)</td>
<td></td>
</tr>
<tr>
<td>To obtain a Temporary Protection Order</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4: Medium and long term goals identified in the "What do you need?" support planning tool

<table>
<thead>
<tr>
<th>Medium to long term needs</th>
<th>N=279</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access long-term, secure and affordable housing</td>
<td>35</td>
</tr>
<tr>
<td>To access the full range of social security benefits that I am entitled to</td>
<td>26</td>
</tr>
<tr>
<td>Antenatal care linkage</td>
<td>25</td>
</tr>
<tr>
<td>To keep my child/ren in my care</td>
<td>16</td>
</tr>
<tr>
<td>Improve my parenting skills and capabilities</td>
<td>15</td>
</tr>
<tr>
<td>Postnatal care and postnatal care linkage</td>
<td>13</td>
</tr>
<tr>
<td>To have my health needs addressed</td>
<td>12</td>
</tr>
<tr>
<td>That I have improved knowledge and understanding of my child/ren’s health and development</td>
<td>11</td>
</tr>
<tr>
<td>To have access to legal advice/support</td>
<td>8</td>
</tr>
<tr>
<td>Sustain my tenancy</td>
<td>8</td>
</tr>
</tbody>
</table>
The data presented here highlights respondents’ perceptions of their key needs as being housing, access to financial benefits, and access to antenatal services. More than 70% of respondents identified access to long term, affordable and secure housing and also sustaining their tenancy as primary goals.

Assistance with financial issues was a goal for more than half the respondents, with the key theme being to gain information about and access to their full range of benefit entitlements.

The next most widely reported goal was to access antenatal care through YMYWC, with respondents seeking assistance with their ante-natal support and planning as well as with post-natal care.

The young women identified a broad range of goals around keeping their children safe and well in their care. Indeed, 16 participants identified keeping children in their care as a need that they sought the support of YMYWC to meet. Access to legal advice appeared in the ten most frequently cited needs, which appeared to be linked both the protection from family violence and legal advice in relation to child protection matters. Indeed, seven participants also identified access to a child protection lawyer as a primary need, and three identified access to a Domestic Violence Protection Order as primary needs.

Many respondents who were parents identified that they wanted assistance with children’s health, wellbeing and development information and parenting and family support. Key needs identified by participants included: gaining improved knowledge and understanding of their child/ren’s health and development; improving their parenting skills and capacities; reducing stress in their family environment; ensuring children were meeting their development milestones; ensuring children’s immunisations are completed.

Needs around health service linkage were also commonly identified, both in relation to respondents’ immediate health needs as well as longer term issues. Needs commonly identified by participants included access to antenatal and postnatal care, comprehensive health assessments and access to sexual health services, especially contraceptive advice, mental health and managing the impact of drugs and alcohol on their lives.

Many respondents identified a range of needs related to education, training and employment. In total, 18 goals related to obtaining or sustaining employment, accessing accredited training or TAFE courses or completion of secondary education were identified by participants.

Needs related to achieving social connection and breaking social isolation were also identified and connecting with more social and recreational options. It appears that YMYWC has the potential to play an important role in assisting young parents to navigate the service system in the region to meet the diverse needs and goals of the young women.
Participants’ progress in parenting, well-being and peer engagement

At intake participants are asked to rate themselves against a range of dimensions of parenting confidence, capacities and overall well-being. Participants are then asked to repeat these measures on a regular basis, approximately three monthly. In this section, we report on the baseline data for 37 participants. The respondents included 22 who were either parents or parents and pregnant at the time of the first assessment and 15 who were pregnant at the time of the first assessment. Their weighted average scores on the five point scale in relation to various items measuring parenting confidence and capacity is outlined in Table 5.

<table>
<thead>
<tr>
<th>Item</th>
<th>Parent</th>
<th>Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident in my role as a parent</td>
<td>4</td>
<td>4.1</td>
</tr>
<tr>
<td>I believe my child has lots of strengths</td>
<td>4.6</td>
<td>4.1</td>
</tr>
<tr>
<td>I know about services and activities in the community for children and families</td>
<td>3.4</td>
<td>3.6</td>
</tr>
<tr>
<td>I am using services and activities in the community for children and families</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>I have knowledge and understanding of children’s health and development</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>I am happy in my role as a parent</td>
<td>4.2</td>
<td>4.5</td>
</tr>
<tr>
<td>I have knowledge and information about being a positive and nurturing parent</td>
<td>4.5</td>
<td>3.9</td>
</tr>
<tr>
<td>I have knowledge and understanding of activities I can do with my child or children to support their development</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>I know what kinds of things to expect from my child or children at different ages</td>
<td>3.8</td>
<td>3.3</td>
</tr>
<tr>
<td>I have friends and family around me</td>
<td>3.7</td>
<td>3.9</td>
</tr>
<tr>
<td>I am able to manage my budget and finances</td>
<td>3.1</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Table 5: Parenting confidence and capacity and other measures of well-being

As the data shows the respondents were, on average, positive about many aspects of their confidence and capacities as parents. Those who were parents scored very positively, and substantially higher than those who were pregnant, on scores related to: seeing their children as having strengths; having the knowledge they need to be nurturing parents; knowledge and understanding of activities they can do with their children; and knowing what to expect from their children at different ages.
While both groups were happy about their role as parents, those who were pregnant gave higher scores on this point than those who were parents. Both groups scored the item of "I am able to manage my budget and finances" lower relative to other scores and this reflects the very constrained circumstances they were living in. Those who were parents scored lower on their perception of being able to manage their finances which is likely to reflect the additional costs associated with raising children.

Participants were also asked about how frequently they read aloud to their children. Of the 22 respondents who were parents, five responded they did not read at all to their children, 12 respondents stated that they read aloud to their child 1-3 times per week, with the remaining 8 identifying they read aloud their child 3-5 per week (3) and 5-7 times per week (2).

Participants were asked about their interest in study or finding paid employment. The pregnant and parenting participants' scores were quite similar with pregnant respondents scoring 3.4 on the items of desire to study and to find a job. Respondents who were parents scored 3.2 on desire to study and 3.5 on desire to find a job.

Participants were asked about their relationship status and particularly how safe they felt in their relationship. Again a five point scale was used to score responses, with 1 indicating an answer of "Not at all" through to 5 meaning “An extreme amount”.

<table>
<thead>
<tr>
<th>Item</th>
<th>Parent</th>
<th>Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel safe in your relationship?</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Does anyone in your family make you feel afraid?</td>
<td>1.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Do you feel controlled by your partner?</td>
<td>1.8</td>
<td>1.4</td>
</tr>
</tbody>
</table>

**Table 6: Respondents’ self-reported safety in family and relationships**

The data suggests that most respondents felt reasonably safe in their relationship and the scores for feeling controlled by their partner were also lower, though parenting women were somewhat more likely to state they felt controlled by their partner.

Finally, we turn to housing. As part of Micah Projects Inc, YMYWC adopts a “housing first” policy which gives priority to establishing safe and stable housing. This is because stable housing is strongly associated with improved access to a range of health and human services. A five point scale was used to score responses with 1 indicating a response of “not safe and not stable” and 5 indicating “safe and stable”. The weighted averages of the responses are outlined in Table 7.

<table>
<thead>
<tr>
<th>Item</th>
<th>Parent</th>
<th>Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you describe your housing three months ago?</td>
<td>3.7</td>
<td>3.3</td>
</tr>
<tr>
<td>How would you describe your housing now?</td>
<td>4.5</td>
<td>4.1</td>
</tr>
</tbody>
</table>

**Table 7: Respondents’ self-reported housing circumstances**
The data suggests that many of the young women had recent histories of high levels of housing instability. Indeed, seven of the parenting women and five of the pregnant young women identified that in the preceding three months their housing had been unsafe and unstable. This history suggests that YMYWC focus should remain on achieving and sustaining housing stability.

Changes over time
Nine of the participants participated in three waves of data collection using the “Where am I at?” assessment tool. While the number is small, it did provide some opportunity to look at trends over time. These respondents were asked the same sets of intake questions related to: their confidence and capacity as parents; parenting behaviours particularly reading aloud to their children; sense of peer and family support; perception of relationship safety; and perception of housing stability. The data was collected on three occasions over a six to ten month period between June 2018 and March, 2019.

Of the nine participants who completed three waves of data collection, seven identified as non-indigenous and two as Indigenous, while none identified as being from a culturally and linguistically diverse background. At the time of the first wave of data collection, four of the participants were parents, one was both pregnant and a parent, and four were pregnant and becoming parents for the first time. By the time of the third wave of data collection in March 2019, seven of the participants were parents and two were pregnant.

Overall participants were positive about their confidence and capacity as parents with the average ranking of 4 or more on all but one item related to self-reports of confidence and capacity. Participants were presented with a series of items about their confidence, capacities and behaviours as parents. They were asked to respond on a five point scale with one indicate “not at all” and five indicating “an extreme amount”. The weighted average responses to these items are outlined in Table 8.

<table>
<thead>
<tr>
<th>Item</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident in my role as a parent</td>
<td>4.3 4.2 4.1</td>
</tr>
<tr>
<td>I believe my child has lots of strengths</td>
<td>4.2 4.3 4</td>
</tr>
<tr>
<td>I know about services and activities in the community for children and families</td>
<td>4.1 4 4.4</td>
</tr>
<tr>
<td>I am using services and activities in the community for children and families</td>
<td>3.7 3.7 3.8</td>
</tr>
<tr>
<td>I have knowledge and understanding about children’s health and development</td>
<td>4.1 3.9 4.1</td>
</tr>
<tr>
<td>I am happy in my role as a parent</td>
<td>4.8 4.5 4.6</td>
</tr>
<tr>
<td>I have knowledge and information about being a positive and nurturing parent</td>
<td>4.7 4.2 4</td>
</tr>
<tr>
<td>I have knowledge and understanding of activities I can do with my child or children to support their development and learning</td>
<td>4.1 4 4.2</td>
</tr>
</tbody>
</table>
I know what kinds of things to expect from my child or children at different ages. 4 3.8 3.9
I have friends and family around me 3.8 3.8 4.1
I am able to manage my family’s finances and budget 3.2 3.8 3.8

Table 8: Parenting confidence and capacity across three data collection points

Most of the participants’ scores of parenting confidence and capacity remained positively stable across each wave of data collection. There were only four items for which a substantial change (.3 or more) was recorded. These were the items of: I know about services and activities in the community for children and families (4.1 to 4.4) and I have friends and family around me (3.8 at wave 1 to 4.1 at wave 3). This is likely to reflect the positive influence of the information shared at the group and by the workers and also by peer connections developed through group activities. Participants’ response to the item “I am able to manage my family’s finances and budget” improved substantially from a weighted average rating of 3.2 to 3.8.

There was no substantial change in mothers’ reports of reading aloud to their child. Of the five respondents who were parents at the time of the first round of data collection: 2 stated that they did not read to their children at all, two stated they read 1-3 times per week to their children and one stated that she read 3-5 times per week to her children. By the third wave of data collection, of the 7 respondents who were parents, six respondents stated that they read to their children 1-3 times per week.

One item for which the scores declined was the item “I have knowledge and information about being a positive and nurturing parent” (which declined from 4.7 to 4). The final score remained positive and indeed, no respondent scored this item at less than 3. The slight decline in this score appeared to be due to a reduction of respondents scoring this item at 5/5.

Turning to socio-economic circumstances particularly related to study and work, we noted substantial changes in participants’ desire to study. The weighted average responses to questions regarding desire for study or training and employment are presented in Table 9.

<table>
<thead>
<tr>
<th>Item</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to study or do training</td>
<td>3.2</td>
<td>3.9</td>
<td>4</td>
</tr>
<tr>
<td>I want to find a job</td>
<td>3.6</td>
<td>3.6</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Table 9: Respondents’ interest in further study or work across three data collection points

Participants’ interest in study or training increased markedly. This may be due to a number of factors including: YMYWC initiation of discussions about study and training, and also exposure to a community of health and welfare professionals through the YMYWC group process. Indeed, several of the participants stated that they wished to pursue qualifications in health or human services fields.
We turn now to young women’s experience of intimate partner and family violence. The young women were asked a series of questions about their perception of their safety and asked to respond on a five point scale with one indicating a response of “not at all” and five indicating “an extreme amount”. We note that the young women’s perception of their safety decreased slightly over the data collection period.

<table>
<thead>
<tr>
<th>Item</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel safe in your relationship?</td>
<td>4</td>
<td>3.8</td>
<td>3.6</td>
</tr>
<tr>
<td>Does anyone in your family make you feel afraid?</td>
<td>1.2</td>
<td>1.2</td>
<td>1.4</td>
</tr>
<tr>
<td>Do you feel controlled by your partner?</td>
<td>1.5</td>
<td>1.3</td>
<td>1.6</td>
</tr>
</tbody>
</table>

**Table 10:** Respondents’ self-reported safety in family and other relationships across three data points

Two factors may help explain these small, but negative, changes in sense of safety. First, exposure to discussion about the nature and impact of intimate partner and family violence may have increased the participants’ awareness of their exposure to violence. Second, there were a larger proportion of the group in intimate relationships in the second round, going from 5 participants in Wave 1 to 7 participants in Wave 3.

The young women were asked about their housing circumstances. This was rated on a five point scale, with one indicating not safe and not stable and five indicating safe and stable. There appeared to be substantial improvements in their housing over the time of data collection.

<table>
<thead>
<tr>
<th>Item</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you describe your housing three months ago?</td>
<td>3.9</td>
<td>3.7</td>
<td>4.1</td>
</tr>
<tr>
<td>How would you describe your housing now?</td>
<td>4.3</td>
<td>4.9</td>
<td>4.8</td>
</tr>
</tbody>
</table>

**Table 11:** Respondents’ self-reported housing circumstances across three data points

Table 11 shows that participants were substantially more likely to rate their housing as safe and stable at data points two and three than in the first round of data collection. The improvements in housing circumstances may be attributed, at least in part, to the Housing First policy of Micah Projects. This policy places priority on finding safe and secure housing.
Qualitative insights into young mothers’ experiences

The evaluation team conducted in-depth interviews with 19 young women. The first interviews occurred in November 2018 and a second round of interviews occurred in May 2019. The in-depth interviews explored: the young women’s experiences of becoming a parent; their experiences of the YMYWC service and of the health and service system more generally; their aspirations as young women and as parents; and areas for further development of the service system. The themes emerging from analysis of the interview data are presented here.

The experience of becoming a parent

Respondents were asked about their experience of being pregnant and/or becoming a parent. Responses included both positive and negative experiences though on the whole the young women were very positive about becoming a parent. Themes emerging among the positive responses included the perception of becoming a parent as a transformative experience. The perception of pregnancy and parenthood as life-changing was frequently expressed and was strongly demonstrated in the following excerpts:

“My life has drastically changed in a good way. In a good way. In a really good way. I used to be really irresponsible and when I was living at my own place, I never used to buy decent food. Having him around and knowing that I am going to be a mum - I am a mum now. But while I was pregnant, I know I was going to be a mum; I knew that things had to change. So I pretty much said to myself, it’s not the world that’s got to change; it’s me. So that’s what I did.” (Participant 9)

Similarly another participant stated:

“Well before I fell pregnant, I was pretty off the rails, like driving illegally, smoking pot and all that sort of stuff. But it’s just calmed me down so much being a mother, he’s just a little blessing. In all honesty, my little blessing.” (Participant 17)

Another young parent stated that having children had given her purpose and increased her sense of responsibility. When asked what she enjoyed most about being a parent, the respondent stated:

“The fact that I’ve got these two little people that look like me and don’t love anybody more than me, that’s insane. Just knowing that there’s two people that rely on me for everything.” (Participant 12)

Another participant stated:

“Being a parent, it’s really good. Like I wasn’t doing anything with my life that was like, you know, this pushed out of the way or anything. Like I wasn’t doing anything important. Like I see myself as doing something that’s like, I don’t know, I’m leaving something behind when I leave which I love.” (Participant 18)
Several respondents discussed making positive changes in their lives upon becoming pregnant which were sustained upon becoming a parent.

A sense of excitement about the birth of their child and becoming a parent was also a common theme in the responses. As another respondent stated:

“…”It’s been amazing. I love being a mum. I actually really do, yes. Everything’s gone really well and it’s just amazing.” (Participant 2)

Many respondents identified points of excitement that are also common among mothers of all ages such as the anticipation of the birth, the feeling of the unborn child moving inside their bodies, and practical preparations for the impending arrival.

However participants also reported a number of negative aspects of pregnancy and/or parenting. One theme was that of age discrimination. As one respondent stated:

“The stress from just everyone going ‘no, you’re too young’ and everyone going ‘you don’t know what you’ve gotten yourself into. You’ve made a mistake’. It just puts a toll on you.” (Participant 1)

Similarly another respondent observed:

“A pregnant woman whose like mid-20s walk down the street, she’ll get smiled at, people open the doors for her, all that sort of thing. Where being young you don’t get smiled at, you more get looked down at and you feel like – I’ll not actually feel judgment like I feel like I’m being judged for like my decisions in my life which I don’t think’s very fair.” (Participant 18)

Participants’ often contrasted these negative experiences with the non-judgemental and supportive approach of YMYWC. As one respondent stated:

“And they don't judge. Another thing that I've found with other services like child safety and all that is that they judge. These guys don't do that. It's just really amazing.” (Participant 9)

A strong theme throughout the data was the young women’s appreciation of YMYWC staff’s respect for them as young women and the workers’ efforts to enable young women to access practical support, such as housing and finance, as well as education and training pathways to enable them to achieve their potential as young women and young parents.

Significant health challenges for the mother and/or child was also a common theme in the data. Eleven respondents identified significant health issues that had impacted on them during pregnancy, as parents or for their children. Three respondents reported morning sickness of sufficient severity to interfere with daily activities and a fourth respondent experienced gestational diabetes. Three respondents found that as parents,
they experienced a significant exacerbation of their mental health issues. For example, one participant stated:

“Having my depression and anxiety with my PTSD, when he doesn’t settle, it stresses me a lot. It feels like I’m not doing what’s best for him. So as much as I’m trying to help him out, sometimes I don’t know what he wants. So it’s like, well I don’t know, so I can’t help. Or I’m trying, but it’s not good enough for you. That’s the only thing that’s getting to me a lot is thinking I’m not doing the best for him.” (Participant 3)

In addition, four respondents’ reported that their babies experienced serious health problems requiring hospitalisation, surgeries or other significant medical intervention. Another negative theme was the escalation of significant family problems including intimidation and violence. This theme was present in four of the interviews. One respondent stated that her pregnancy has been challenging:

“Due to the difficult living situation and [my ex-]partner’s violence: It was actually quite a stressful time for me at that point because I was living out of home. I had my own unit and it was quite stressful. Also, another reason I was stressful is because my partner at the time, he was in Brisbane and he cheated on me. So when I found out he cheated on me, I decided to get blind, rotten drunk and go sleep with someone. Then that’s how I got pregnant… Then I did my pregnancy thing alone because it was too stressful to have [NAME] my ex-partner, around. Because he was very violent and very - not good.”  (Participant 8)

Several respondents also described challenges associated with the involvement of Child Safety Services, including one who had her child removed at the time of the birth. The child has since been returned to the young woman’s care and she attributed this to the involvement of YMYWC’s support in helping her prepare a home for her child.

While the majority of respondents were not in school or training at the time of becoming pregnant, one respondent stated that their pregnancy was associated with the discontinuation of education. The young women generally had disengaged from school prior to becoming pregnant though several wished to return to school or further education once their children were older. As one respondent stated:

“I left school before, way before I fell pregnant. But I am thinking about later on studying and stuff because I want to become a midwife. So yes, I want to do study and then get into that. So it hasn’t affected me.” (Participant 2)

Seven respondents discussed educational goals, particularly the completion of year 12 and/or vocational qualifications. Several respondents also hoped to achieve professional qualifications in the health field. One respondent stated that she had decided not to take up the offer of a traineeship because she was fully occupied with two infant children.
Connecting with YMYWC: The young women’s experiences

Overall the respondents were very positive about their experience of YMYWC. Participants were asked to rate how their involvement in YMYWC had impacted on key dimensions of their family’s life. Using a three-point scale with one being “gotten better”, two being “stayed the same” and three being “gotten worse”, participants were asked to identify the impact of their involvement with the service on their:

- Relationship with their child, children and/or unborn child
- Abilities as a parent
- Physical health
- Emotional state
- Connection to a group of peers
- Knowledge of the service system
- Child’s health and well-being.

The interview participants’ responses are presented in the Figure 7.

As Figure 7 indicates, the majority of respondents indicated that their involvement with YMYWC was associated with improvements on all items. This was particularly marked in relation to the item of knowledge about the service system which seventeen of nineteen respondents indicated had improved. Similarly thirteen of nineteen respondents indicated that their involvement with YMYWC was associated with improvements in their abilities as a parent and their access to a peer network. Improvements in the mothers’
physical health was the only item in which the responses were equally divided between
getting better and staying the same.

One participant’s responses were an exception to the generally positive trend in this
data. This was a young Indigenous parent who had limited engagement with YMWC and
for whom there are several missing responses. The respondent stated that she preferred
to “do everything by myself, then my routine doesn’t get mixed up” and that she did not
“like to interact with people” (Participant 13). This participant stated that she had little to
do with YMYWC, or any other service, since the birth of her child. The YMYWC support
provided had been limited to practical assistance while the young woman was in hospital
following the birth of her child. When asked about her contact with YMYWC, the
participant stated:

“Well, they gave me some free things, which was quite handy. When I was in
hospital, I needed formula for the baby, because I didn't have any, so they bought
me some formula, some bottles, which helped.” (Participant 13)

The young woman’s reluctance to engage with services was not limited to YMYWC.
Professionals in the focus groups had highlighted there was a sub-group of young parents
who would not engage with services voluntarily. It may be that this participant was an
example of this reluctance to engage. Still, the initial contact by YMYWC was somewhat
positive for the young woman and at least kept the door open for further contact should
the young mother require further support.

We note also another respondent indicated that her emotional health has deteriorated
since her involvement with YMYWC. This respondent perceived this deterioration as
unrelated to her involvement with the service, as she noted that she experiences a range
of mental health conditions including anxiety, depression and Post Traumatic Stress
Disorder (PTSD) and added that:

“Well with my emotions, they can’t really do much about that but try to be there. So
physically, in myself, I think it’s getting worse. [The midwife] noticed today that I was
upset and they could clearly see that.” (Participant 3)

For this young woman the worsening of her emotional state was unrelated to her
experience of YMYWC and rather to established mental health issues.

Participants’ initial apprehension about YMYWC

Many participants described feeling nervous and apprehensive about their initial contact
with YMYWC. This was usually linked to concerns about being judged because of their
youth or in other ways made to feel uncomfortable in group settings. The assertive
outreach of YMYWC was appreciated by some who were initially reluctant to engage. For
example, one respondent stated:

“[YMYWC worker] called me and I kind of like threw it to the side for a week, and
then she called me again and she’s like, ‘I don’t like – I’m not trying to be like hassle
you or anything into coming, I was just like trying to get a hold of you,’ and I really
liked that she did that. Like, it wasn’t hassling me but she made sure like give me
those couple of calls and to make sure that I felt welcome and I could come here and what it was about and stuff and I really appreciated that. Like, [YMYWC worker name] is the one who like pretty much got me in the door with that phone call.” (Participant 18)

As this response suggests, young women felt valued and welcomed by the YMYWC staff and by the welcoming environment established in the service.

**Appreciation of YMYWC practical and comprehensive approach to support**

Across the remaining interviews with young women, a dominant theme was their appreciation of the practical and comprehensive support provided by the YMYWC service. Some participants mentioned their initial reluctance to engage with YMYWC. For example, one respondent, who at the time of her initial engagement was homeless, stated:

“I was a bit wary about it to begin with, but since I started coming, stuff like that, it’s just like another new family basically. Help is always there when you need it.” (Participant 17)

Similarly another participant stated:

“So being around lively, bubbly, happy people like [YMYWC workers], and everyone here, it helps bring me up. I love coming to group. I’ll admit when I was first coming I was really scared and nervous and just felt really out of place but now I love coming. I wouldn’t miss it for a day.” (Participant 19)

A frequent theme in participants’ willingness to engage was the practical and responsive nature of the support provided. Some illustrations of this theme are provided in following excerpts.

“They [YMYWC] helped with all of it. Yeah, literally. They’ve helped with the Centrelink, the housing, the health, the doctors, Child Safety, court, more doctors.” (Participant 7)

“I really do think that without Young Mothers for Young Women Caboolture, a lot of these young mums and young parents wouldn’t know how to get into services like legal help and - there’s just so much that these guys [YMYWC staff] provide. It’s incredible. They’re so amazing. Because not only do they help young mums, they also - I didn’t have a job, but now I do. They just - they’ve been so amazing. And I know that with all the other young mums here, they’re probably so appreciative because they do so much.” (Participant 8)
“Yes, money support. I've had moving support. They paid for the truck to move my furniture for me from Caboolture to Redcliff. I've had support that when I needed housing stuff I needed a birth certificate and I lost mine. So they took me into Brisbane and paid for it for me because I just don’t have any money. They’ve helped me with a lot of stuff and I’m very grateful that we have them here because if we didn’t have them I don’t know what anyone would really do. They are a massive help and Caboolture really does need it because there’s so many young mums here.” (Participant 10)

A strong theme throughout these excerpts and the data more generally is the high level of responsiveness of YMYWC to the diverse practical needs of the young women and their families. From the young women’s perspective, a very positive feature of the service is its responsiveness to the many practical needs that accompany parenthood and which they as young parents with limited resources are unable to meet alone. YMYWC appears to create a bridge between the young women and the services through practical support such as providing transport to services, advocacy with systems, and identifying and responding to practical needs such as referral to job support services.

The young women identified the important role that YMYWC plays in negotiating service systems, particularly housing, legal and financial support systems. The following responses highlight the service negotiation role.

“I got support with getting a house, [worker name] helped me with that, helped take me in to the Department of Housing to get the bond loan sorted, everything sorted and helped me, took me to the house and have a look at it and all that, got it all done.” (Participant 6)

"So, with these guys – they got me my house. They’ve helped me to get a solicitor, to get my son back. And, they’ve helped me get on a better path, myself. So, honestly, they’re doing a great job, especially with how stubborn most of us here can be. So, it’s a really good experience here, that’s helped me come out of my shell. It’s helping me more with my son." (Participant 7)

“They’ve helped out with clothing and some furniture, which is really good. And just support with questions and things I’m unsure of, and they've helped out a lot with some money issues. And even if I’m not sure about some things with Centrelink or whatever they always there to help out if need be.” (Participant 11)

Many of the respondents had frustrating experiences with a range of housing, income and legal systems. Their experience was that YMYWC played an important role in negotiating these systems and making the systems more responsive to their families’ needs.
Provision of linkages to health systems

A key feature of the YMYWC is the provision of integrated support and health service. The young women and their families had a range of health needs from midwifery through to physical and mental health challenges, which the YMYWC service helped them to address:

“They hooked me up with the midwife and doctors and stuff because when I got referred to them I’d only been living up in Caboolture for a week. So I didn’t have a doctor, I didn’t have a midwife, I didn’t have anyone or anything. And they hooked me up with everyone to help. They’ve offered counsellors and – I’ve just said no for now because I want to leave it at this and see how I go.” (Participant 1)

The midwife associated with YMYWC has organised tours of the Caboolture hospital birthing suites. The young women appreciated this as a way of orientating them to this environment. The continuity of service delivery provided by YMYWC was also appreciated such as when the midwife associated with the service had also been present at births and when YMYWC support staff were able to support the young women through their contact with other human service systems, such as Centrelink, Mental Health and Child Protection systems.

A flexible, fun and engaging approach to service delivery

A strong theme in the data was the supportive approach of the YMYWC service. Many respondents identified that they could trust the service because the workers always followed through on commitments and also because of the warm, supportive, responsive and non-judgemental approach of workers. When describing the supportive approach of the workers at YMYWC, one participant stated:

“What has helped is them being them. They speak to you like you are family. It feels so good to feel normal. It is so good to make friends.” (Participant 15)

Often respondents contrasted their experience of YMYWC much more favourably than that of other agencies with which they had been involved. As one respondent stated:

“The only service that I actually have found really helpful is this one. They’re a lot more supportive and actually understanding, in a way, like other - the other services. With these guys here, the workers here, they’re a lot more - not social, but - what would you call it? Just friendly. Just like not so much we’re working for the Government kind of thing. They’re actually trying to help and stuff. I find that with the actual programs DOCS and stuff put me through, they can tend to be quite stuck-up in a way. But these guys here, they’re sweet, they’re kind, they’re here to actually help you and - help you become a better human yourself, in a way. But yes, this is the best program.” (Participant 7)
Another respondent stated:

“[Name of another agency] said they’d keep helping me, but they never do. [YMYWC worker name] actually helped me with a lot, I think she’s more trustworthy than some other places out there.” (Participant 6)

The same young woman described the service worker as having “gone out of her way” to assist her. Indeed, throughout the interviews, the young women expressed appreciation for the extent to which YMYWC staff members were proactive and flexible in their approach to service delivery.

**A safe and supportive environment**

In common with the participants in the service provider focus groups, many young women pointed to the comfortable, relaxed and supportive atmosphere offered by YMYWC. As one young woman stated:

“I don’t know if it’s because it’s an old house and it feels like a homey place. Or if it’s the people, but it just feels welcoming.” (Participant 12)

In addition the respondents were positive about the safe and supportive environment at YMYWC. One respondent suggested that she would:

“Sometimes rather be here than be at home... Coming here gave me the support. I wanted to actually not be at home all the time because here, it made me feel a lot safer. I felt like here was home more than going home.” (Participant 3)

The young women appreciate the effort YMYWC puts into creating a “fun” and informative environment. When referring to her experience of the midwifery service, a respondent stated:

“I find that’s fun, being able to listen to the heartbeat every time I come in. If I want to learn something new, I know to go to [the midwife], because she knows a lot.” (Participant 6)

Overall, the young women’s capacity to access to the service appears to be enhanced by the workers’ flexible and fun approach to service provision. This contributes to making the service users feel welcome and relaxed, which appears to be associated with the high retention of young families to the service.
Breaking social isolation: Creating connection

Another theme was the social connection to other young families fostered by YMYWC. Many of the respondents had limited family and friendship support. Indeed, several had been reluctant to join the service due to prior negative experiences with groups, including experiences of bullying and social exclusion at school. Four respondents also experienced significant relationship breakdown with their immediate family including one who was under a care and protection order at the time of her pregnancy.

Participants viewed the environment as both positive and supportive:

“It’s been really good and they’ve been really supportive. And it’s always nice coming here. It’s always just, it always feels calm and positive. Everyone’s always nice and even if you don’t really know people or whatever you get to know them. And I suppose that’s good to get out of the house and, it’s not people that you see from day to day. And then make new connections with people.” (Participant 8)

“That’s something that’s helped because I feel less alone because there’s other young people who either have kids or are pregnant and expecting. So it’s, I don’t feel so isolated.” (Participant 1)

YMWWC is creating an inclusive environment for young pregnant and parenting women in the Caboolture region. The young women appeared to have experienced a substantial reduction in isolation and improvement in access to a range of formal and informal support as a result of their involvement.

Areas for development

Respondents were very positive about the YMYWC and few could identify any areas for improvement. Occasionally respondents raised the need for a service for fathers and one respondent specifically identified the potential value of a father’s group.

“I mean there's no dads’ groups or anything yet. Fingers crossed there will be one day.” (Participant 19)

The participants who raised concerns about the absence of services for fathers did not seem to have an expectation that YMYWC would provide a service for fathers. Rather they noted the absence of outreach to young fathers across the health and human services system in the region.
Commendations and recommendations

YMYWC is to be commended on its successful start to service provision in the region. The service is building a strong network of young women and their families and should continue to do so into the future. It is evident that the health and human service professionals and the young women who participated in the evaluation were highly appreciative of the service and the positive differences it is making to the lives of young families in the region.

The service is to be commended on its:

- Practical and comprehensive approach to service provision;
- Effective engagement of young parents through assertive outreach and through a flexible and developmentally appropriate approach to service delivery;
- Creating a comfortable and welcoming space for young mothers and their children;
- Improving young parents’ confidence as individuals and as parents;
- Development of links with the broader service system particularly with Caboolture Hospital and also with income support, housing, child safety and individual support services in the region. Also YMYWC has improved young women’s access to key services such as legal advocacy and Centrelink by providing these services with a space to meet with the young women at the YMYWC service and by integrating personnel from these services into YMYWC activities. Overall, the role YMYWC plays in negotiating, supporting and linking young women to these service systems appears to be improving the effectiveness of these systems for the young women and their families.

Five recommendations for service development are provided for the consideration of Micah Projects, YMYWC and The Queensland Government (Child Safety Services).
Recommendation 1: Build the capacity of YMYWC to extend its outreach to young pregnant and parenting women in the Caboolture region. There appears to be significant unmet need for service in the region. However, YMYWC has limited resources, with two family support workers (one of whom is also a team leader), to extend its reach. In its first year of operation, YMYWC provided services to approximately 54 young women and their families. This represents approximately 25% of the total number of teenage women who gave birth at the Caboolture hospital in a 12 month period. Based on annual birth rates to teen parents in the area, there are an estimated 600 young teenage mothers in the region including others who gave birth in two or so years prior to the program’s establishment. With increased resources to employ more workers, YMYWC could further expand its services. If the service is to be expanded, YMYWC may consider developing strategies for continuing to build awareness of the service among young women in the region.

Recommendation 2: YMYWC should continue to maintain and build its networks with health and human services providers in the Caboolture region. Among the professionals who participated in the focus groups, there was strong awareness of the YMYWC approach and appreciation of the perceived positive differences the service was making to the lives of young pregnant and parenting women and their families. YMYWC should continue to build on these relationships as these are important sources of referrals, and also of developing comprehensive service system responses with and for young mothers.

Recommendation 3: YMYWC should continue to develop a collaborative response with Child Safety Services in relation to young parents. A substantial proportion of young mothers with whom YMYWC was providing services were also subject to Child Safety intervention. In addition, some of these young women are also currently children in care. It is recommended that YMYWC and Child Safety Services collaborative to develop effective responses to these young women and their children, particularly where these young women have dual identities as parents and as children in care. In addition, there appears to be a need for more proactive management of “unborn child notifications” to maximise the opportunities for young children to be raised safely and well in their family environment.

Recommendation 4: YMYWC should consider leading the development of service system wide responses to several groups of young parents who are currently either not eligible for, or choosing not to take up, YMYWC services. These groups are, first, the substantial group of young mothers who are reluctant to engage with support services. From a trauma-informed perspective it is important to be aware of, and responsive to, young women who feel unsafe in accessing support services both by offering services in innovative ways and in allocating time to building trust with this group of people. Distrust can emerge from previous negative experiences with the service system, such as for those young people who experienced trauma in their families, experienced removal and/or trauma in out-of-
home care. There appears to be scope for examining how services can be extended to this group of young parents, such as through the more extensive use of peer support approaches and improved allocation of time to relationship building between professional service providers and young families.

Second, young mothers 20-25 years who are living within the Caboolture region appear to lack a support service directed at their needs as young parenting women. This older group of young mothers have a similar demographic profile to the young women eligible for YMYWC and could benefit from services focused on them as young women and for their young families. Third, professionals and young women identified a gap in services for young fathers. It may be inappropriate for YMYWC to address this need given that YMYWC provides a safe space for young women. However, YMYWC may consider advocating for improved service system responses to young fathers, many of whom share similar vulnerabilities and disadvantages to the young women engaged with YMYWC.

Recommendation 5: YMYWC and Micah Projects should consider developing a longitudinal study of young women and children’s progress and outcomes related to YMYWC involvement. This evaluation has identified some promising outcomes for YMYWC, particularly in terms of improving young women’s confidence as parents and for the well-being of their children. It appears that the program is also positively challenging young women’s perceptions of themselves and their potential. In particular, there appears to be substantial improvements in the young women’s interest in pursuing further study and work opportunities. YMYWC has a unique opportunity to establish a longitudinal study of the impact of comprehensive supportive interventions on the lives of teen parents.
References


Appendices

Appendix 1

Focus Group Discussion Guide

YMYWC Staff (Phase 1)

1. What do you see as the major needs of teen parents at your service?

2. What do you see as the unmet needs of teen parents at your service?

3. We are keen to understand how YMYW is supporting positive outcomes for teen parents and their families. We turn now to six outcomes we are seeking to evaluate and we seek your opinion on what YMYW is doing to support these outcomes and what more, if anything, the service can do to support these outcomes:
   a. Supporting positive parent-child relationships
   b. Improving parenting capacity
   c. Building the capacity of families to care for and protect their children
   d. Improving the wellbeing and safety of children, young women and their families
   e. Enhance positive child growth and development factors
   f. Reduce child protection risks

4. We are also interested in the broader service system affecting the young women and their children. Turning first the period prior to the birth of the child, to what extent are the needs of pregnant young women and their families being met in the broader service system? (probe: strengths and gaps in the service system).

5. Turning next to young women as parents, to what extent are the needs of young mothers and their families being met in the broader service system?

6. Have any of the young families had involvement with Child Safety Services? (probe: if so, what are the reasons they have been reported to Child Safety? How have those concerns been managed?)

7. What about the hospital service system? What appears to be the young women’s current experience of that system, as either pregnant or parenting young women?

8. Are there any further comments you would like to make about how YMYW or the broader service system can support young mothers and their families?

Question in preparation for phase 2: Who should be included in focus group of broader service providers in the Caboolture region?
Appendix 2

Individual Interview Questions, Young Women

Interview schedule - Young Mothers

About you and your child(ren):
We would like to start with some questions about you:
1. What year were you born?
2. Your cultural identification – do you identify as Aboriginal, and/or Torres Strait Islander and/or CALD [if so, which cultural groups]
3. What year were last enrolled in school?
4. What grade were you in when you left school?
5. Did you complete that grade?
6. What is your housing situation? (private/ public/ subsidised, rental/ buying)
7. Who lives with you? (partner, parents, alone, other – please specify)
8. For each of your children –
a. What year was the child born?
b. What is the child’s gender?
c. Your child’s health (on a scale of 1-5 with 1 being poor and 5 being excellent)
   1 ______ 2 ______ 3 ______ 4 ______ 5
d. The child’s cultural identification (identifies as Aboriginal, and/or Torres Strait Islander and/or CALD [if so, which cultural groups]
9. Your relationship with your child’s other parent? (Together, separated, other).
a. If separated, what level of contact does the child/ren have with the other parent?

Your experience of parenting:
1. Can you tell me a little bit about your experience of being pregnant/a parent?
a. What have you enjoyed about being pregnant/a parent?
b. What have been the hardest parts?
c. Among your family and friends, who have you been able to call on for help/support?
d. How has it affected your daily life? (eg attending school, or work, or other activities)

Your involvement with YMYWC:
2. How long have you been attending YMYWC?
a. When did you start?
b. How did you find out about their service?
c. How did you feel about coming to the service?

3. In terms of the support you have received from YMYWC, what have you found to be most helpful?
a. What exactly has helped?
b. Do you feel that there are other areas that YMYWC could help you?

4. We want you to respond to the following statements with one of three responses:
   (1, means “got better”, 2 means “stayed the same” and 3 means “got worse”).
Since being supported by YMYW:

a. My relationship with my child has (1, 2, 3)

b. My abilities as a parent have (got better, stayed the same, got worse)

c. My physical health has (1, 2 or 3)

d. My emotional state has (1, 2, or 3)

e. My connection to a group of peers (1, 2 or 3)

f. My knowledge of support services (1, 2, 3)

g. My child’s health and well-being (1, 2 or 3)

5. Would you like to comment on any of your responses to question 3?

Parents as Teachers:

YMYWC workers offer a Parents as Teachers curriculum to the families they work with.

1. Do you and your worker use the Parents as Teachers Curriculum?

2. If yes, on a scale of 1 (being very unhelpful) to 5 (being very helpful) what is your view of the Parents as Teachers Curriculum?
   1_____2_____3_____4_____5

Your involvement with the broader service system:

1. Do you attend any other health or community services? Yes/No
   a. If yes, which ones?
   b. What type of support do they provide you?

2. In terms of the support you have received from other services, what have you found to be most helpful?

3. Have there been any bad experiences in terms of your contact with the services that have supported you?

Your broader general needs:

1. At the moment, are there any parts of your life that you need help with, but receive no support?

2. Looking ahead to when your baby is a little older, do you have any plans as to what you would like to do?
   a. Education or training
   b. Employment

Final Comments: Are there any further comments you would like to make about the topics raised in this interview?