



Submission to the Australian Human Rights Commission Young parents and early intervention

Commission for Children and Young People

The Commission for Children and Young People (the Commission) is an independent statutory body established in 2013, to promote improvement and innovation in policies and practices relating to the safety and wellbeing of Victorian children and young people, with a particular focus on vulnerable children and young people.

The *Commission for Children and Young People Act 2012* (CCYP Act 2012) provides the legislative mandate for the Commission to:

- provide independent oversight of services for children and young people, particularly those in out-of-home care, child protection and youth justice
- advocate for improved policy, program and service responses to children and young people
- support and regulate organisations that work with children and young people to prevent abuse and ensuring those organisations have child-safe practices
- bring the experiences of children and young people to the attention of government and the community
- promote the rights, safety and wellbeing of children and young people.

This submission draws on the Commission's work with vulnerable children and young people, specifically through:

- analysis of category one Client Incident Reports (CIRs) for children and young people in out-of-home care
- advocacy and inquiry work across the Commission
- knowledge gleaned through systemic and individual inquiries, including child death inquiries where the child concerned was either a teenage parent or the child of a teenage parent
- feedback from children and young people through the independent visitor programs in youth justice.

Prevalence of teenage parents

It is important to note that being a teenage parent does not necessarily mean that there will be adverse outcomes for the parent or the child.

Teenage parents are, however, likely to face unique challenges as a result of their age, immaturity and need for emotional, practical and financial support to safely care for their child. These issues were recently highlighted and debated in the media when a teenage couple aged 14 and 15 years took their newborn daughter from hospital and went camping in NSW bushland to apparently evade child protection authorities.¹

¹ See for example: 'Young parents' fight to keep baby Aria reignites debate over teenage parents.' Huffington Post, 19 April 2017. <http://www.huffingtonpost.com.au/2017/04/18/young-parents-fight-to-keep-baby-aria-reignites-debate-over-tee_a_22043820/>, accessed 26 April 2017; 'Runaway teen parents: They made the mistake of being young'. The Daily Telegraph, 14 April 2017. <<http://www.dailytelegraph.com.au/news/nsw/runaway-teen-parents-they-made-the-mistake-of-being-young/news-story/82a311219fe9f236b85bf3f263711612>>, accessed 26 April 2017.

The Australian Institute of Health and Welfare (AIHW) has reported that nationally, the proportion of teenage mothers declined from 3.8 percent (11,370) in 2004 to 3.0 per cent (9,332) in 2014.² National data indicates that Aboriginal mothers accounted for 22.6 per cent (2,116) of teenagers giving birth in 2014; this is an increase from 2010, when Aboriginal mothers accounted for 19.9 per cent (2,264) of teenagers giving birth.

In Victoria, the proportion of teenage mothers was reported by the AIHW to be less than the national average and has declined in proportion and number over time, from 2.4 per cent (1,807) in 2010 to 2 per cent (1,572) in 2014.³ Data on the rate of Aboriginal teenage mothers is not reported by the AIHW on a state basis. Data from the Australian Bureau of Statistics has indicated that in Victoria, the proportion of Victorian Aboriginal teenage mothers has increased from 5.2 percent (90) in 2004, to 8.2 per cent (100) in 2015.⁴

Data is not collected or reported on the prevalence of children known to child protection with a teenage parent.⁵ In Victoria, the Department of Health and Human Services through its Best Interests Case Practice Model, considers a range of factors when assessing the likelihood of risk to a child. Such factors include parental functioning and capacity to meet the physical and emotional needs of the child and ability and willingness to protect the child from harm. It is in this context that the age of the parent is considered, along with a range of other factors for any report received.

In October 2015, a snapshot survey was undertaken by the Department of Health and Human Services on 167 males and nine females who were detained on sentence and remand in youth justice centres. The survey indicated that 12 per cent of these young people were parents.⁶

The Commission considers that service provision for teenage parents and their children could be improved through enhanced data measurement and reporting, to better understand the prevalence of teenage parents involved with statutory services such as child protection and youth justice.

Commission's analysis of Client Incident Report (CIR) data for children in out-of-home care

The Department of Health and Human Services requires all funded service providers to comply with its client incident management and reporting processes. The most serious incidents are referred to as category one incidents and relate to allegations that have or may result in significant outcomes or trauma. The Commission receives and reviews all category one CIRs for children and young people placed in out-of-home care to aid the Commission's objectives and functions under sections 7 and 8 of the CCYP Act 2012.

Children are placed in out-of-home care when they are unable to live at home, as a result of abuse or neglect. Out-of-home care placements encompass a variety of care arrangements including:

- kinship care with relatives or members of a child's familial or social network
- home-based care provided by volunteer foster carers
- residential care in a group setting provided by rostered staff; and
- lead tenant in semi-independent accommodation.

² Australian Institute of Health and Welfare, *Australia's mothers and babies 2014*. Perinatal statistics series no 32. Cat no. PER 87.(Canberra: AIHW).

³ Ibid.

⁴ Australian Bureau of Statistics, *Births, Australia, 2017*, Cat no. 3301.0, (Canberra: ABS).

⁵ The AIHW reports annually on a range of indicators pertaining to children receiving child protection and out-of-home care services in its *Child protection Australia* publication. Parental age is not an indicator that is reported on.

⁶ Department of Health and Human Services, Youth Parole Board, *Annual report 2015-16*, (Melbourne: State Government of Victoria).

The Commission analyses the CIRs and identifies trends and patterns relating to the incidents and demographics of the children involved. There are limitations to the conclusions that can be drawn from CIRs as the reports are considered allegations that are yet to be substantiated. Nonetheless, the CIRs provide some insight into the experiences of vulnerable children and young people in out-of-home care.

To inform this submission, the Commission considered a sub-section of CIRs from 1 July 2015 – 30 April 2017 related to themes of pregnancy and teenage parenthood for children and young people in out-of-home care. Most of the reports related to female children (36 children) involving a suspected or confirmed pregnancy, termination of pregnancy or birth of a child. Three male children were subject to reports of a suspected or confirmed pregnancy where the male child was identified as the potential father of the unborn child.

Nature of the reports and ages of the children

As can be seen in Table 1, 39 children in out-of-home care, between the ages of 12 years and 18 years were subject to category one CIRs between 1 July 2015 and 30 April 2017. The reported issues most frequently related to a suspected or confirmed pregnancy (27 children) with small numbers of children reported to experience termination of a pregnancy (4 children), engagement in high risk behaviours whilst pregnant (4 children), or the birth of their baby (4 children).

It is noted that 15 children under the age of 16 years were subject to CIRs relating to a suspected or confirmed pregnancy. This observation indicates there is a strong need for proactive sexual health education for all children placed in out-of-home care. These issues were raised in the Commission's 2015 '*...as a good parent would...*' inquiry report about the adequacy of residential care services for children and young people who had been subject to sexual abuse or exploitation.⁷ The Commission made specific findings about children's vulnerability to sexual abuse and exploitation by other children and predatory adults being increased as a result of their lack of adequate sexual health education.

A recommendation was made by the Commission to provide access to children in residential care with a specialist practitioner with expertise in sexual assault and the treatment of sexually abusive behaviours to:

- provide sexual health education for all children in residential care; and
- respond and coordinate responses for children who experience sexual abuse in residential care.

The Commission notes that this recommendation was accepted in principle by the Victorian Government but is yet to be implemented.

⁷ Commission for Children and Young People, '*...as a good parent would...*' *Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care*, (Melbourne: Commission for Children and Young People, 2015).

Table 1. Analysis of out-of-home care Client Incident Report (CIR) data, 1 July 2015 - 30 April 2017 by incident type and age of child at time of report.

	Report of suspected or confirmed pregnancy	Young person pregnant and engaged in high risk activity	Young person gives birth	Report of termination of pregnancy	Total
12 years	1	0	0	0	1
13 years	3	0	0	0	3
14 years	2	0	0	0	2
15 years	9	3	0	0	12
16 years	8	1	0	3	12
17 years	3	0	4	1	8
18 years	1	0	0	0	1
Total	27	4	4	4	39

n=39 children in out-of-home care subject to reports of pregnancy or birth.

Aboriginal children

As at 30 June 2016, Aboriginal children comprised 19 per cent of children in out-of-home care in Victoria.⁸ As can be seen in Table 2, Aboriginal children were over-represented in the proportion of CIRs relating to pregnancy or birth of a child, with 25 per cent of the children subject to the reports being Aboriginal. Additionally, nearly one-third of the children subject to reports of a suspected or confirmed pregnancy were Aboriginal.

These observations appear to support research from the AIHW, that identified the over representation of Aboriginal teen mothers.⁹

Table 2. Analysis of out-of-home care Client Incident Report (CIR) data, 1 July 2015 - 30 April 2017 by incident type and Aboriginal status of the child at time of report.

	Report of suspected or confirmed pregnancy	Young person pregnant and engaged in high risk activity	Young person gives birth	Report of termination of pregnancy	Total
Aboriginal children	8	0	1	1	10
Non-Aboriginal children	19	4	3	3	29
Total	27	4	4	4	39

n=39 children in out-of-home care subject to reports of pregnancy or birth.

Allegations of rape

Through further review of the CIRs regarding a suspected or confirmed pregnancy, the Commission notes that for eight of the 27 reports (29.6 per cent), there were allegations that the child had been raped, resulting in potential pregnancy, miscarriage or termination. The children subject to those reports ranged in age from 13 to 16 years.

For each of these matters, appropriate referral and consultation with police and sexual assault counselling services was noted in the follow up actions.

⁸ Australia Institute of Health and Welfare, *Child protection Australia 2015-16*, (Canberra: AIHW, 2017).

⁹ Australian Institute of Health and Welfare, *Headline indicators for children's health, development and wellbeing, 2011*. Cat no. PHE 144. (Canberra: AIHW).

Commission's analysis of Child Death Inquiry report data

The CCYP Act 2012 requires the Commission to conduct an inquiry in relation to children who have died within 12 months of being known to child protection, to identify systemic practices and issues and opportunities for improvements to service provision.

From 1 July 2015 to 30 April 2017, the Commission finalised 72 child death inquiry reports. Of these reports, 21 reports (29.1 per cent) were noted to relate to a child whose parent had been a teenage parent; either to the child who died or to the child's older sibling.

Of the 21 finalised reports involving the death of a child whose parent had at some stage been a teenage parent, the following features were noted:

- the children who died ranged in age from 7 weeks to 16 years
- eight children who died were born to a mother under the age of 20 years at the time of the child's birth
- one child who died had a teenage parent at the time of their death
- one young person was pregnant at the time of her death
- four children who died were Aboriginal
- nine children had minimal child protection involvement and minimal involvement from other services prior to their death.

No causal link between the child's death and age of their parent is implied or stated. What is clear in each of the cases is that the families and their children experienced disadvantage and challenges which were not adequately met by the service systems involved. The categories of death for the children were noted as follows:

- eight deaths were attributed to a medical condition
- four deaths were attributed to suicide
- four deaths were attributed to alleged fatal abuse
- two deaths were attributed to drug use
- two deaths were attributed to SIDS
- one death was attributed to a vehicle accident.

Thematic analysis of the family characteristics is considered below, which provides an opportunity to influence policy, procedures and practice for this cohort of vulnerable families.

Risk factors identified: Child Death Inquiries

It was evident that for most of the cases reviewed, a combination of risk factors related to the parent, child or family were reported (see Table 3).

In over 60 per cent of the cases reviewed, parental mental illness, family violence, parental drug and/or alcohol abuse and a history of abuse or neglect for the child or their sibling was evident.

Other risk factors evident in over one-third of the cases included housing instability and transience, a known history of intergenerational abuse or neglect - including where the parents had previously been in out-of-home care and risk factors for the child related to the existence of a congenital medical condition or acquired illness or mental illness.

Table 3. Thematic analysis of 21 Child Death Inquiry reports, identified risk factors, 1 July 2015 – 30 April 2017.

	Risk factors evident	
	No.	%
Parental mental illness	14	67.0
Family violence	13	62.0
Parental drug/alcohol abuse	13	62.0
History of abuse and neglect with child or siblings	12	57.1
Housing instability	8	38.0
History of intergenerational abuse and neglect	8	38.0
Child/young person with a congenital medical condition or acquired terminal illness	8	38.0
Child/young person with mental illness	7	33.0
Child/young person with drug/alcohol use	5	23.8
Child/young person with disability	4	19.0
Parent with an intellectual disability	3	14.3
Parental history of incarceration	2	9.5

n=21 child death reports finalised by the Commission, 1 July 2015 – 30 April 2017.

Child Death Inquiry findings

The Commission takes a broad view of services provided throughout the life of the child and does not confine Child Death Inquiries to a review of the services delivered immediately before the child died. Examples of good practice and opportunities for service improvement are a focus of the inquiries. For the 21 cases reviewed, opportunities for enhanced service provision were noted in 10 cases, with the following areas for improvement identified:

- the importance of the early identification of Aboriginality of the child and family to facilitate culturally appropriate services and responses
- the importance of all services working with vulnerable families to develop competence in conducting family violence risk assessments
- the need for service systems to consider and assess the impact of multiple adverse or harmful events in a child's life
- the need for strong service coordination, collaboration and information sharing about vulnerable children with complex and multiple risk factors
- the need to ensure in cases where a child has a serious physical or mental illness, or disability, that due attention by services is also given to responding to other risk factors that may be evident, such as sexual abuse or family violence
- the importance of clear communication about the level of risk to the child between services at key points of transition; for example, for a high-risk infant, the importance of early identification of risk and thorough discharge planning between the hospital and community-based services to ensure the child's safety and optimal engagement and provision of services.

Commission's Independent Visitor Program (IVP) to youth justice

The Commission has been providing IVP programs at the Parkville Youth Justice Precinct since 2012 and the Malmsbury Youth Justice Centre since 2013. IVP was extended to the Grevillea unit at Barwon prison in late 2016, following the transfer of young people to that facility by the Victorian Government and continued until the closure of the facility in May 2017.

The Parkville Youth Justice precinct is a custodial setting in Melbourne for boys aged 10-18 years and girls aged 10-20 years. The Malmsbury centre is a custodial setting for young men aged 18-21 years and is located 100 kms north of Melbourne.

The Commission has approximately 20 trained volunteers who visit each of the centres on a monthly basis. Exit interviews are also held with the children and young people to gain feedback about their experiences in custody. The program provides the opportunity for the children and young people to voice their views about their experience of being in custody, to support them to seek resolution of issues raised and identify ways to improve their experience of custody.

Many of the children and young people who are detained on sentence or remand have prior experiences of child abuse, neglect and trauma, have had experiences of being placed in out-of-home care, mental illness and many have an intellectual disability. Aboriginal children are vastly over-represented in the youth justice system. In 2015-16, Victorian Aboriginal children and young people aged 10-17 years were 12 times as likely to be in detention and 13 times as likely to be in community-based supervision than non-Aboriginal Victorian children aged 10-17 years.¹⁰

Some of the issues raised by the children and young people through the Commission's IVP have related to access to health care, quality of the physical environment, quality of the food provided, isolation¹¹ and adequacy of provision of cultural support for Aboriginal children and young people.

From 1 July 2015 to 30 April 2017, there have been nine young people detained in youth justice who have raised concerns through the Commission's IVP about matters relating to parenthood or pregnancy. A summary of the issues raised by some of the young people are presented below:

Young fathers seeking contact with their children

- A young father in youth detention expressed concern about his ability to sustain his relationship with his 18 month old daughter who resided interstate and had been placed in out-of-home care. The young father was keen to re-establish contact and needed assistance to navigate the cross jurisdictional government departments. The IVP was able to raise these issues with the centre's management, to ensure communication and planning could occur to facilitate contact.
- Logistical issues prevented contact visits between a young father in detention with his infant. The young father was highly distressed because his geographical distance from his child and limited transport availability to facilitate contact had meant he had not been able to see his child. A number of other agencies were involved with the young family and an acceptable resolution was able to be achieved through service collaboration.

¹⁰ Australian Institute of Health and Welfare, *Youth justice in Australia 2015-16*, Bulletin 139, March 2017, (Canberra: AIHW), 9. The AIHW calculates the rate ratio by dividing the Aboriginal rate by the non-Aboriginal rate.

¹¹ In March 2017, the Commission tabled in the Victorian parliament, its inquiry report *The same four walls*, which reported on the use of isolation, separation and lockdowns in the Victorian youth justice system. The inquiry was initiated on the basis of complaints received by the Commission through the independent visitor program to youth justice and to complaints made directly to the Commissioner for Aboriginal Children and Young People about the use of isolation.

- A young father in youth detention expressed distress about the infrequency of contact visits with his child. The IVP raised these concerns with the centre's management and more frequent contact visits were able to be achieved as a result.
- A young father who was due for imminent release, requested day release to celebrate his daughter's first birthday. The IVP was able to assist in clarifying the young father's eligibility for day release.

Young pregnant female needing support

- A young female in youth detention was pregnant and due for imminent release. She expressed concern about having inadequate housing upon her release and was worried about her family's reaction to her pregnancy. The IVP raised these issues with the centre's management to ensure adequate practical support was available to this vulnerable young woman.

These examples highlight the importance of emotional and practical support for young parents in detention, the need for inter-agency collaboration and information sharing and the importance of ensuring where young parents who are detained, remain included and involved in their children's lives where it is in their child's best interests and safe to do so.

Early intervention programs and services

There is a clear need for more support and early intervention to assist teenage parents and pregnant teenagers to gain independence and provide safe, nurturing care for their children.

The Commission is aware of a number of services and programs that support vulnerable young parents or pregnant teenagers, which are of relevance to this submission.

Bumps to Babes and Beyond: Mildura

Through the Commission's involvement in Taskforce 1000¹², the work of the Bumps to Babes and Beyond program in Mildura has been recognised as a successful early intervention initiative with at-risk Aboriginal families. In 2010, the teenage birth rate in Mildura was 27.0 for every 1000 adolescent women, compared with the Victorian average of 10.6.¹³

The Bumps to Babes and Beyond program operates through a partnership with the Queen Elizabeth Centre and the Mallee District Aboriginal Services, and engages with Aboriginal women and their families during the antenatal period to strengthen the bond between parents and children during pregnancy and then through to the first 18 months of the child's life.

An evaluation of the program in 2014, found many positive outcomes including:

- prevention of the need for children to enter the child protection system
- high rates of breastfeeding - 86 per cent of mothers were breastfeeding at the point of discharge from hospital
- decreased incidence of maternal depression between intake and three months post birth
- strong engagement of the mothers in all antenatal appointments

¹² Taskforce 1000 was established in 2014 in response to the over-representation of Victorian Aboriginal children in out-of-home care. Taskforce 1000 examined the individual circumstances of 980 Aboriginal children in out-of-home care and was co-chaired by the Secretary, Department of Health and Human Services, and the Commissioner for Aboriginal Children and Young People, Mr Andrew Jackomos PSM. Following the completion of Taskforce 1000, the Commission tabled its inquiry report, *Always was, always will be Koori children* in the Victorian Parliament on 26 October, 2016.

¹³ Avril Burrowes, Beverley Allen and Sharon Gorton, *Evaluation of the Bumps to babes and Beyond Program, A partnership between the Queen Elizabeth Centre and Mallee and District Aboriginal Services*, 2014,

- all children were up to date with immunisations.¹⁴

Cradle to Kinder programs

The vital role of Cradle to Kinder programs has been highlighted to the Commission through its work conducting inquiries into the circumstances of vulnerable children known to child protection.

Cradle to Kinder is a support service for vulnerable young women aged under 25 years, which commences in pregnancy and continues until the child reaches the age of four years. Cradle to Kinder programs operate across a number of sites in Victoria, including specific Aboriginal Cradle to Kinder programs. The Victorian Government recently announced increased investment of \$19 million to expand the program throughout Victoria and provide expansion for Aboriginal programs.¹⁵

The Melbourne City Mission is a lead agency in the provision of Cradle to Kinder in the western suburbs of Melbourne. In a submission to the Commission's Permanency Amendments Inquiry in 2016, the Melbourne City Mission advised that priority of access to the program is given to:

- young women who are or have been in out-of-home care
- Aboriginal women
- young women who have a learning difficulty or disability.¹⁶

The program works voluntarily with families to support the key transition periods in the child's and family's life by providing pregnancy advice and support, parenting education in the early months with feeding, sleeping and routine, assisting to build and strengthen the relationship between parent and infant, supporting young families to gain and maintain independence and referral and engagement with play groups, child care, kindergarten, education, training and employment and relevant specialised services such as parenting courses, housing, family violence services, counselling, drug and alcohol, sporting and cultural activities, mental health support and young mothers' groups.

An evaluation of Cradle to Kinder is currently being conducted by the Australian Institute of Family Studies and is examining client outcomes, program design, interface with existing service systems and opportunities for improvement.

Connections - Starting Out Program

Starting Out is a community-based support program delivered by Connections Uniting Care in Melbourne's east for young mothers up to the age of 25 years.¹⁷

The program is distinctive in that it has input from Peer Support Workers who have been young parents themselves. The Peer Support Workers mentor and support the young women in the program.

The 20 week program promotes further education and future employment opportunities for the young women. The program also delivers a range of services such as pregnancy and relationship counselling, birth education, in-home parenting support, support for families in transitional housing and playgroups for young parents and their children in a supported environment.

¹⁴ Ibid.

¹⁵ Jenny Mikakos, 'Support for vulnerable families from cradle to kinder', [media release], 5 April 2017, Premier of Victoria, <<http://www.premier.vic.gov.au/support-for-vulnerable-families-from-cradle-to-kinder/>>, accessed 26 April 2017.

¹⁶ Melbourne City Mission, *Submission to the Commission for Children and Young People: Permanency Amendments Inquiry Consultation paper*, November 2016, (Melbourne: Melbourne City Mission, 2016). The submission can be viewed at www.cyp.vic.gov.au

¹⁷ See www.connections.org.au for more details.

Cara at MacKillop

Cara at MacKillop is a specialist service providing pre and postnatal care, accommodation and support for vulnerable children and young people involved in the child protection system. The service has been operating since 1979 and offers two specialist purpose-built residential homes to meet the needs of the young women and their children.¹⁸

The program specifically aims to support the educational needs of the young women, ensures the safety, wellbeing and health of the child, promotes reconnection with family and assists in developing independent living skills and strengthened connections to community. The program aims to involve young fathers through planned activities, parenting education and information sessions.

The Bridge Youth Service – Shepparton and Seymour

The Bridge Youth Service¹⁹ is based in two locations in regional Victoria. The program delivers services for young people aged 12 – 25 years of age, delivering group work programs, mentoring programs and encourages involvement in youth events.

Young parents are a particular focus of the services offered, with medical, education, support and housing services available for young people who suspect they may be pregnant, for expectant parents and young parents following the birth of their baby.

Through a partnership with Goulburn Valley Health Midwifery, the program offers an on-site antenatal care and education program at the centre, in a relaxed environment. Weekly health checks are available with the on-site midwife and a meal is also provided to the young people after each session. The program also offers transportation to assist young expectant parents to access the service. In 2015-16, over 40 young women participated in the antenatal care and education program.²⁰

The Bridge Youth Service also operates Cradle to Kinder programs and a specific Aboriginal Cradle to Kinder Program.

School engagement – Parkville College

The Commission has a role in monitoring services provided to vulnerable children and young people in out-of-home care. Through this work, the Commission is aware of the particular needs of young pregnant teenagers and teenage parents to have access to flexible learning arrangements.

Young parents and pregnant teens are at risk of experiencing disengagement from their education. The Department of Education and training has a Student Pregnancy and Parenting Policy to provide guidance and advice to schools to ensure these students receive optimal support and a flexible approach to maintaining their engagement with education. Additionally, all children and young people in out-of-home care are required to be assigned a Student Support Group to develop the child's Individual Education Plan and monitor the child's educational progress.

Parkville College is a specialist Victorian Government school that provides education to students who are, or have been, detained in custody. Education programs are delivered across a number of campuses in Victoria and operate every day of the year, catering to the complex needs of the children and young people who often have histories of abuse, neglect and trauma as well as social, emotional, learning and behavioural difficulties.

¹⁸ See www.mackillop.org.au for more details.

¹⁹ See www.thebridge.org.au for more details.

²⁰ The Bridge Youth Service, *Annual report 2015-16*, <www.thebridge.org.au>, accessed 26 April 2017.

In response to the notable proportion of young parents at the college, an Early Years' Platform was introduced to the curriculum in 2015, to focus on supporting the growth of nurturing and empathic parent-child relationships and break the cycle of neglect and abuse. A range of parenting topics and activities were introduced, including:

- ages and stages of childhood development
- brain development in infancy and the impact of trauma
- practical parenting skill development
- a playgroup program
- facilitating post-release support with a focus on the needs and learning of children through priority of access to childcare for students of the college.²¹

School engagement – Kurnai Young Parents Program, Gippsland

During Taskforce 1000, the Commission learnt of the Kurnai Young Parents program in Churchill, Gippsland.²² The program offers pregnant young women and young parents under the age of 21 years, the opportunity to achieve Year 12 by providing a caring, supportive and flexible learning environment that fosters learning and assists with adapting to the challenges of parenting.

The program operates four days per week with reduced hours over a one to two year period. Child care is provided and the program is offered at no cost.

The course has attracted over 64 students from 2014-16. An evaluation of the program has indicated strong satisfaction from the participants who described improvements in confidence, educational learning and capacity to deal with life's challenges as key outcomes.

Conclusion

In closing, the Commission observes that there is a need for improved data measurement and analysis across government departments and community service agencies to understand the prevalence of teenage parents and their interaction with services in order to develop more effective early intervention programs for young parents and their children. Additionally, it is important that services engage with the extended family and community of young parents, to sustain and support successful outcomes.

It is evident through the work of the Commission, that some children and young people in out-of-home care and in youth justice have experiences of teenage pregnancy or parenthood, often in the context of a background of abuse, neglect and trauma. There is a clear need for sexual health education for children in out-of-home care and in youth justice, along with dedicated support services for those young people who experience pregnancy or parenthood.

The critical importance of interagency collaboration, information sharing and service coordination for teenage parents has been highlighted in this submission through the Commission's child death inquiries and through feedback provided by children and young people to the Commission's IVP in youth justice.

Early intervention programs play a crucial role in decreasing the risk profile of young parents and their children. A number of these programs have been highlighted in this submission, with common elements of education, emotional and practical support, empowerment of the young person and

²¹ Parkville College, *Early Years program at Parkville College*, (unpublished document) 2015.

²² See www.kurnaicollege.vic.edu.au for more details.

provision of culturally safe services being linked to achieving positive outcomes for the young parents and their children. Whilst many early intervention services understandably support young mothers, it is important that early intervention services also engage with the specific needs of young fathers.

The Commission is pleased to make this contribution to promote the rights, wellbeing and safety of children and young people and looks forward to learning the findings of the National Children's Commissioner's report.