

Caring for Kids

By Ilena Young

Introduction

Educational achievement is recognised as having the potential to increase health and wellbeing outcomes for disadvantaged individuals, with educational participation a key factor in long-term wellbeing. An increase in educational retention can create social capital, wellbeing and better health outcomes. However studies show teenage mothers are more likely have fewer family supports and be uninvolved in the school system, due to their pre-existing socio-economic circumstances. If pregnant young women who are school aged do not go on to complete year 12, this can place great limitations on later employment and educational opportunities.

Given the high local rates of pregnant and parenting young women in Albury – Wodonga and the surrounding area, a short course, “Caring for Kids “, was designed to attract young women back into education, increasing participation rates by considering the barriers faced by young women seeking to continue an engagement, or to reengage, with education. “Caring for Kids“ met the needs of young mothers during pregnancy and/or after the birth, was based on the Certificate III in Children’s Services and operates as a partnership project.

The course acts as an effective way of reengaging young mothers, with 64% who expressed an interest moving into engagement. The course also effectively maintains engagement, with 46% of those enrolled attending over 70% of the classes, and 71% expressing an interest in further study. After 18 months of development “Caring for Kids “ has been shown to strongly attract young mothers, successfully reengage them, and produce successful, ongoing involvement with mainstream education, health and other services. The course builds social capital, develops perceptions that education is an option, builds self-esteem, and strengthens confidence in parenting.

The context

It is generally recognised that completing school is a critical factor in establishing overall quality of life and future life pathways of young mothers and their children (Boulden 2001, Harrison et al 2002). Educational achievement has the potential to increase health and wellbeing outcomes for individuals who are otherwise severely disadvantaged. We know that an increase in educational retention can increase social capital, wellbeing and health outcomes for young parents (SHine SA 2007).

However, there is considerable evidence that those becoming a mother as a teenager are more likely to have other children when young, more likely to live in reduced circumstances and less likely to finish any form of formal education (Pittaway 2006 quoting numerous sources from 1984 to 2004). Such research also shows that when babies of teenage mothers have poorer outcomes, this is usually connected in some way with pre-existing socio-economic conditions rather than age.



Very little consistent data on young parents exists in Australia, and this situation is even poorer when considering their engagement with education. However a study in South Australia (SHine SA 2007) recently showed that:

- The teenage confinement (birth) rate had risen among the most disadvantaged;
- Understandings of issues in relation to pregnant and parenting teenagers are defined as social or welfare issues rather than rights or equity based issues;
- Very little data is collected about this group as a whole, particularly in relation to engagement with education and consequent longer-term outcomes.

This research also showed that pregnant young women who are school aged rarely go on to complete year 12, and that young mothers face complex barriers continuing their engagement, or reengaging, with education. Many start from a background of poor educational achievement, and this is very easily reconfirmed and reinforced by various forms of exclusion during pregnancy and parenting.

Risks for pregnant and parenting teenagers are likely to be higher in rural and regional areas (Carter & Spear 2002) with these areas also likely to suffer from insufficient services to meet pregnancy and parenting needs (DHFS 2005). With regard to Victorian births to young mothers, data from the Department of Human Services shows births to mothers under 20 consistently remain higher in rural areas than metro areas. In the Hume region this figure was 5.2% in 2002, i.e. 2 to 3 times the rate of some metro areas, and data for 2004 shows similar rural-metro discrepancies. Research carried out by local services and universities (Youth and Family Services 2003), combined with anecdotal information and evidence from local youth agencies and health services, suggests that this situation continues in the numbers of young pregnant women (15-25) giving birth in our surrounding area. (UHCHS 2003). With regard to local data about births to young mothers within this region of Hume, data for 2005-6 shows that births to young women 25 and under at Wodonga Regional Health Service (which offers obstetrics services to the cross-border region of the Albury -Wodonga area) were 418. This figure represented 25.8% of total births (WRHS, BOS 2006).

Responding to these issues & needs - "Caring for Kids"

In response to local needs and regional issues, "Caring for Kids" has been developed as a short course that has attracted young mothers, successfully reengaging them, and producing strong outcomes in relation to ongoing involvement with education, health and other services. The course has been shown to act as an effective strategy for reengaging young mothers through developing a perception that education is an option, building personal self-esteem, and deepening confidence in parenting.

"Caring for Kids" has been designed to meet the needs of young mothers during pregnancy and/or after the birth, integrating the delivery of workplace competencies, support for parenting and the development of consistent and ongoing relationships with a variety of education, health and other services. The course is based on the Certificate III in Children's Services, has been developed over 18 months using a service industry and action research approach, and operates as a partnership between health, education and other services.



“Caring for Kids” focuses on five of the competencies from the Certificate III in Children’s Services that are the most engaging and relevant to parenting. These have been focussed to engage young mothers during pregnancy and/or after the birth. This has involved developing a format that can deliver competency training and support simultaneously without compromising the effectiveness of either. Working to a small group format, the course runs over 8 weeks, and is taught over two days each week. Delivery is through an education provider, with the usual course management processes and procedures. Tutors are selected for their ability to meet the needs and demands of these students, and the course is offered in a space and place that will enhance the development of a strong connection between the young mothers and the educational premises and staff.

From a young mother’s perspective the course offers opportunities to gain a workplace qualification, meet other young people in a similar situation, have a break from caring for their child/ren, and learn skills that are relevant to their parenting. The course focuses on competencies on subjects that are relevant to their parenting.

Who has “Caring for Kids” attracted

Between April 06 to November 07 this course attracted the following students:

1. A total of 91 young mothers expressed an interest in doing the course.;
2. Of these, 19 did not enrol then, but again expressed interest at a later stage;
3. 80% of those who expressed an interest but enrolled at a later stage, decided to enrol the following term, the other 20% enrolled three terms later;
4. Of the 91 young mothers who expressed an interest, 50 enrolled immediately and 9 went on to enrol at a later stage, giving a 64.8% enrolment rate overall.

The target group for this project was young parents under 20, however considerable interest was consistently expressed by young parents aged 20 to 25. Unfortunately in most cases this need could not be met due to a lack of suitable funding.

Table 1: Conversion of Expressions of Interest (EoI) to Enrolments by age

Age Group	15	16	17	18	19	20	21	> 21	Total
No. of EoI’s	3	13	17	24	16	6	8	4	91
As a % of total EoI’s	3.3	14.3	18.7	26.4	17.6	6.6	8.8	4.4	64.8
No. resulting enrolments	1	12	11	15	11	2	5	2	59
As a % of total enrolments	1.7	20.3	18.6	25.5	18.6	3.4	8.5	3.4	100

The majority of those expressing an interest already had a child, however there was a large sub-group of interest from young mothers who were pregnant.



Table 2: Expressions of Interest and Enrolments by Parenting Status

Status	Pregnant	1 child aged <1	1 child aged 1-2	1 child aged 2+	Attending as a friend	2 children aged < 4
No of EoI's	38	28	8	4	4	8
As a % of total EoI	41.8	30.8	8.8	4.4	4.4	8.8
No. of resulting enrolments	27	19	6	1	2	4
As a % of total enrolments	45.7	32.2	10.2	1.7	3.4	6.8

Who went on to enrol in "Caring for Kids"?

Of the 59 who enrolled, 51 gave meaningful information that showed:

- The young mothers who enrolled were all born in Australia,
- All speak English as a main language, and
- All speak English very well.
- 25.5% of enrolling students identified as Aboriginal or ATSI; and
- 13.7% identified as having a disability or learning difficulty.
- 94% of those enrolling had a child that needed childcare to be available.

With regard to employment status, most identified as not-employed:

- Not employed 54.9 %
- Unemployed looking for part-time work 19.6 %
- Unemployed looking for full-time work 5.9 %
- Employed but unpaid in a family business 2.0 %
- No information given 17.6 %

For highest school grade completed, the majority had completed Grade 10 or under:

- Grade 9 or under 35.3 %
- Grade 10 45.1 %
- Grade 11 13.7 %
- Grade 12 3.9 %
- No info 21.6 %

As to when this was completed, there was a fairly even spread over the past 6 years:

- Prior to 2003 23.5 %
- In year 2003 / 2004 35.3 %
- In year 2005 / 2006 35.3 %
- No info 21.6 %

Only 17.6% had another qualification, and in most cases this was a Certificate I or II.



Young parents expressing an interest had been told about the course from a variety of sources, of which the main three were children and family services, word of mouth and dedicated youth support agencies.

- Children and family services 29.7 %
- Word of Mouth or Independently 26.4 %
- Dedicated youth support agencies 25.3 %
- Educational establishments 9.9 %
- Other health services 6.6 %
- Other agencies 2.2 %

Their reasons for doing the course were very much to do with personal interest:

- Personal Interest 58.8 %
- Self development 27.5 %
- To get a job 15.7 %
- Other reasons 15.7 %
- To try for a different career 3.9 %
- To get into another course 2.0 %

Outcomes from an educational engagement perspective

Between April 2006 and November 2007 “Caring for Kids“ achieved the following:

- Of the 91 young mothers who expressed an interest, 50 enrolled immediately and 9 went on to enrol at a later stage, giving a 64.8% enrolment rate overall.

Of the 59 young mothers who enrolled,

- 35 (59.3%) went on to attend over 50% of the course
- 27 (45.8%) went on to attend over 70% of the course

Attendance rates were directly connected with competencies for this course, since it was set up with very little home work which made attendance in class essential if someone was to obtain competencies. Given the number of factors that might affect someone’s attendance in any one week, competencies were taught one at a time so that if someone had to miss class (to give birth, or due to illness etc) they still had the opportunity to pass the other competencies taught during other weeks. Therefore a 70% attendance rate meant that someone gave themselves the opportunity to study/gain 4 or 5 competencies. These competencies meet the national criteria and therefore each one gained can be set against further enrolments in Certificate III in Children’s Services or other relevant courses.

However, actual competencies gained are not given here as an outcome for two reasons. The first is that with over 80% of students having completed only Grade 9/10 or under, literacy and numeracy issues can be expected to affect attainment of competencies, and so competencies do not truly reflect the levels of engagement



achieved. This leads to the second reason which is that this course was designed as an educational engagement strategy, opening up education as a choice in the lives of young parents. Therefore attainment of competencies was seen as a bonus rather than core business.

For the 24 (40.7%) who did not attend even 50% of the course, the reasons differed:

- heavily disengaged and present only after strong encouragement from friends or case workers 9
- A friend stopped going and so they did too 5
- Didn't like the subject matter (focus on childcare) 3
- Illness 2
- Moved away 2
- No show with no reason given 2
- Personality differences with someone in class 1

From this there would seem to be few structural barriers that could be addressed, which may also indicate that barriers have been successfully addressed in the design and support provided for the course.

With regard to young mums who were heavily disengaged, one remarkable story concerned a mum under 20 with two children in permanent care who is notoriously difficult to engage. She was persuaded to come along to the course by a friend, attended for 4 sessions, and gained one competency. This apparently was the first time in her life that she had gained a 'tick' for anything educational. She has since expressed interest in returning, but has not yet followed through to enrol.

With regard to the creation of ongoing engagement with education, during the lifetime of this course, of the 59 young mothers who enrolled 42 (71%) expressed an interest in undertaking further study. This interest did not always translate into action however, particularly for those who had to wait for certain courses to be offered or for a space to become available. .

As of January 2008, of the 59 young mothers who enrolled during this course, over 40% had successfully built a strong connection with education and/or employment

- actively involved in education 23.7 %
- interested in doing more education 11.9 %
- working or doing traineeships 5.1 %

These numbers include 8 who have studied / are studying for VCE/VCAL (as follow on study after this program) and 3 who are moving on to University.

Those listed as interested here includes only young parents who recently expressed a serious intent that seems likely to follow through to an enrolment.

Ongoing engagement in education is something that was monitored every quarter (to the best of our knowledge given that some moved away etc). It also covers wide



variations given that the course has run over 18 months, covering everything from a young mum who did the course early in 2006 and has now completed VCE and is going on to University, to a mum who did the course late in 2007 and in January 2008 was waiting for the first semester course to start in February.

Outcomes from a young mother's perspective

The course has been effective at reengaging young mothers with education. One of the factors that shows this most strongly is the high number of young mothers who have come through word of mouth. One young mother told us that “when I told my mum I’m going back to school, she nearly fell over!”. Some have enrolled when pregnant, taken time out to have the baby, and come back to class on Day 4, 10 or 12 after the birth.

The attraction is partly because the course offers them something they want, and in conversations on enrolment the two major factors here have been that it is a real workplace qualification and that it offers an opportunity to meet ‘other mums like me’. A driving factor in the desire to get a qualification is that having a child inspires many to ‘get real’ about their need to be responsible and provide for their family “so I’ve got a better life set up for my son whereas before I didn’t care what I did”. The course also provides an opportunity to engage in learning about parenting without feeling that you are self-identifying as someone who has a weakness in this area.

To enrol they have to overcome their own perceptions about themselves as learners, which can often be negative and deficit based. “I didn’t think of myself as being smart or anything”. The young mothers identified the learning environment as “Brilliant” with one young mother saying “I met heaps of good mates, the teacher was good ... it’s more relaxing and friendly and you can say what you want”. This last part was expanded on by another young mother who said that “it wasn’t like a school environment, it was more like adults to adults and the teacher treated you more like an adult”. This last comment makes great sense when we consider that these young women have been through a major life experience more often shared by older adults than by their peers.

With regard to a sense of social wellbeing the course produced the following positive changes in relation to happiness about:

- the number of friends in the same situation 19.1 % improvement
- doing things away from home 5.2 %
- getting on with people you know 5.0 %
- how often you go out and socialise 4.9 %
- the things you want to be good at 4.5 %
- community attitudes to young mothers 4.4 %

(scale based on Cummins & Lau 2005 ‘Personal Wellbeing Index – School Children’)

With regard to parenting competence the course produced the following positive changes in relation to self-perceptions about:



- being a good parenting role model 8.7 % improvement
- having the skills to be a good parent 8.7 %
- being interested in parenting 7.9 %
- knowing what is needed 7.2 %

(scale based on Johnstone & Mash 1989, 'Being a Parent – Mother' . Further details of these finding are presented in the Appendix)

Outcomes from a partnership perspective

Structurally, the success of “Caring for Kids“ stems from the use of a partnership and multi-sector approach, with the ability of the course to deliver different sets of agency targets simultaneously. Within class this means the integration of competencies and support both in and around the classroom. Outside the class room this involves the active cooperation and coordination of education, health and other agencies. These can all be seen as best practice education, health, health promotion and partnership strategies taken to their utmost.



Illustration 1: 'Caring for Kids'- Learning in a relaxed and welcoming atmosphere

Within the classroom the course builds a learning environment that is strength-based, supporting a sense of empowerment and affirmation. This environment encourages young mothers to share, and so validate, their individual knowledge and experiences, within the structures and direction provided by the competencies. Learning and teaching is consultative, offering these young mothers choices, and so supporting the development of decision making and goal setting. A main tutor drives teaching, establishing a key relationship with students, with a secondary tutor teaching some of the five subjects.

The course has been designed to drop as many barriers as possible. Within the framework of delivering competencies, the course is flexible, with children allowed in the class-room when needed ie babies are too young for childcare or when



mothers are very nervous. The majority of assessment takes place during class, with assessment therefore dependent on attendance on a regular basis. Childcare is accessible and available on-site at affordable rates, transport vouchers are available once the student attends on the first day, and all initial enrolment fees are waived.

The course has also developed additional support above and beyond usual educational practices, with regular lunches shared by students and services, and study support available to any current or past “Caring for Kids” young mother. In this case, study support has been provided by the key tutor, which again confirms consistency and continuity for young mothers within an ongoing key relationship

Outside the classroom marketing has been driven by Upper Hume Community Health Service via a regional Teenage Pregnancy & Sexual Health Network (which brings together youth, health, education, family support and other services). Assertive outreach is used to engage hard-to-reach clients who might not be connected with case managers or the service system. Ongoing engagement is then driven by health, support services and education to try to ensure that every young mother engaged is offered the necessary supports during the course, and then supported in exploring and following the ongoing pathway of their choice (whether in education or not).

Conclusions

Given the significance of education as a factor in overall quality of life and future life pathways for young mothers and their families, it is critical that we develop effective educational opportunities that young parents actively want to engage with.

In response to these needs and issues, “Caring for Kids” was developed as a short course in regional Australia. It has attracted young mothers, successfully reengaged them, and produced strong outcomes with ongoing involvement with mainstream services. This course has shown that young mothers want to engage with education.

To achieve this success “Caring for Kids” was specifically designed to meet the needs of young mothers during pregnancy and/or after the birth, integrating the delivery of workplace competencies, support for parenting, and the development of consistent and ongoing relationships. The attraction of the course to young mothers was partly because it offered a real workplace qualification whilst also offering an opportunity to meet ‘other mums like me’.

This project also succeeded because it took young mothers perspectives and melded them with multi-sector perspectives to create a successful solution that simultaneously addresses very different sets of needs. This meant great support across the board from a variety of services, formal agency networks, and informal young mothers networks, which then all generated further interest and support.

In so doing, this project also tackled the myths and attitudes that might undermine our thinking about young parents, showing a pathway away from welfare and problem based attitudes towards projects that are based on strengths and affirmative solutions. This was supported by positive promotion of the course, through networks and word of mouth, but also through the media, telling the stories and celebrating and acknowledging the very real achievements made by the young



mothers involved.

From here the aim is to develop the model further, with health and education in partnership, building versions of similar programs that might appeal to more vulnerable young parents, young dads, and those in our indigenous community. The aim at all times will be to develop a pathways approach, breaking down courses and competencies into desirable and achievable pieces that lead to educational recognition, increased self-confidence, and the next step on the path to the future.

The author

For the past 2 years ilena young has been the coordinator for Young Parents Programs at Upper Hume Community Health Service, also facilitating the Albury-Wodonga Teen Pregnancy and Sexual Health Network. Prior to this her work included teaching and running her own business, and she has worked in service industries for over 25 years. ilena's passion is developing equity, awareness and understanding, particularly in relation to young people's issues. For the young parents project this means developing services that cater to their needs and offer them opportunities & choices in relation to raising their family and parenting their children.

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Appendix

The data in this paper referring to scales was taken from the following results.

Questions based on Cummins & Lau 2005 ‘Personal Wellbeing Index – School Children

Scale being 10 strongly agree to 1 strongly disagree

	Before	After	Diff
How happy are you ...			
with your life as a whole	7.58	7.43	-0.15
about the things you have (money, things you own)	7.11	7.21	0.10
with your health	8.14	7.57	-0.57
about the things you want to be good at	7.69	8.14	0.45
About getting on with the people you know	8.86	9.36	0.50
about how safe you feel	8.39	8.21	-0.17
about doing things away from home	8.19	8.71	0.52
about what might happen to you later on in life	7.64	7.57	-0.07

These figures indicate an overall positive shift, particularly in relation to doing things away from home, getting on with the people you know, and about the things that the young mums want to be good at. However this was accompanied by a negative shift especially in relation to happiness about personal health.

Questions added due to service concern about these issues

Scale being 10 strongly agree to 1 strongly disagree

	Before	After	Diff
How happy are you ...			
about how often you go out and socialise	6.58	7.07	0.49
about how many friends you have who are in the same situation as you	5.94	7.86	1.91
about being a parent	9.00	9.21	0.21
about your friends understanding what it is like to be young and pregnant and/or a mum	7.69	7.71	0.02
about community attitudes to young girls who are pregnant and/or a mum	6.78	7.21	0.44

These figures indicate a particularly positive shift in relation to being happy about having friends in the same situation, about going out to socialise, and about community attitudes.

Questions based on Johnstone & Mash 1989, ‘Being a Parent – Mother’

Scale being 10 strongly agree to 1 strongly disagree



Parenting Efficacy	Before	After	Diff
I make a good role model for new parents who want to learn how to be a good parent	7.56	8.43	0.87
I do a good job as a parent	8.75	8.85	0.10
If something is troubling my child then I can work out what it is	8.58	8.46	-0.12
I know what I need to do to be a good parent	8.64	9.36	0.72
Being a parent is as satisfying as I expected it to be	8.64	8.85	0.21
I have all the skills I need to be a good parent	7.92	8.79	0.87

These figures indicate a positive shift in relation to self-perceptions about being a good role model, knowing what is needed to be a good parent, and having the necessary skills.

Questions based on Johnstone & Mash 1989, 'Being a Parent - Mother'

Scale being 10 strongly agree to 1 strongly disagree

Parental satisfaction	Before	After	Diff
It's hard to know if I'm doing a good job or bad job as a parent	7.47	7.38	-0.09
My interests/skills are in other areas not parenting	5.72	4.93	-0.79
Parenting leaves me feeling drained and exhausted	6.67	6.29	-0.38
Being a parent makes me tense and anxious	4.89	5.31	0.42
It's really difficult to decide how to parent your child	6.03	6.29	0.26
It seems like I am so busy as a parent that I never get anything else done	6.17	6.23	0.06

These figures indicate a shift towards interest in parenting (where the negative difference indicates greater interest). They also indicate a shift towards being less drained and exhausted, finding it less difficult to decide how to parent your child, but at the same time - more tense and anxious.

