



Royal Commission *into* Early Childhood Education & Care

Brave Foundation submission

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Brave Foundation (Brave) welcomes the opportunity to contribute to the Royal Commission into Early Childhood Education & Care. This submission provides evidence, commentary and recommendations focused primarily on why South Australian families – specifically young parents and their children – should be supported in the first 1000 days of a child’s life from the earliest point (conception) to enable equitable and improved outcomes for South Australian children to thrive.

We acknowledge the Royal Commission’s task to hear the voices of parents from diverse backgrounds. This submission wishes to draw attention to Brave’s experience and engagement in the National Early Years Strategy through participation in the National Early Years Summit and Community Roundtables.

About Brave Foundation

Brave equips pregnant and parenting young people with resources, referral, and education opportunities to facilitate happy, healthy, and skilled families. Our Vision is to see future generations thrive and we do this by unlocking the boundless potential of young parents.

Founded, designed, and led by women with diverse lived experience, Brave is Australia’s first national not-for-profit dedicated to assisting pregnant and parenting young people.

Established in 2009, Brave’s innovative mentoring program, Supporting Expecting and Parenting Teens (SEPT), was initially funded in 2018 under the Try, Test and Learn (TTL) Fund and is currently funded until 30 June 2024, by the Department of the Prime Minister and Cabinet (Office for Women). We are also supported by the Tasmanian Government Department of Premier and Cabinet and philanthropic organisations.

About Supporting Expecting and Parenting Teens (SEPT)

Brave’s SEPT program is an innovative mentoring program and Pathway Plan framework, co-designed with young parents and underpinned by evidence on the importance of the First 1000 Days of life to ongoing healthy development.

Priority cohorts for SEPT are:

- Parents aged under 25 who began parenting at 19 years or under
- First Nations and Culturally and Linguistically Diverse parents aged under 25 who began parenting at 21 years or under
- Parents aged under 25 living with disability
- Parents aged under 25 living in rural, regional or remote locations

The program is available to participants for 12 months, however it can be reduced or extended depending on the parent’s personal circumstances. The personalised program matches a pregnant or parenting young person with a SEPT Mentor working from local hub sites, community organisations or via outreach across most Australian States and Territories. There are 15 Mentors across Australia with a physical presence in each jurisdiction except for ACT and South Australia. Three Virtual Mentors are also available to support young parents nationally with a particular focus on rural and remote participants and those experiencing isolation due to mental health or other complexities.

Our Mentors are a professional workforce, coming from disciplines such as education, early childhood, maternal and child health, youth work, community services and social work. SEPT uses the term ‘mentor’, chosen based on

consultation with young parents. Brave requires all Mentors to complete training in family violence, child protection, sexual assault referrals, self-care, professional boundaries, culture, and working with those that have experienced or are experiencing trauma.

SEPT Mentors work intensively with young parents to build and develop goals and pathway plans and importantly, to link the parent with support and resources that will help them overcome barriers and achieve their goals. Our Mentors are trusted guides who walk alongside their participants throughout the pathway program – from initial referral and first contact, to setting goals and working to achieve them, navigating access to support and resources, to celebration of their achievements and graduation from the program.

Our Mentors work together with the pregnant or parenting young person on what is important to them, including (but not limited to):

- educational and workforce participation
- health and wellbeing
- financial or housing assistance programs
- everyday infant care
- transport.

Each SEPT mentor manages a participant list, the number of which is based on working hours and the complexity of the presenting contexts. Brave also partners with and promotes existing pregnancy and parenting support services and educational opportunities. A core component of the program is to encourage our participants to engage with existing services that are local to them. This facilitates the building of connections with the community that they, and their child/ren will continue to be part of, after graduation from the SEPT program.

Brave's impact

Since 2018, we have supported over 1200 pregnant and parenting teens, including approximately 30% that identify as young Aboriginal and Torres Strait Islander parents.

Our program has achieved great success by supporting the holistic needs of our participants who are empowered to self-identify goals that are important to them. Participant goals typically focus on accessing basic needs; being an effective parent; building a safe, secure and positive family environment; fostering personal and family wellbeing, and pursuing education, training or employment. Ninety-five per cent of participants complete the program and achieve two or more specific goals. Qualitative evidence indicates that the mentoring support participants receive through the SEPT program has a profound impact on their and their children's lives.

Brave's Mentors are place-based, and a core part of their role is knowing and connecting with local community. In 2022, Brave made 900 referrals to community services. In doing so, Brave ensures that existing services are promoted and accessed – enhancing rather than duplicating support. For example, increased participant attendance and connection with maternal and child health services improves confidence in parenting and wellbeing outcomes.

In addition, 500 children were also positively impacted in 2022 through their connection to Brave. Outcomes included early intervention with developmental concerns and referrals to appropriate support in addition to enrolment in early learning organisations.

More information about Brave's impact can be found in our [Brave Foundation Impact Report 2022](#).

Supporting young parents and their children

In order for children to thrive, they must be supported from the earliest stage of life, meaning from *conception*, and throughout pregnancy. This is particularly true for our most vulnerable parents and their families.

Whilst pregnancy for some families can be a joyous experience, for others, it can be an extremely stressful time and exacerbate existing disadvantage and future likelihoods for both parents and their children. This is particularly evident for young parents, who are themselves amid a complex developmental transition. Many young parents demonstrate resilience and have positive aspirations for their families lives but they also lack necessary supports during their transition to new parenthood (1-3).

The hardship young parents face is commonly driven by the intersection of age with disadvantage and complex circumstances that existed prior to pregnancy (1). Young parents within the Australian context are often single parents with little or no family support – many with lived experience of intergenerational trauma, family violence, substance addiction, homelessness and the child protection system as a child themselves. Unfortunately, young parents are often stigmatised because of their age and studies indicate that the stigma and systemic discrimination young parents face is a major barrier to accessing the support and opportunities they need to fulfil their goals (1). Because of this, the disadvantage accumulates, and young parents are further alienated from active participation in their communities. This, in turn, can impact their children.

Over the past decade approximately 80,000 new Australian mothers were aged 19 years or younger (4). Whilst the overall trend for adolescent births has declined in South Australia and nationally, there are parts of Australia, predominantly in rural and regional areas where birth rates to teen mothers have increased (5). In 2021, almost a quarter (16 out of 68) South Australian local government areas saw the rate of teen births increase (4). The proportion of indigenous teenage mothers (aged under 20) has also been falling over time, from 20% in 2010 to 11% in 2020. However, this cohort remains significantly larger than the national comparison of 1.8% of mothers who gave birth aged under 20 (6) and the proportion of young mothers who are indigenous remains high at 33.4% in 2021 (4). These trends raise concerns about the potential for increased stigmatisation of rural and remotely located and indigenous young people and growing inequalities between these young people and non-indigenous young people living closer to urban centres.

Young mothers are one of the most disadvantaged groups in Australian society and the relative disadvantage has increased over time. They are more likely to be reliant on income support payments, have lower levels of education and, by the time they reach their 30s, are less likely to be partnered than women who were not young mothers (7). In the absence of necessary supports, the likelihood is that pregnancy and young parenthood becomes a contributing factor to lifelong socioeconomic disadvantage and health disparities for the mother and her child (8). These young people should be provided with resources during their parenting journey to support them and their children to thrive.

Given the particular needs and developmental changes of this group of parents, support services need to be designed and delivered to meet their needs. They are likely to have different and more entrenched barriers to achieving their personal goals and supporting the positive development and wellbeing of their children (9). Research shows that, despite being motivated, the perception that some young mothers have that services are not relevant for their age has prevented them from accessing support (10). In contrast, Brave participants have highlighted the value and impact of the relational, non-judgemental and flexible support provided by their mentors for overcoming barriers to pursuing their goals and accessing support for themselves and their children.

Support during the First 1000 Days

The First 1000 Days is a global movement addressing child development in the first 1000 days of life from conception to age two. The particular needs of the first 1000 days are different from the needs of the later years of childhood. The window of opportunity during this time provides the impetus for policy makers, services providers and parents, to work to ensure that we strengthen the foundations laid down in order to build strong resilient people and, subsequently, strong resilient families and communities that prosper.

Science tells us that from our birth, our brains are growing and adjusting to our environment. Whether traumatic, friendly, threatening or soothing, our experiences get wired into our biology. The area of early parenting has at its core, a focus on 'Infant Mental Health'. There is international recognition of the critical importance of the early caregiving environment to build a healthy, socially cohesive, safe and economically successful society.

The *First 1000 days – Strong Foundations Report* (11) highlights that the timing of interventions is key to improving child outcomes and provides the economic case for investment in targeted, **strength-based** early intervention strategies. Throughout their lifespan, children from all contexts will have better outcomes overall if, from the time of their conception to their second birthday, they have been provided with:

- a carer/parent with an understanding of the child's everyday needs and development milestones
- warm and loving relationships
- a sense of safety and security at home and in the community
- time to play and opportunities to be outside
- a healthy and safe environment
- healthy and nutritious food.

Young mothers are a specific vulnerable cohort who need to be supported, ideally from conception of their first child. They are less likely to engage in antenatal and postnatal care and, if they do, must overcome the associated access and financial barriers (14-15).

Brave seeks to achieve outcomes with our young parents and their children which include increased parenting confidence, safety, stability and healthy child development, improved overall health of all family members, connectedness to community, improved family relationships and resilience.

What happens to children in the early years has consequences right through the course of their lives. While there are many opportunities to intervene and make a difference to the lives of children and young people, research suggests that intervening in early childhood, including the antenatal period, is the most effective phase to impact on the future development of the child (12).

Teenage pregnancy is a global health issue, not unique to Australia, that adversely affects birth outcomes and can lead to intergenerational cycles of poverty and ill-health (15).

In terms of antenatal care, teenage girls are less likely to have five or more antenatal appointments and, if they do present, often do so later in the pregnancy. First Nations teenage girls attend even fewer antenatal appointments, with almost a tenth attending only one or two visits (13). Critical to addressing this issue is the provision of a safe, understanding and supportive environment where services are designed and delivered to meet the needs of young parents and their children. However, this does not always occur.

In line with existing evidence, many of our most vulnerable families find that previous negative interactions, relationships or experiences with government or authority figures increased their reluctance to connect with services and supports (14).

*“Other adults don’t listen to me because of my age”
Brave participant*

This hesitancy to access vital antenatal support can lead to concerning outcomes for children that may have long term impacts on their development.

Due to some of the challenges and increased likelihood of mental health issues and substance use such as smoking, infants born to teenage mothers are more likely to be preterm, have low birthweight and be small for gestational age (15).

Postnatal care is also of concern with teen mothers less likely to seek post birth care, breast feeding support or assistance maintaining a healthy diet (16).

Brave participants have emphasised the value of their mentors’ direct assistance to access services and supports and some noted the difficulties they face when these resources are not readily available in their local communities.

*“My mentor and I keep running into roadblocks because of what’s it’s like in our community...
It would be so much easier for her to help us if she could get us the help we need.”
Brave participant*

Importantly, recent research has found that effective mothering is a primary goal for many young mothers and employment is secondary (17), something Brave participants have also affirmed. Systematic changes that first and foremost supports young parents to focus on the needs of their young children and on being an effective parent would also align with the First 1000 Days evidence base.

Brave acknowledges the investment in additional health and development checks that will be available from next year through Child and Family Health Service. If the special needs of young mothers are recognised and maternal and family services are adjusted to meet these requirements, the outcomes for both mothers and their children can improve (15).

For new mothers facing disadvantage, Sustained Nurse Home Visiting (SNHV) is one of the best-evidenced interventions for supporting women in the first 1000 days of parenthood. There is a growing body of evidence that holistic, place-based outreach programs (such as Brave’s SEPT program) can support healthy child development with more responsive parenting, consistent routines, better home safety, and improved maternal mental health and self-efficacy (14).

Brave also notes the Royal Commission’s recognition in its Interim Report that there is much that needs to be done to truly build an early child development system. Moreover, that an integrated child development data set and system should be established by the South Australian government that builds on the child development check service. Whilst this recommendation is welcomed, further consideration is needed to also include the fragmented antenatal and postnatal systems as well that currently do not offer consistent continuity of care for mothers and their children.

Lived Experiences

A diversity of experiences and views are needed to reflect the varying experience and challenges faced by families and children across South Australia.

Brave's Model of Participation outlines our organisations commitment to working in evidence-informed ways and learn from the experience, views, opinions and needs of those young people engaged in the service to better inform our decisions about service design and delivery.

Lived experience is an asset that a participant will bring to the process of engagement. Our model recognises that young people are experts of their own lives, and their active participation in co-design processes will help develop meaningful enhancement and critique of service design and delivery. Authentic co-design processes are based on the understanding that from the very start, people with lived experience play an equal role in decisions regarding the conceptualisation, design and development of projects or processes (18).

There are many models and approaches to youth participation and inclusion of lived experience voice, all designed to promote and highlight these voices. The Brave model draws from research and key models and concepts of:

- Lundy Model: Space, Voice, Audience and Influence
- Hart's ladder of participation
- Shier's pathways to participation
- Experience based co-design
- United Nations Committee on the Rights of the Child
- National Child Safe Principles

The Brave model also acknowledges that traditional models of participation may not appropriately or adequately reflect the approach needed when working with First Nations Peoples.

Recently we have been working with the Federal Government to ensure the lived experience of pregnant or parenting young people is included in relevant policies from areas such as the Office for Women, Office for Youth, Department of Employment and Workplace Relations and the National Early Years Strategy. We also welcome the opportunity to facilitate this inclusion of lived experience to inform future South Australian policies and programs.

Recommendations

In line with the evidence presented, Brave recommends the Royal Commission consider the following to be included in their final report:

- ✓ The proposed integrated child development data set and system should be inclusive of the first 1000 days, specifically parental support for the antenatal period that is integrated with postnatal care.
- ✓ Any development of subsequent related policy and programs should be informed by the lived experience of parents and caregivers from diverse cultural and socioeconomic backgrounds – including young parents
- ✓ Priority should be given to resource initiatives that produce intergenerational impact and break cycles of disadvantage.
- ✓ The introduction of Brave Mentors into South Australia as a wraparound service to support Child and Family Health Service, specifically targeting local government areas with a high prevalence of teen births

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