

# Young Parents Project Report 2004 – 2006



Area Women's Health and  
Community Partnerships  
June 2007

## Acknowledgements

Thanks go to the young women who gave their time and shared their experiences in this project.

Thanks to all those committee members (Appendix B) who have assisted the project over the last two years –

- SESAHS Steering Committee 2004 – 2005
- Sutherland Shire Young Parents Steering Group 2004 – 2006
- Randwick Women Young Parents Committee 2005 – 2006
- St George Young Parents Committee 2005 – 2006
- Area Inequities in Maternal and Infant Health Outcomes Working Party

The first year of this project was funded by Families NSW as part of their initiatives in SESAHS. The second year of this project was funded by Area Women's Health and Community Partnerships through the Public Health Outcomes Funding Agreement – National Women's Health Program.

Cover Photos: Young women who attend Engadine Young Parents Play and Support Group  
Photo taken by Janice Oliver

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## Introduction

The impact of pregnancy and parenting on young women is well documented. Research has shown that young mothers are more at risk of adverse health, social and economic outcomes, with their children experiencing higher mortality and morbidity rates, when compared with older mothers (Watson 2003). Young women are at higher risk of premature births, low birth weight babies, small for gestational age babies and associated risks (Fraser, Brockert and Ward 1995) as well as being more likely to engage in risk taking behaviours and experience low self-esteem (Zang and Chan 1991). Adolescents who are pregnant have a higher prevalence of domestic violence than adult women who are pregnant (Parker and McFarlane 1991).

A review by the former Western Sydney Area Health Service (WSAHS) found that young women are generally unaware of the services available to them, feel hesitant or awkward about accessing new services, and have financial concerns about costs that may be charged (WSAHS 2004).

Some of the difficulties young parents face as a parent similar to those of all new parents, but they may have the added burdens of:

- lack of support, be it financial, social or emotional
- lack of skills in parental and financial management
- having less developed networks and fewer resources
- being less comfortable and confident in accessing health and welfare services
- feeling stigmatised
- feeling judged and patronised by service providers
- having a low income that limits leisure activity, increases disadvantage and social isolation, and increases risk of poor nutritional status.

The NSW Framework for Maternity Services (NSW Health, 2000) identified young pregnant women as a group with special needs, including often complex psychological, social and economic issues. The NSW Department of Health has identified the need for the provision of an integrated approach to antenatal and postnatal care for pregnant teenagers and young mothers and has suggested that there be a holistic government approach to service planning and collaboration with non-government organisations (NSW Health 2004).

The former South East Sydney Area Health Service (SESAHS) identified a gap in service provision for young women through a needs assessment conducted in 2003 by the Area Youth Health Co-ordinator and the Area Women's Health Unit. The needs assessment specifically targeted young women who were pregnant and/or parents. Results showed that young women were unaware of the antenatal care required during pregnancy as well as what to expect during pregnancy and labour. In addition the young women felt that they were given little information about health and social services available to them.

This report provides an overview of the activities and achievements of the Young Parents Project (YPP) for the period from June 2004 to July 2006. The project advocated for the adoption of a holistic and integrated approach to support the development of an innovative and continuous service that would meet the needs of young women who are pregnant and/or parents in south eastern Sydney.

## Project Description

### Project goal

To build sustainable links between health services, community services, general practitioners and young people to improve the health and well being of young parents and their children in south eastern Sydney.

### Project aims

The project aimed to create connections between maternity, child and family health and community based services for young women who were pregnant and/or parenting. This included the Royal Hospital for Women (RHW), St George Hospital and The Sutherland Hospital (TSH). The project aimed to develop strong and sustainable links between service providers that would improve the transition of young women from one service provider to another, as well as ensure access to peer and professional support.

The specific aims included:

- advocate for health services to be more responsive to the health needs of young parents
- develop and maintain cross agency planning and partnerships
- support young parents to raise their children through a co-ordinated network of accessible services and activities
- connect young parents to their community and each other
- re-connect young parents to education and training
- establish joint interventions based on already identified gaps
- develop integrated sustainable services for young parents across south eastern Sydney
- improve networking between health services, youth and community services and general practitioners.

## Strategies

The following five groups of strategies were drafted to meet the aims of the project:

### Project co-ordination

- Employment of a project co-ordinator to support the development of service capacity that could be more responsive to young parents needs. This position to be a shared resource by all sectors (health, community and youth service sectors) and jointly managed through the implementation committee.
- Establishment of three local project committees.

### Partnership development

- Partnerships would be established between the education, other government and community sectors to link young parents to education and training opportunities and community based services.
- Divisions of General Practice would be engaged to ensure that GPs are aware of appropriate referral of young women. Increase the profile of services for young parents among health workers, GPs and the community services sector through in-services and improved networking.
- Young parents would be linked to the most appropriate supports and networks within health services and the community services sector.

## **Provision of antenatal care**

- Young women who were pregnant would be prioritised into caseload management ensuring continuity of care and follow up.
- Provision of outreach antenatal care in the community for young women would be considered by midwives. Services currently running programs for young women to be considered as possible venues.

## **Support and enhancement of postnatal groups**

- Existing young parents groups within the area will be supported and expanded where appropriate.
- “Youth friendly” Child Youth and Family nurses within SESAHS would be identified.

## **Development of resources**

- Young parents would work with the project officer and artist to produce relevant promotional materials.
- A flow chart for hospital staff to ensure appropriate referral pathways would be developed.

## **Project implementation**

This section describes how the strategies were implemented, what worked well, what was achieved and possible future directions for each group of strategies.

### **1. Project co-ordination**

A project co-ordinator was employed to increase the profile of services for young parents and to link young parent services to the most appropriate supports and networks within the health sector. This required extensive networking and capacity building.

Initially the co-ordinator’s role included:

- responsibility for co-ordination of young parents care, which was to be delegated to a staff member and identified within job descriptions
- the development of memorandums of understanding (MoU) between services. This included health services, community-based services and the youth-service sector to support the sharing of resources and information and collaborative work between these groups
- the development and implementation of policies and procedures within SESAHS to support young parents
- creating the linkages between young parent services (non health) in the community, maternal, and child and family health services.

Following the allocation of a further 12 months funding the focus was on increasing the sustainability of the links that had been developed and the services provided to young parents.

The key tasks for the project co-ordinator for 2005 – 2006 were identified as:

- supporting and facilitating the young parents project committees
- developing memorandums of understanding (MoU) between health, youth and community based services to support sharing of information and resources and collaborations

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- supporting maternal, and child and family health services to develop their referral and communication pathways ensuring continuity of care and support for young parents
- encouraging maternal and child and family health services to identify an appropriate position responsible for coordinating services delivered to young parents within their services
- encouraging maternal and child and family health services to document this co-ordination role within the job descriptions.

The factors that limited the tasks of the project officer included the part-time nature of the position, location of the staff member as a sole-worker and the frequent change of staff involved in the project. The lack of continuity of staff attending the meetings and involved in the project had an impact on the decision making and thus the progress of the project. Most of the time available to the project officer was spent in supporting project committees and/or attending meetings. While these processes assisted in building relationships between organisations and services they also limited the time available for other tasks. The project officer was located in a building away from other staff doing similar work. This reduced the opportunities for sharing ideas, working through problems and general support.

### **Achievements related to project co-ordination**

The project officer provided leadership and co-ordination for the project and maintained the profile of the project amongst staff. The project officer also facilitated the local committees who then supported a collaborative approach to the provision of antenatal services and postnatal support, and community based services for young parents.

These local committees continued during the life of the project, made decisions to improve the accessibility of services for young people as well as establishing networks between youth services and health services. The project officer was also successful in raising the knowledge of interested health staff regarding resources available to young women in the non-health sector.

Currently three hospital representatives have been identified to facilitate the local committees' meetings and terms of reference are being developed for the committees.

### **Future directions in relation to project co-ordination**

It is essential to have a dedicated project officer to provide leadership and co-ordination. If funds are available, this position could continue to liaise between hospital based and community based services. This would facilitate networking and maintain a focus on the needs of young parents within SESIAHS.

The restructuring of the Area Health Service (Jan 2005) and the establishment of new clinical streams presents new opportunities to continue this work. The clinical streams of Women and Babies Health and Child and Adolescent Health could provide a clear vision for addressing inequities in Maternity and Child and Family Health services and assist with prioritising the needs of young women who are pregnant and /or parenting in SESIAHS.

Another option or complementary strategy would be the delegation of responsibility to an appropriately interested and skilled member of staff in maternal, and child and family health services. These designated positions could ensure young parents are able to access appropriate antenatal and postnatal services by providing specific services to young women and linking them into community based services.

Similar designated positions have been identified in other Area Health Services. At the Royal Prince Alfred Women's and Babies Hospital there is young women's midwife and young

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women's social worker. These positions work together as a team to promote continuity of care and improve young women's health outcomes.

## 2. Partnership development

A committee was established in 2004 to oversee the implementation of the project. There was representation from Child and Family Health Services, Midwifery Services, Multicultural Health Services, Aboriginal Health Services, Youth Health, the Area Women's Health and Community Partnerships unit, Social Work Services, Family Support Services, Youth Services, Divisions of General Practice and young parents as community representatives.

The implementation committee provided guidance and direction for the Young Parents Project (YPP) and met bi-monthly. The committee reported to the *Senior Officers South East Sydney Families First Project Management Group*. The implementation committee was discontinued in October 2005 following a number of staff resignations and changes. By this time, the three local committees were meeting regularly.

To establish these local committees, the project co-ordinator organised meetings between health workers and representatives from community based services to establish links with key stakeholders and community organisations from each of the three areas. These combined meetings became the Young Parents Committee meetings. Three separate committees were established to increase ownership of the project and to ensure any strategies developed were tailored to suit the needs of the young parents from the local community. They were also established to develop and enhance links between local services dealing with young women, discuss possible future joint initiatives and improve networking between health services, youth and community services and general practitioners.

The Young Parents Committees met every six weeks. The project co-ordinator played a large role in the co-ordination of these meetings and reported ongoing progress to the SESIAHS Inequities in Maternal and Infant Health Outcomes Working Party. Following the completion of the co-ordinators contract, one nominated member of each local Young Parents Committee meeting attended the Inequities in Maternal and Infant Health Outcomes Working Party to report local progress to the working party.

The project co-ordinator met with the Technical and Further Education (TAFE) Outreach Co-ordinators from St George, Sutherland and Randwick TAFE colleges. This was to improve the Outreach Co-ordinator's awareness of young parents programs in the community to increase young parents' access to education and training opportunities. These meetings also allowed the project co-ordinator to establish a working relationship with the TAFE College. The outreach co-ordinators from the three TAFE colleges presented information about their services at each local area Young Parents Committee meeting. This led to further involvement in the young mothers groups in Sutherland Shire and the St George District. Links with Randwick TAFE have also been strengthened through the Year 10 advisor and the Outreach Co-ordinator attending the Young Parents Committee meetings in Randwick.

In the Sutherland Shire a TAFE outreach course was incorporated into each group, running weekly at Engadine and fortnightly at Jannali. Many women attending the Engadine group completed an 'introduction to first aid' course. This partnership was expanded in 2005 with the TAFE funding and supplying a teacher for two hours a week. The teacher's focus was to supply the educational content for the group and included topics such as an introduction to community services, information about healthy food and nutrition and managing finances. These were topics requested by the young parents attending the group.

In the St George District the TAFE Outreach Co-ordinator met with the young mother's group co-ordinator from Backstop and the READY project, to determine if an outreach course could

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be offered. However neither group had the numbers to allow for a TAFE outreach course to commence. Nevertheless, during 2005, two of the young mothers from Backstop, both with children under four years, enrolled in TAFE courses and in 2006 three young mothers have expressed interest in enrolling in TAFE in 2007.

To engage the Divisions of General Practice the project co-ordinator met with the Sutherland Shire, St George and the eastern suburbs of Sydney Divisions of General Practice several times. The Divisions presented information about their services at the Young Parents Committee meetings. To improve appropriate referrals and an awareness of the services available in the community for young parents, the project co-ordinator wrote an article for the Sutherland Shire GP's newsletter.

The developing links between community and hospital-based services were reliant on the project co-ordinator. The co-ordinator spent time meeting all parties involved and then building relationships with these organisations. This in itself was made difficult through constant staff changes both with NGOs and government positions throughout the project.

### **Achievements related to partnership development**

The ongoing and increasing support from community based workers towards the Young Parents Project was a major strength of the Project. In the Sutherland Shire the Young Parents Committee was the first to be established. Since its inception in 2004, this committee has continued to meet monthly and has organised TAFE funding to ensure a TAFE co-ordinator can continue to facilitate the young mother's groups.

In the eastern suburbs of Sydney, the number of community organisations attending the Young Parents Committee meetings has increased significantly in the last year. This committee has also had guest speakers attend the meetings, including TAFE, Ethnic Communities Council of NSW, Waverley Action for Youth Services (WAYS), Communities for Kids and the Youth Accommodation Association.

This dedicated community support has been the impetus behind the establishment of the two outreach antenatal clinics located in Engadine Community Health Centre and at the Red Cross Young Woman's Health Program at Randwick.

A collaborative approach has allowed the sharing of resources and skills as evident in the links between the Sutherland Hospital Outreach Antenatal Clinic and the Young Mothers Group at Engadine Community Health Centre.

### **Future directions in relation to partnership development**

Networking is vital to ensure a seamless transition between care providers, and to improve both the continuity of care and carer for young women. Continuation of the three Young Parents Committees would support the links and networks developed over the life of the project between hospitals, community services and non government organisations. A designated staff member from each maternity service could facilitate each of these local committees.

The ideal would be to have dedicated positions within Maternity, and Child and Family Health Services to support continuity of care, ongoing networks and partnerships. An Area Youth Health Co-ordinator may have some capacity to provide leadership and support for these workers.

The committees also have a role in overseeing the outreach services provided by maternity services. One designated representative from each of the three Young Parents Committees could attend and report progress and developments to the area Inequities in Maternal and

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Infant Health Outcomes Working Party every three months. Adoption of consistent terms of reference by all three committees could encourage a similar approach across the SESIAHS.

Regular in-service education could be organised by the Young Parents Committees to address any negative or ambivalent attitudes and beliefs health professionals and service providers may hold about young parents and their needs. These would be linked to each hospital's in-service calendar for midwives and involve young mother's group co-ordinators or young mothers themselves.

### 3. Provision of antenatal care

Research has shown that the provision of antenatal care in the community increases the social support available to young pregnant women as well as allowing young women to access health services without attending a hospital (Teenage Pregnancy Unit, 2004)

Twenty young women attending a mixed antenatal and postnatal young mothers' group were asked what prevented them from accessing mainstream health services and parents groups (READY Project, undated). The average age of the young women was 18 years and the average age of the babies was 3 weeks. The young women commented on the fear of discrimination, i.e. being judged and feeling different to other women.

*I felt odd in classes because they were all married and had their \$600 prams.*

*[I felt] they wouldn't dream of putting their babies in something from Target!*

*I went to the early childhood centre...I went once...but stopped going to the classes*

(Participant at READY project evaluation group October 2005)

At the commencement of the Young Parents Project there was no specific antenatal service in the former SESAHS targeting young parents. In previous years an antenatal education group had been run by an interested staff member for young women at The Sutherland Hospital. This proved to be unsustainable due to the lack of a dedicated staff member to cover sick leave or to replace the initial staff member following her resignation.

During the Project, two of the local Young Parents Committees supported the establishment of outreach antenatal clinics. These were in the eastern suburbs of Sydney and the Sutherland Shire. The outreach clinics were physically located alongside community based services for young women, at Randwick Red Cross Young Women's Program and at Engadine Community Health Centre. The process by which they were established differed between the two areas; however key factors were the same.

The critical success factors included:

- the identification of a champion from within the hospital involved, to support the new model of service
- the identification of a suitable community venue for the clinic
- strong links to local NGO's providing services and support to young women who are pregnant or parenting
- the development of a memorandum of understanding between the services involved, outlining individual agency roles.

St George Hospital maternity services provide a range of different models of care for women who are pregnant. The young women who book into the antenatal clinic are offered support

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in their choice of care. Currently it is recommended that all young women who are 19 years and under be referred to the St George social work team for further follow up and assessment. There is no young women's strategy identified to ensure that continuity of care and support is prioritised for this vulnerable group of women.

In some services the success of the model is reliant on the skills of particular staff. For example, the midwife from the RHW with experience in adolescent pregnancy and sexual health, runs the antenatal clinic for one hour on Friday mornings, while another hour is dedicated to group antenatal education.

Service agreements, crucial to the sustainability of these new services, have been difficult to finalise across the area. Service agreements and Memorandums of Understanding have been drafted between the participating non-government and government organisations. These agreements outline the responsibilities and roles of each organisation. It has been difficult to obtain the commitment and signature from the two maternity services involved to ensure the ongoing provision of the outreach antenatal service. In the Sutherland Shire a service agreement needs to be signed by all member organisations – Engadine District Youth Service (EDYS), Engadine District Community Aid and Information Service (EDCAIS), Sutherland Family Support, TAFE and SESIAHS. At the RHW, the MoU with the Red Cross is currently signed but requires reviewing and renewal in August 2007. At St George, a MoU with Child and Family Health was developed in 2005 but has now expired. A renewal in 2007 of the MoU following updating of the agreement would assist in formalising the involvement between the St George Child and Family Health Service and the young parents' groups.

### **Achievements related to provision of antenatal care**

The outreach young women's antenatal clinic and antenatal discussion groups were successfully run in Randwick and Engadine. The discussion groups were conducted as a peer support model, facilitated by a midwife with discussion generated by the participants. While the numbers of participants were low, comments from the young parents collected in a written survey were very positive. Six months after completion of the project the Engadine, outreach antenatal clinic and group was relocated from its community base to the hospital site. The clinic continues to run as a young women's clinic and numbers are starting to rise.

The benefits young women identified following their attendance at an outreach antenatal clinics included:

- the support and encouragement they received both the midwife and other young women
- access to new information
- networking

They stated that information and assistance was provided by staff in a non-judgemental and supportive way (see comments below). Young women who attended the outreach antenatal clinic and then joined the young mum's supported playgroup at Engadine reported a high level of satisfaction and support with the service. This included an increase in social connectedness and social networks and support from their peers.

*I am 19 years old and I have been attending the antenatal classes at Engadine. I have found it very convenient, supportive and helpful, as this is my first child. I have met other mothers.... I have received great advice and support .... I highly recommend the antenatal clinic to all new mothers.*

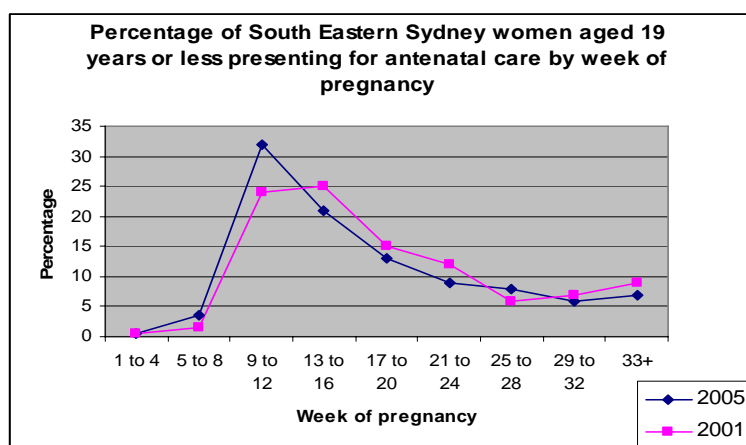
*I am a 22-year-old mother of two and have found the group indispensable ... [the midwife] was fantastic, always supporting me, and making sure I was coping, not just with the qualms of pregnancy but all*

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*issues involved in raising a young family. Many of the mothers do not have much family support and often this group is their only social outlet or support during the week. .... The transition from [the midwife] and the antenatal group to the playgroup is so easy because the groups overlap times – meaning the pregnant girls have already formed friendships before their child is born.*

(Participants from Engadine Young Mothers Supported Playgroup, July 2006)

The provision of timely and appropriate antenatal care for young pregnant women has been partially addressed through the development of the two outreach antenatal clinics. Across south eastern Sydney since 2001 the rate of late presentation during pregnancy (20 weeks or later) for antenatal booking has reduced. In figure one data shows that during the period from 2001 – 2006 the number of young women ( $\leq 19$  years) seeking antenatal care *earlier* in their pregnancies is increasing. This is during the period that specific antenatal programs for young women have been established in south eastern Sydney.



**Figure 1 Young women accessing antenatal care in south eastern Sydney by week of pregnancy**

### Future directions in relation to provision of antenatal care

Strong and sustainable links need to be established between the current community young mothers groups and St George maternity, social work and Child and Family Health services to support young pregnant women to access antenatal services and to ensure adequate follow on care for young parents.

Detailed referral guidelines, implemented at the young women's antenatal booking appointment would maximise the provision of continuity of care. Current service referral pathways for young parents between health services, youth services, community services, and general practitioners remain ad hoc and inconsistent.

Midwifery strategies to support continuity of care could include the development of a young women's midwife, to provide ongoing antenatal care, education and support.

Strategies need to be designed to address the low numbers attending the Engadine outreach clinic.

### **4. Support and enhancement of postnatal groups**

When the Young Parents Project began, postnatal young mother's groups were already established in the suburbs of Engadine, Jannali, Hurstville, Carlton, Randwick and Paddington. These young mothers groups were co-ordinated and run by a number of organisations and NGO's including: Backstop Family Support Service, EDCAIS, EDYS, Come-In Youth Resource Centre, The Red Cross Young Women's Health Program and the Resources and Education on Alcohol and Drugs for Youth (READY) Project.

The NGO facilitated groups provided support and parenting information, allowed young women to ask questions in a non-judgemental environment as well as meet with other young women who were parenting. However there were poor links between these NGO groups and SESIAHS, or between NGO's. This included no formalised referral process to ensure the care of young women was handed over from one service to another.

To support and enhance these existing groups several actions were undertaken. For example through a collaborative effort involving members of the Young Parents Committee and the Sutherland Shire Council, the Engadine Young Parents Play and Support Group was relocated to the Engadine Community Health Centre. Fencing was installed by the council to create access to a child safe play area. A 'shared lunch' was provided by health to encourage connections between the young pregnant women attending the antenatal outreach clinic and the young mothers attending the group.

In the report '*Young women who are pregnant and /or parents in South East Health: A needs assessment April 2003*' (SESAHS 2003) it was shown that the majority of young women who gave birth in the former SESAHS did not access postnatal consultation and groups through any of the Child and Family Health services.

All young mothers' group co-ordinators were interested in having greater links with a child and family health nurse who could assist with facilitation of the group as well as improving the access of young women to Child and Family Health Services.

An MoU was signed between READY and St George Child and Family Health in 2005. However, it was a very broad agreement, lasted only for three months and has now expired. A child and family health nurse commenced attending both the groups on a regular monthly basis. This ceased after five to six months.

Historically in the eastern suburbs of Sydney, a mothercraft nurse employed through the Child and Family Health Service attended the young mothers' groups at the Come-In Youth Resource Centre (Paddington), the Red Cross Young Women's Health Program (Randwick) and the Deli Centre (Botany). These sessions were to provide support and education on a fortnightly basis and operated on good will and personal interest. Following the mothercraft nurse's resignation there was no specific person allocated to continue to attend the young mothers groups.

The postnatal young mothers group at the Red Cross Young Women's Program (Randwick) is the only group attended by a Child and Family Health Nurse in the eastern suburbs of Sydney. There are still no secure or sustainable policies between the community postnatal groups and Child and Family Health indicating that a policy or ongoing service agreement is still required to ensure a committed and coordinated service.

### **Achievements related to support and enhancement of postnatal groups**

The young women's antenatal outreach clinics have developed strong connections to the young mothers' groups in their areas in the attempt to encourage the building of networks

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and friendships between the young women and to facilitate a seamless transition from antenatal care to postnatal groups.

The facilitators have noted significant behavioural changes in the women attending their postnatal groups, including improved parenting skills, increased participation in the group, as well as the development of friendships. The groups have enabled the sharing of information and peer support, and the development of informal social networks.

*We have noted that some of the women have picked up on some of the language and modelling we have demonstrated. Some of the Young mums have been bringing in more nutritious food for their child and they are actively participating in group time, as well as meeting together outside of the group.*

*Older members of the group have been able to teach, and tell members with newer children strategies they can use*

*Previously [the women] have not been able to talk about their problems but now they are able to tell us*

(Young Parents Group Facilitators, interviewed June 2006)

## **Future directions in relation to support and enhancement of postnatal groups**

To continue the links developed during the project between antenatal services and the postnatal groups, ongoing referrals and networking need to be maintained. Ideally this would be part of the role of a designated young parents midwife/child and family health nurse. This could be supported through the young parent committees and the committee members' individual networks.

Consideration should be given to the development of a standardised Area-wide MoU for use by all services.

Developing partnerships and referral linkages with the Divisions of General Practices will assist young parents who are new arrivals in the area to access and attend the young parents groups. Awareness of the existence of postnatal groups may also encourage GPs to refer new young parents who have birthed at a hospital outside the local geographical area to the groups.

## **5. Development of resources**

The development of a youth specific resource was originally proposed as a strategy to both engage young parents in the project and to produce a local resource for the use of young parents of south eastern Sydney. Unfortunately time and resource limitations prevented further exploration or development of this strategy.

### **Future directions in relation to the development of resources**

In South Australia a booklet for young parents called 'Gossyp' – 'A Guide of sanity and survival for young parents' has been produced as part of a community development project. This project was supported by Adelaide Central Community Health and The Second Story - Child and Youth Health. The booklet includes stories and information about pregnancy, birth and parenting written for, by and about young parents. In the future it could be used for parents from south eastern Sydney for a small cost or a similar booklet could be developed.

## Discussion

The impact of pregnancy and parenting on young women's lives is well documented. Research suggests that there is no biological reason associated with age to indicate that outcomes for young parents should not be good (Teenage Pregnancy Unit, 2004). Rather, social issues such as lack of support, lack of available and appropriate services and young parents feeling stigmatised are often cited as responsible for the poorer outcomes experienced by young mothers. Society, in general, is disapproving of adolescent pregnancy and often assumes that the pregnancy is unwanted and that the young parents are incompetent, referring to them as “children raising children” (Low et al, 2003). Acceptance and support through attending accessible services and community based young parents' groups assist young parents to parent and can reduce stigmatisation.

To maximise young people's potential for achieving a happy and healthy transition to parenthood, maternity services need to deliver care and support that can engender confidence and trust. Research indicates that given the opportunity to become familiar with or to develop a trusting relationship with a service provider; young people are far more willing to use their services (Centre for the Advancement of Adolescent Health, 2002). Continuity of carer would allow for improved liaison with postnatal services and prevent young women 'falling through the cracks' following discharge from hospital with their new baby.

Young women who were pregnant and/or parenting indicated that they were unaware of what care was needed during pregnancy, what to expect during pregnancy and labour, and felt that they were given little information about what health and social services were available to them (SEH 2003). The purpose of the Young Parents Project was to identify mechanisms needed for the Area Health Service to improve service delivery and access within current resource allocation and improve its capacity to work in partnership with other organisations. This involved the establishment of sustainable links and networks between the three public hospitals providing maternity services (RHW, TSH and St George) NGO's and community services for young women and their families.

At the commencement of the project, six postnatal groups for young parents were operating in the community. The informal nature of the young parents groups has proven very popular. The numbers of participants has been maintained and these young parents are accessing the services provided by the NGO's. It was proposed to support and enhance the postnatal groups to increase the collaboration between services and develop referral pathways.

It is essential for Child and Family Health Services to develop strategies that increase young women's access and attendance at Child and Family Health Clinics. The development of a Young Parent Liaison Child and Family Health Nurse would assist services provide a seamless transition between care providers, and improve the continuity of care for young women. This position could be built into an existing child and family health nurse's role, building the capacity of the Child and Family Health service.

The Young Parent Liaison Child and Family Health Nurse could meet with young women antenatally and again in hospital after they give birth. They would provide postnatal care for them through the Universal Health Home Visiting strategy. Young parents would be consulted by a familiar health provider allowing the development of a trusting relationship. This would be an opportunity for the nurse to promote Child and Family Health clinics, as well as the local young mother's groups encouraging and supporting her transition to other services. Young women identified at risk antenatally could be referred into the Parent Support Team for sustained follow up.

Although the two year project has gone some way to achieving its aims there were a number of barriers including: the delay in signing MoUs, the resistance to engage in youth friendly outreach projects, the lack of staff attendance at and involvement in Young Parent

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Committees and the deficiency of service referral pathways which prioritise young women into continuity of care models during the antenatal period.

Access to outreach antenatal clinics including times of service, location and public transport can impact on the numbers of young parents attending. Responsiveness and flexibility is required to address these issues. Lack of other services or physical location may make it easier to go to the hospital for some young parents. Midwives working in outreach locations need to maintain strong links with the hospital team for support and professional development.

The amalgamation between the former South Eastern Sydney and Illawarra Area Health Services has led to changes. Ongoing staff turnover means that new staff members are unaware of current innovations and evidence supporting changes in clinical practise. This has led to a difficulty in maintaining the profile of the importance of young parent issues within the hospital settings. Many of the changes supported and influenced through the Young Parents Project have involved the community sector. The resulting Project advances have become 'unseen' by hospital staff which may account for some apparent resistance to change by hospital staff. This ongoing resistance to change highlights the need for education for staff about the needs of young women who are pregnant and/or parenting as well as regular updates on progress made by the project.

The Young Parents Project has taken an innovative approach to support the development of a continuous service to meet the needs of young women who are pregnant and/or parents. Considerable links have been made over the last two years; however there are still issues that need to be addressed to meet the goal of the project.

In summary, the suggestions for proceeding include:

1. The establishment and support of continuity of care for young women in the antenatal period.
  - a. At St George Hospital this would be through provision of a dedicated young women's midwife. Other midwifery models of care such as team midwifery, case load practice or Centering Pregnancy could provide this continuity of care.
  - b. At the Sutherland Hospital and the RHW this could be the ongoing support of the antenatal clinics for young women.
2. A consistent and clear referral method of booking young women into midwifery continuity-of-care as well as other youth services needs to be developed by the Young Parent Committees and implemented at all three maternity hospitals.
3. The allocation of a Young Parent Liaison Child and Family Health Nurse role in each of the Central and Northern Hospitals Networks. The role of this nurse could be to meet with young women after they have given birth in the hospital and provide ongoing support through a home visit in line with the Universal Health Home Visiting strategy. This nurse would then link them into existing postnatal services including young parents groups and the Child and Family Health Centres. Young women at risk could be provided sustained follow up through the Parent Support Teams.
4. A Child and Family Health Nurse is allocated to attend the existing supported playgroups and young mothers' groups in all three areas. This may be the same Child and Family Nurse from Recommendation 3 (above), or a locally based CFHN.
5. A designated staff member from each maternity service could facilitate the local Young Parents Committees. This would support the links and networks developed over the life of the project between hospitals, community services and non government organisations.

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6. The three Young Parents Committees could organise regular in-service education across the central and northern sector to address any negative or ambivalent attitudes and beliefs health professionals and service providers may hold about young parents and their needs. These are to be linked to each hospital's in-service calendar for midwives and involve young mothers' group co-ordinators or young mothers themselves.
7. The importance of meeting the needs of young women requires support from upper levels of management; a 'top down' approach. This includes representation by management from the two clinical streams, Women and Babies Health and Child and Adolescent Health on Young Parents committees, and adequate support through financing and staffing levels within SESIAHS.
8. One representative from each of the three young parent meetings could attend and report to the 'Area Inequities in Maternal and Infant Health Outcomes Working Party' every three months.
9. The Royal Hospital for Women could extend the time frame for the Memorandum of Understanding signed between the Royal Hospital for Women and the Red Cross for another 12 months.
10. Senior management from the Sutherland Hospital could sign the Memorandum of Understanding between The Sutherland Hospital, EDYS, EDCAIS, Sutherland Family Support and Sutherland TAFE.

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## Appendix A Abbreviations

CFHN	Child and Family Health Nurse
CUPS	Chemical Use in Pregnancy Service
EDYS	Engadine District Youth Service
EDCAIS	Engadine District Community Aid and Information Service
LGA	Local Government Area
MoU	Memorandum of Understanding
NAPSM	Nurse and Patient Service Manager
NUM	Nurse Unit Manager
PHOFA	Public Health Outcomes Funding Agreement
READY	Resources and Education on Alcohol and Drugs for Youth
RHW	Royal Hospital for Women
SESAHS	South East Sydney Area Health Service
SESIAHS	South Eastern Sydney and Illawarra Area Health Service
TAFE	Technical and Further Education
TSH	The Sutherland Hospital and Community Health Services
WALTZ	Working All Together
WAYS	Waverly Action for Youth Services
WSAHS	Western Sydney Area Health Service
YPP	Young Parent's Project

## Appendix B Committee membership 2004-2006

### Young Parents Project Steering Committee 2004 – 2005

Mercy Baafi	Consultant Midwifery Practice Development, St George
Pauline Brown	Glen Mervyn Young Women's Health Program
Cathy Donnellan	NUM, Child and Family Health, North Eastern Sector
Debbie Hatfield	Shirewide Youth Services
Inshirah Khan	Project Co-ordinator, Young Parents Project
Cherie Laidlaw	CUPS, Sutherland Hospital
Sally Lambourne (chair)	Area Youth Health Co-ordinator
Nicky Leap	Area Director Midwifery Practice
Lee Love	Senior Manager Community Services, Sutherland
Deb Matha	Senior Nurse Manager, Child, Youth & Family Sutherland Hospital
Glenda Mitchell	St George Backstop Family Support Service
Melissa Mitchell	House Manager, Jacaranda Cottage
Janice Oliver	Area Early Parenting Co-ordinator, Area Women's Health Unit
Rosemary Osborne	NUM Child and Family Health, St George Sector
Lesley Pullen	St George Division of General Practice
Karen Speilman	GP representative
Claudia Vidal	Come-In Youth Resource Centre
Jo Wills	NASPSM, Maternity and Child Health, St George Hospital
Saulan Yin-Lo	Diversity Health Co-ordinator, Area Multicultural Health Unit

### Sutherland Shire Young Parents Steering Group 2004 – 2006

Glenn Brack	Engadine District Youth Service (2005 – 2006)
Derek Ephrem	Engadine District Youth Service (2004 – 2005)
Lyn Hayes	Perinatal Mental Health, Sutherland Hospital
Inshirah Khan	Project Co-ordinator, Young Parents Project
Patricia Heraud	Sutherland TAFE
Christina Mannyx	Engadine Community Aid and Information Service
Dianne Manns	Sutherland Family Support

### Randwick Young Parents Committee 2005 – 2006

Sue Beckman	Junction Neighborhood Center
Susan Brandrick	Midwife, Royal Hospital for Women (2005)
Pauline Brown	Glen Mervyn Young Women's Health Program (2005)
Michelle Booker	OASIS Youth Service
Erica De La Fuente	Junction Neighborhood Center
Wendy Sue Forder	Outpatients, Royal Hospital for Women (2005)
Hillary Hunter	Outpatients, Royal Hospital for Women
Susan Jackson	Glen Mervyn Young Women's Health Program
Inshirah Khan	Project Co-ordinator, Young Parents Project
Jane Maher	Come-In Youth Resource Centre
Sue Passey	Child and Family Health
Ellisa Sexton	Midwife, Royal Hospital for Women
Sheryl Sidery	Discharge Planner, Royal Hospital for Women
Karen Speilman	General Practitioner
Jane Svennson	Co-ordinator, Health Education, Royal Hospital for Women
Claudia Vidal	Come-In Youth Resource Centre (2005)
Saulan Yin-Lo (chair)	Diversity Health Co-ordinator, Royal Hospital for Women

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## St George Young Parents Committee 2005 – 2006

Mercy Baafi	Consultant Midwifery Practice Development (2005)
Julie Curtis	Antenatal Clinic, St George Hospital
Christine Johns	Antenatal Services Co-ordinator, St George Hospital
Inshirah Khan (chair)	Project Co-ordinator, Young Parents Project
Nicky Leap	Area Director Midwifery Practice
Glenda Mitchell	Backstop Family Support
Janice Oliver	Area Early Parenting Program Co-ordinator, Area Women's Health and Community Partnerships
Briannan Oliver	READY Project (2005)
Rosemary Osborne	NUM Child and Family Health, St George Sector
Catherine A Smith	Acting NAPSM, Maternity and Child Health, St George Hospital
Kathy Solanki	Perinatal Mental Health, St George Hospital
Alison Teate	Midwife, Centering Pregnancy
Sinead Tierney	Social Work, St George Hospital
Jo Wills	NAPSM, Maternity & Child Health, St George Hospital (2005)
Chloe Wootten	READY Project
Katherine Zapp	Social Work, St George Hospital

## SESAHS Inequities in Maternal and Infant Health 2006

Deborah Blackwood	Eastern Division of General Practice
Maree Corps	NUM, Sutherland Child and Family Health Service
Jill Crawford	Diversity Health Co-ordinator, SCH
Julie Curtis	Representatives from Outpatients Women and Childrens' Health St George Hospital
Christine Johns	Health St George Hospital
Pauline Foote	Manager, Area Women's Health,
Wendy Sue Forder	NUM, Outpatients, RHW
Lyn Hayes	Perinatal Mental Health Co-ordinator, TSH
Carol Jones	NUM, Delivery suite and antenatal clinic, Sutherland Hospital
Inshirah Khan	Young Parents Project Officer
Nicky Leap	Director of Midwifery practice
Paul Morgan	Father Links Project Officer
Janice Oliver	Early Parenting Program Co-ordinator, AWHU
Rosemary Osborne	NUM St George Child and Family Health Service
Lesley Pullen	St George Division of General Practice
Tanya Rimes	Families First Co-ordinator, SES
Elizabeth Steinlein	Postnatal Services Co-ordinator, St George Hospital
Carol Sutton	NUM Child and Family Health Services, Northern Hospital Network
Jane Svensson	Health Education Co-ordinator, RHW
Saulan Yin-Lo	Diversity Health Co-ordinator, RHW

## Appendix C Description of young women in south eastern Sydney

The following information outlines data relating to young parents in the catchment area of the former South Eastern Sydney Area Health Service, including number of births, fertility rates and location of birthing (Source: NSW Midwives Data Collection, HOIST)

Research evidence suggests that teenage/adolescent young women who are pregnant and/or parenting are the most vulnerable group. Previously SESIAHS reports have defined young women as being aged 21 years and under. During the Young Parents Project it became evident that community based youth services define young women as aged 24 years and under. For the purposes of this report we have concentrated on young women 19 years and under.

### Population Data

Data from the 2006 Census indicates there were 264,571 women residents in the fertile age group (aged 10 – 54 years) living in the nine Local Government Areas (LGA) making up South Eastern Sydney Area. Of these, 77,776 (29%) were aged 24 years or less. Women aged from 10 to 19 years, made up 17% of the total fertile group of women residents.

### Births in SES 2005

There were 10,343 births in South Eastern Sydney part of the AHS in 2005. Of these, around 1.5% were to women aged 19 years or less. Ten percent (10%) of births in the area were to women aged 24 years or less. In Figure Two (below) the percentages of all births are displayed according to LGA's of residence.

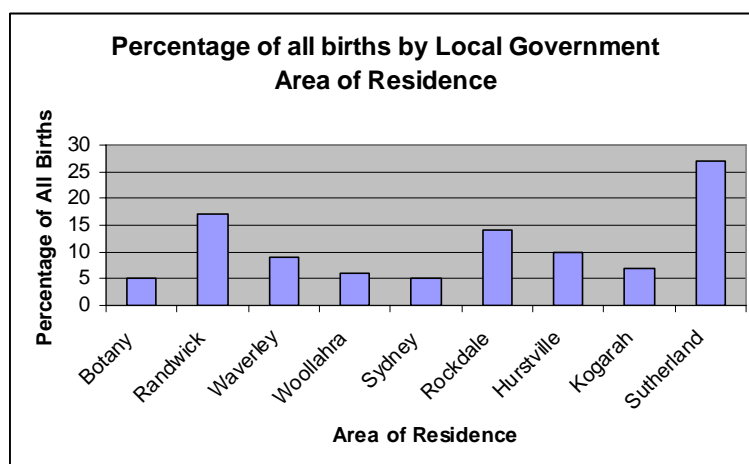


Figure 2 Births by Local Government Areas

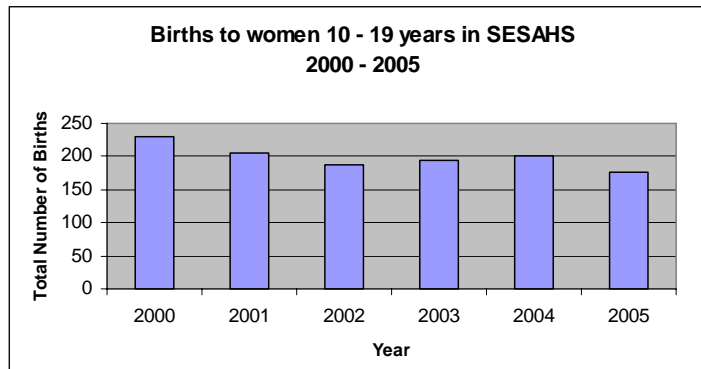
### Fertility Rates

In the year 2005, women in South Eastern Sydney aged 30 – 34 had the highest age specific fertility rates (116 per 1000). The highest adolescent (19 years or less) fertility rate was in Hurstville LGA (4.98 per 1000), followed by Rockdale LGA (4.0 per 1000), Kogarah (2.98 per 1000), Randwick (2.69 per 1000), Botany (2.68 per 1000) and Sutherland (2.37 per 1000). Adolescent fertility rates were low in Sydney Inner (2 per 1000) Waverley (1.1 per 1000) and Woollahra (0.69 per 1000).

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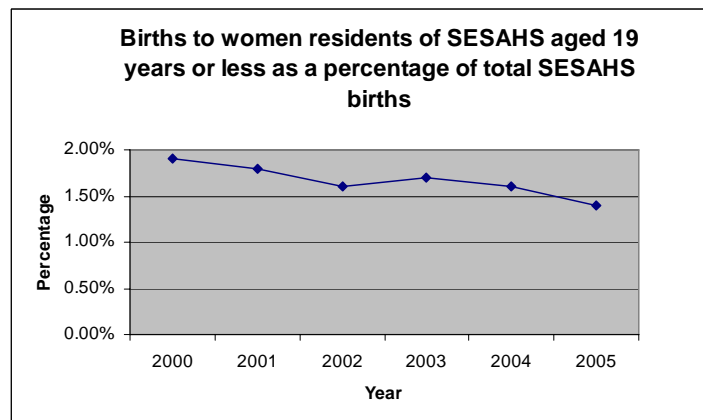
## Numbers of Births

The total number of births to women aged 19 years or less, residing in the South Eastern Sydney part of SESIAHS, has declined between 2000 and 2005. These are shown below in Figure 3 according to calendar years,



**Figure 3 Numbers of births to young women living in south eastern Sydney**

The percentage of births to women aged 19 years or less as a percentage of all South Eastern Sydney births has also declined between 2000 and 2005, these are shown below in Figure 4.



**Figure 4 Proportion of young women birthing in SESAHS**

Table 1 shows the number of births to women residents of South Eastern Sydney Area Health Service in the years 2001 and 2005. Percentage figures shown are the percentage by age group of the total births per hospital of birth.

Births to women aged 19 years or less as a percentage of total births have remained similar in all hospitals between 2001 and 2005. The total number of births per year dropped in both the Royal Hospital for Women and St George Hospital between 2001 and 2005, however Sutherland Hospital had more births in 2005 than in 2001.

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**Table 1 Births to women residents of SESAHS aged 24 or less in SES public hospitals**

<b>Births to women residents of SESAHS aged 24 or less in SES public hospitals</b>						
<b>Age</b>	<b>RHW (2001)</b>	<b>RHW (2005)</b>	<b>St George (2001)</b>	<b>St George (2005)</b>	<b>Sutherland (2001)</b>	<b>Sutherland (2005)</b>
<= 19 years	56 (2%)	29 (1%)	6 (2.4%)	57 (2.5%)	22 (3%)	27 (3%)
20 - 24 years	232 (6%)	177 (6%)	360 (16%)	309 (14%)	123 (17%)	130 (12%)
> 24 years	3338 (92%)	2819 (93%)	1902 (82%)	1867 (83.5%)	592 (80%)	898 (85%)
<b>Total Births</b>	3726 (100%)	3025 (100%)	2318 (100%)	2233 (100%)	737 (100%)	1055 (100%)

### **Location of Births to Residents of south eastern Sydney area - 2005**

Table 2 shows the number and percentages of births at public hospitals in south eastern Sydney, other metropolitan public hospitals, private hospitals and rural hospitals.

**Table 2 Births to residents of South Eastern Sydney – 2005**

<b>Births to residents of South Eastern Sydney – 2005</b>					
	<b>RHW / St George / Sutherland</b>	<b>Other metropolitan hospitals</b>	<b>Private Hospitals</b>	<b>Rural Hospitals</b>	<b>Missing data</b>
<b>Number</b>	5990	584	3742	21	16
<b>(%)</b>	(58%)	(5%)	(36%)	(0.3%)	(0.2%)

