



Healthy Young Parents in Education

Final Report





© SHine SA, 2007

Any part of this publication can be cited with the approval and acknowledgment of SHine SA Inc.

This report is also available at www.shinesa.org.au

Contents

Acknowledgments	4
Summary	5
Introduction	6
Rationale	6
Evidence.....	6
Context	7
Project overview	8
Aim.....	8
Objectives and strategies	8
The project team.....	8
Steering Group.....	9
Project components	9
Research outcomes	10
Key findings from the literature review	10
Key findings from the research	10
Recommendations	11
Pregnant and parenting teenager's resource	17
Rationale	17
Description of process.....	17
The resource.....	17
Use within an educational setting.....	18
Distribution	18
Agency information	19
Rationale	19
Description of process.....	19
The web-based resource	19
Whole School Approach	20
Rationale	20
Description of process.....	20
The approach.....	20
Model of Collaboration	22
Rationale	22
Description of process.....	22
The Model	22
Conclusion	23

Acknowledgments

The **Healthy Young Parents in Education (HYPE) Project** is the initiative of SHine SA in partnership with the Department of Education and Children's Services, South Australia.

I would like to acknowledge the vision and commitment of Kaisu Vartto, SHine SA's Chief Executive Officer, without which this project would not have become a reality. Special thanks to the young women and education staff who have willingly participated in this project. They have shared their thoughts, experiences and beliefs with the aim of making a difference for pregnant and parenting teenagers in education.

Many thanks to the members of the steering committee who have given their time and commitment to support this project. Special thanks to Kirsty Rogers and Michelle Baker who travelled from Whyalla to attend the steering group meetings.

This project would not have been a success without the commitment, enthusiasm and passion of project workers Gerri Connell and Mina Barling, whose belief that pregnant and parenting teenagers have a right to the same educational opportunities as all young South Australians ensured that the goals and objectives of this project were achieved.

I would like to acknowledge the support and commitment of the many SHine SA workers, especially Kylie Browne for her tireless effort and vision in the development of the resources, and external agencies who participated in the consultations and provided information and support freely. Without their interest and enthusiasm HYPE would not have achieved the outcomes it has.

Thanks also to members of the Department of Education and Children's Services who have advised and supported this project. May the final result be a valuable tool in supporting your work with pregnant and parenting teenagers.

Sue Arwen

Project Manager

SHine SA

Summary

Healthy Young Parents in Education (HYPE) started life as Healthy Start Pathways in 2003, an initiative of SHine SA in partnership with the Department of Education and Children's Services. SHine SA, a metropolitan-based organisation with a statewide mandate, implemented and coordinated the project, supported by a steering group from a wide range of government, educational and non-government agencies.

This innovative 15-month project aimed to improve the educational, social and physical health and wellbeing outcomes for teenage mothers and their infants through increasing school retention and social inclusion.

The project had six distinctive arms:

- research
- identifying inter-agency pathways
- documenting curriculum pathway options
- developing a resource for pregnant teenagers
- developing a resource for agencies
- developing a whole of school package

Some of the project's achievements included:

- a literature review
- research with schools, employees and pregnant and parenting students
- the HYPE journal – a resource for pregnant and parenting young women
- a framework for developing a policy for the retention of pregnant and parenting students
- a web-based resource for agencies
- a Model of Collaboration
- a Whole School Approach package

Introduction

In March 2004, the South Australian Government released a document outlining its strategic plan. This included an emphasis on ensuring that young people would remain engaged in secondary education for a full twelve years.¹ Educational engagement has long been recognised as increasing health and wellbeing outcomes among individuals who are otherwise disadvantaged. One of the key issues for young women who parent early is creating educational pathways to ensure that education is a rewarding and achievable outcome. For an increase in educational retention among young mothers to occur, supportive, integrated education is necessary to ensure equity of access to all available curriculum options. With this in mind, HYPE focused on what could potentially increase retention among school-aged mothers.

Rationale

SHine SA previously responded to requests for support with personal capacity building and health programs for pregnant teenagers at school. In particular, in 2001 the Department of Education and Children's Services (DECS) approached SHine SA to respond to the number of pregnant students in a northern metropolitan school. The responses were largely ad hoc, responding to a particular 'crisis' in a school, rather than a measured, strategic response that would enable pregnant and parenting teenagers to remain engaged in their school, both during and after their pregnancy.

As a result, SHine SA identified a need for a documented best practice approach. This approach would identify key factors to enable the successful completion of their secondary education. Further, a gap was identified during the research process on what enabled pregnant and parenting teenagers to remain engaged in education. As a result the research focused on committed schools, pregnant and parenting teenagers, and employees. The research informed the development of a whole of school package that could seamlessly implement relevant strategies and practices into all secondary schools.

The research highlighted that women of school age who are pregnant or parenting often drop out, or are excluded, even though access to education is a proven way of securing positive outcomes for young mothers. This project specifically addressed particular strategies that ensured pregnant and parenting teenagers could remain engaged in education.

Evidence

South Australian data reveals that the teenage confinement rate has been relatively stable over the last five years. Figures from 2003 show that:

- teenage women account for 5.3% of confinements²
- Indigenous teenage women account for 21.6% of confinements³
- there were 937 confinements for women aged between 15 and 19 years of age, or a rate of 18.3 per 1000⁴

¹ Government of South Australia 2004 *South Australia's Strategic Plan Creating Opportunities*, Vol 2
http://www.stateplan.sa.gov.au/plan_targets.php?obj_id=6

² Chan A, Scott J, Nguyen A & Sage L 2005 *Pregnancy Outcome in South Australia, 2003* Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide

³ ibid

⁴ ibid

- in 2003,⁵ 102 confinements were to women of school age, which is set to increase as the school age is raised to 17 years in 2010,⁶ as set out in T6.12 of South Australia's Strategic Plan
- teenage mothers are more likely to have low birth weight babies (8.0%) than all mothers (5.2%)⁷
- babies born to teenage mothers are more likely to be admitted to neonatal intensive care units than are babies of adult mothers (3.3% vs. 2.3%)⁸
- 42.7% of teenage mothers smoked during pregnancy compared to an overall rate of 20.4%⁹
- the current education participation rate is 70.6%; however, for pregnant and parenting teenagers the figure is believed to be much lower than this¹⁰

Further, there is evidence of an increase in confinement rates to teenagers from low socio-economic backgrounds. There are no figures on the retention rates of pregnant and parenting teenagers; however, anecdotal evidence suggests retention is extremely low. Further, most young mothers that do return to school are 'pathwayed' in alternative programs that do not explicitly offer equity of access to the whole curriculum. Although research suggests that early parenting is often a 'trigger event' for young women to re-engage in education, in reality the lack of support means that these women often fail in this pursuit.

Context

SHine SA was aware of a number of programs on offer for pregnant and parenting students and set out to investigate, report and disseminate strategies that successfully increased school retention. By identifying the factors that could potentially increase retention rates for pregnant and parenting students, the HYPE project endeavoured to generate discussion and encourage action within schools, departments and agencies across the state that would influence positive outcomes for young women.

The project was underpinned by the knowledge that an increase in school retention could increase social, emotional and physical health outcomes for school-aged mothers and reduce the likelihood of subsequent pregnancy while still a teenager. Of particular interest was identifying links between schools and relevant health and welfare service providers and finding ways to strengthen relationships between the two. The low rate of antenatal care taken up by teenage mothers indicated a need to develop an approach that would maximise service uptake.

⁵ ibid

⁶ Government of South Australia 2004 *South Australia's Strategic Plan Creating Opportunities*, Vol 2 <http://www.stateplan.sa.gov.au/plan_targets.php?obj_id=6>

⁷ Heard A 2005 *HYPE report*, unpublished

⁸ ibid

⁹ ibid

¹⁰ Hetzel D, Page A, Glover J & Tennant S 2004 *Inequality in South Australia: Key determinants of wellbeing Volume 1: The Evidence*, Department of Health, Adelaide

Project overview

HYPE was underpinned by several approaches. As previously discussed, the Government of South Australia's strategic plan identified a need to increase the rate of participation (transitioning from Year 10 through to Year 12) from 70% to 90%, and increase the school leaving age to 17 years in 2010. While the project was structured around several core outcomes, it also developed organically in response to emerging evidence from both the literature and from the young women ($n=47$) who participated in the research. As a result HYPE has been able to successfully satisfy its original project requirements and build on its original proposal.

Aim

The project endeavoured to identify specific factors that could potentially increase retention for pregnant and parenting women of school age in South Australia. A holistic approach ensured that young women currently engaged in education would be consulted alongside workers employed in schools with a focus on pregnant and parenting students. The philosophy of the project was to encourage cultural change at all levels of education so that supportive, integrated education was available to pregnant and parenting teenagers. This cultural shift can only occur within an environment that supports a pregnant and parenting teenager's right to education and affirms the multiple responsibilities that young mothers have. As such, a focus on 'educating the educators', and encouraging debate around structural change was evident throughout the implementation of the project.

Objectives and strategies

The objectives of HYPE were to:

- engage school-aged parents in **research** to determine what makes it possible for them to remain at school or in some form of educational learning
- **identify the inter-agency pathways** for responding to teenage women who are pregnant and continuing with their schooling by working with services and agencies to develop a model of support and inform the young women's resource
- **document curriculum pathway options** or contribute to the development of a health education program for SACE Accreditation based on information from current programs both in South Australia and interstate
- develop an **information resource for pregnant teenagers** in consultation with pregnant or parenting teenagers that has statewide portability
- develop an **information resource for agencies** that has statewide portability, based on what is identified as the best way to support both agencies and young women to access services to increase the likelihood of remaining attached to educational learning
- develop a **whole of school package** that contains the above resources and information, policy recommendations and training options for the school community

The project team

The project team consisted of Kaisu Vartto (Chief Executive Officer), Susan Arwen (Project Manager), Mina Barling (Project Officer) and Gerri Connell (Project Officer).

Steering Group

The Steering Group was comprised of 15 members from relevant government and non-government agencies, participating schools and included a young mother currently engaged in education. The role of the Steering Group was to contribute to the development and implementation of the project by providing relevant advice and sharing knowledge, ideas and experiences which would benefit the project outcomes. Furthermore, the Steering Group would promote and provide support for the project.

Project components

The project components included:

- a literature review and research
- identifying an inter-agency model of support
- documenting curriculum pathway options
- developing the HYPE journal for pregnant teenagers
- developing a web-based resource for agencies
- developing a whole of school package
- developing a policy framework for the retention of pregnant and parenting students

Research outcomes

The Department of Education and Children's Services provided Ethics Approval for the research arm of the project. The aim of the research was to investigate what enables pregnant and parenting teenagers to remain engaged in education. There were four schools involved in the research. A principal, key worker and student counsellor from each of the participating schools were consulted. Pregnant and parenting students ($n=47$) from these schools also contributed to the study. A literature review and research report underpinned the resource development. Both are available at www.shinesa.org.au.

Key findings from the literature review

The systematic literature review critically analysed current research. Some key points materialised from the literature:

- In 2003 there were 937 confinements to teenagers in SA. Of these 102 were to teenagers who were legally required to attend school (16 years and under);¹¹ however, this figure disguises the number of pregnant and parenting teenagers from previous years who had dropped out of school and not re-engaged.
- While overall the teenage confinement rate has remained stable, it has risen among the most disadvantaged teenagers.
- Discourses around pregnant and parenting teenagers reduce their experience to a 'social' or 'welfare' issue, as opposed to citizens with a human right to education and reproduction.
- Supportive, integrated education needs to meet the intellectual, personal and social needs of young women who are pregnant and parenting.
- There is no specific policy that caters for pregnant and parenting students in South Australia. Further, there is no data collection of this group in place. It is unknown how many pregnant and parenting teenagers return to, or remain engaged in, education.

Key findings from the research

The methodology adopted for the research report included individual interviews and a focus group with pregnant and parenting students. As well, semi-structured interviews with key workers informed the study. The students and workers were attached to four schools that cater specifically for pregnant and parenting students. These are as follows: Edward John Eyre High School (Whyalla), Gepps Cross Girls High School, Open Access College and Para West Adult Campus.

The response from pregnant and parenting students offered practical strategies for effective integration.

These included:

- The importance of providing education that meets the social and intellectual needs of the student, while also acknowledging the student's parenting responsibilities.
- Allowing newborns (not toddlers) to be with the mother in class when and if necessary.
- Good quality and site-specific childcare.
- Accessible and regular public or school-based transport provision.

¹¹ Chan A, Scott J, Nguyen A & Sage L 2005 *Pregnancy Outcome in South Australia, 2003* Pregnancy Outcome Unit, Epidemiology Branch, Department of Human Services, Adelaide.

- Non-judgmental, youth-focused, antenatal care. Most participants reported feeling embarrassed or 'judged' when using mainstream antenatal services. In fact, 51.9% of the participants reported a negative experience with services.
- The importance of a pregnant and parenting friendly culture within the school.

The employees provided insight into such areas as program history, policy development, and identified both existing challenges and areas of excellence. The schools that participated in the study were united, in that they were passionately committed to providing education for pregnant and parenting students. The research showed that:

- The absence of a state policy commitment resulted in a lack of knowledge around appropriate procedures and practices.
- The ability to implement and develop programs relied on secure funding. Staff commented that funding applications took up a considerable amount of work time, and this time would be better spent towards course development and program sustainability initiatives.
- Most schools pathwayed their students into 'young mums programs', which included SACE and VET options to cater to their specific needs. This resulted in not always being able to provide the full range of available curriculum options. In some schools the programs did not cater for students who wanted to apply for university. (Responses from pregnant and parenting students showed that 43.24% of the respondents returned to school with the aim of continuing with further education.)
- All of the schools identified the greatest challenges as program sustainability and equity of access to curriculum options.

Recommendations

The report has five key recommendations:

Recommendation 1

The Department of Health develops an antenatal model that meets the specific needs of young mothers, with a focus on personal skills development, health promoting behaviours and equity of access to supports and services.

Recommendation 2

The Department of Education and Children's Services develops and implements a policy on the retention of pregnant and parenting students in education that includes evidence-based strategies to ensure good practice.

Recommendation 3

Funding be allocated to support pregnant and parenting students to remain in education.

Recommendation 4

SHine SA and key partners develop a community awareness campaign which promotes respect for young mothers.

Recommendation 5

The Department of Education and Children's Services develops a data collection system to identify retention and educational status of pregnant and parenting students.

Recommendation 1

The Department of Health develops an antenatal model that meets the specific needs of young mothers, with a focus on personal skills development, health promoting behaviours and equity of access to supports and services.

Access to appropriate antenatal services is vital to the health and wellbeing of both the mother and infant. A holistic approach which engages with, and understands the needs of, young mothers ensures a greater uptake of antenatal services, thus increasing health outcomes for both the mother and her baby. As well, uptake of appropriate antenatal care ‘demystifies’ services so that young mothers are more likely to confidently access other agencies and service providers, including postnatal services.

The research showed that 51.9% of the participants had what they perceived as a negative experience when accessing antenatal classes. Further, 21.3% of respondents did not access antenatal classes, perhaps as a compound effect of negative perceptions of health workers, among identified issues such as transport difficulties, and inappropriate content. One way around this issue is to remove antenatal care outside of hospital settings to reduce the existing stigma that surrounds mainstream maternity care. As well, in an alternative setting, content tailored to young women can be developed, with a holistic focus that includes the promotion of healthy behaviours in an appropriate non-judgmental manner, underpinned by developing the necessary skills to achieve these behaviours. An outcome of a study into young pregnant and parenting women in Adelaide has observed that youth and homelessness-specific health services have demonstrated success in engaging and supporting homeless young women in antenatal care.¹²

Further, antenatal care aimed specifically for young women can acknowledge and respond to diversity – that is, not treating young mothers as a homogenous group – and in addition better address the complex and varying needs of this group. A holistic model of antenatal care must also focus on reducing low birth weights by increasing the amount of antenatal care, providing relevant information on nutrition, smoking cessation and working in a multi-disciplinary setting which can provide direct links to relevant workers.

Low birth weight babies are a priority for the state, with the State Strategic Plan aiming to continue to be the best performing state for the lowest rates of infant mortality in Australia.¹³ Low birth weight babies are one of the key indicators for infant mortality and morbidity, and while infant mortality is currently stable, low birth weight babies are increasing among teenagers. Young maternal age and socio-economic status are indicators for low birth weight babies and the gap between the health outcomes of babies born to disadvantaged women is growing.¹⁴

¹² Rogers N & Allwood D 2005 *A roof to start off with: Young, homeless, pregnant and parenting in Adelaide*, Department for Families and Communities, South Australia, p. 27

¹³ Government of South Australia 2004 *South Australia's Strategic Plan Creating Opportunities*, Vol 2, p. 5

¹⁴ Hetzel D, Page A, Glover J & Tennant S 2004 *Inequality in South Australia: Key determinants of wellbeing Volume 1: The Evidence*, Department of Health, Adelaide, p. 61

Recommendation 2

The Department of Education and Children's Services develops and implements a policy on the retention of pregnant and parenting students in education that includes evidence-based strategies to ensure good practice.

The development of a policy for the retention of pregnant and parenting students will achieve coherence across the state and formalise the provision of education to students in a manner that ensures equity of access to the curriculum. The policy must not merely be a set of philosophical goals, but rather provide a practical framework underpinned by best practice.

Research overwhelmingly shows that a pregnant and parenting-friendly culture, access to all available curriculum, support services, etc. ensures higher retention rates and educational success for teenage mothers. Without a policy that promotes and protects these rights, the retention rate of pregnant and parenting students disengaged in education within South Australia will remain at an unacceptable level. The current rise in confinements among teenage women from low socio-economic backgrounds (amid a stable state rate), compounded by an inevitable increase in compulsory school leaving age from 16 years to 17, in 2010¹⁵ has the potential to increase the total confinements to disadvantaged teenagers of compulsory school age.

Young mums articulate early parenthood as the key trigger event towards a return to education;¹⁶ in actual practice a pregnant or parenting teenager's likelihood of completing school is highly unlikely.¹⁷ This gap between the desire to create a brighter future and the real barriers that prevent this from happening is significant. This is further compounded by socio-economic disadvantage that already affects their potential for engagement in education and meaningful employment. Further, planned federal budget changes mean that government benefits to single parents (overwhelmingly women) are decreasing. The changes mean that young mothers who are not in education or employment by the time their child is of school age will be unable to financially support their family's basic requirements, resulting in further poverty and exclusion.

Comprehensive state policy must encourage schools to promote flexible curriculum options, services and links with relevant community agencies. As well, policy must clearly state the responsibilities of DECS, principals, teachers, school counsellors, peers and pregnant and parenting students and address the rights and responsibilities of community and family. The policy document must provide links to related available resources, for example relevant organisations, Teacher, Training and Development (TTD) material, or examples of best practice. Most of all, policy should clearly state the minimum duty of care to pregnant and parenting students to ensure they are able to successfully complete their formative schooling and are adequately prepared for further education or training.

The literature review discussed, in some depth, the differences in styles of education provision available for pregnant and parenting school-aged women. Further, the research showed that schools were often divided

¹⁵ Government of South Australia 2004 *South Australia's Strategic Plan Creating Opportunities*, Vol 2, p. 9

¹⁶ Pillow W 2000 *Unfit Subjects, Teen Parents and Educational Policy*, Routledge

¹⁷ Boulden K 2000 *Present, Pregnant and Proud: keeping pregnant students and young mums in education*, Association of Women Educators, Sandgate, Queensland, p. 7

between a 'Therapeutic Haven Versus Real World Microcosm' approach as defined by Deidre Kelly.¹⁸ Many students who participated in this study were, for various reasons, unable to access the full range of curriculum. However, 43.24% of the students were engaged in education for the purpose of preparing them for further study. It was evident that the available curriculum options, which were often focused on 'mother care' practices, would not equip them with the skills needed for further education.

A best practice model must address the intellectual, emotional and structural needs of the student. Successful schools have mechanisms in place that retain pregnant and parenting students. A holistic approach includes flexible delivery of curriculum, active relationships with community agencies, one-on-one support, and a culture that promotes the education of pregnant and parenting teenagers. Access to mainstream education is paramount and structural support such as transport support/provision, accessible childcare, and a skilled case worker is necessary. Each student should be individually counselled to maximise her future potential, either through completing VET subjects for TAFE, or gaining a TER score for university. Each student should be considered for their intellectual potential, rather than their socio-economic status, family background, or other 'at risk' factors.¹⁹

Other key areas for consideration are uniforms, furniture, breast/bottle feeding and nappy changing areas, support for young fathers, etc. The existing uniform policy needs to be addressed in every school. Do larger sizes need to be available? Or are casual clothes in school colours an affordable compromise? Schools need to ensure that they have desks that fit. Chairs with the desk attached are totally inappropriate, and do not belong in a pregnant or parenting friendly school. Schools must consistently respond to the educational and personal needs of pregnant and parenting students.

A best practice model must also address existing practices of discrimination. Boulden notes in her manual *Present, Pregnant and Proud*, that 'harassment and discrimination cannot be eliminated from schools unless it is addressed directly and explicitly' and that 'direct and indirect discrimination on the basis of pregnancy and parental status is unlawful under both the Federal Sex Discrimination Act and many state anti-discrimination provisions'.²⁰

Recommendation 3

Funding be allocated to support pregnant and parenting students to remain in education.

The Department of Health has indicated its commitment as part of the Health Reform to move away from providing one-off funding, unless it is for programs or projects which can demonstrate best practice in the delivery of services and make real and lasting improvements in the health and wellbeing of all South Australians. Existing programs, like the examples set out in this report, show an increase in retentions for pregnant and parenting students, thus improving the health and wellbeing of young mothers and their children.

¹⁸ Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York

¹⁹ Delpit L 2005 'Touched by their fire blinded by their brilliance: educating those, schools have left behind', Oration at Adelaide Festival of Ideas, 9 July, Adelaide

²⁰ Boulden K 2000 *Present, Pregnant and Proud: keeping pregnant students and young mums in education*, Association of Women Educators, Sandgate, Queensland, p.31

Secure funding can be achieved by consistently supporting existing programs that are already successful. Further, a good quality data collection system provides the necessary information on where funding needs to be diverted or maintained. Funding considerations need to include the ongoing, extra costs associated with provision of education and services, such as a case worker per school (including extra training if required), and the cost of providing transport and childcare to schools that have a higher than average population of pregnant and parenting students in the area. Consistent ongoing funding will encourage schools to provide best practice, supportive, integrated education to pregnant and parenting students.

Recommendation 4

SHine SA and key partners develop a community awareness campaign which promotes respect for young mothers.

As discussed at length in the literature review, public discourse often reduces pregnant and parenting teenagers to passive ‘welfare dependent’ recipients whose right to education is easily dismissed. In this context, young mothers are the undeserving poor, and are not worthy of the extra supports required to increase retention. As the research shows, early motherhood often occurs in the context of poverty, and there is no evidence to suggest that delaying motherhood will deflect intergenerational poverty.²¹

While pregnancy is the defining factor which encourages many students to ‘drop out’, early parenthood is for many the ‘trigger event’ that inspires young women to return to education.²² Yet anecdotal evidence suggests that of these, only 5% are returning and remaining engaged in school. A community silence, coupled with a lack of positive role models, means that many young mothers are unaware of their right to complete their formative schooling, which would prepare them for further education and training. These are the crucial factors that can help build a brighter future for young mothers.

The role of a campaign is not limited to empowering young mothers but to educating the community, peers, and workers with an outcome of reducing discrimination and harassment, which limits a pregnant and/or parenting teenager’s ability to return or remain engaged in education. A positive campaign that celebrates young women’s decisions to have children, and affirms many young mothers’ positive experience of motherhood against all odds, repositions their experience towards the meaningful contribution to society they make by raising the next generation. In this context, young mothers deserve equity of access to education that supports their intellectual and social needs. A cultural shift must occur toward accepting young mothers’ multiple status as parent, student, potential employee and community member. A campaign for and with young mothers that advocates for equity to education and against discrimination, will contribute to positive health and wellbeing outcomes for pregnant and parenting teenagers and their children.

²¹ Kelly D 2000 *Pregnant with Meaning: Teen Mothers and the Politics of Inclusive Schooling*, Peter Lang Publishing, New York, p. 104

²² Pillow W 2000 *Unfit Subjects, Teen Parents and Educational Policy*, Routledge, p. 102

Recommendation 5

The Department of Education and Children's Services develops a data collection system to identify retention and educational status of pregnant and parenting students.

A data collection system that accurately and systematically records the number of students who are currently pregnant and parenting in each high school is essential.

Without accurate tracking and recording, the number of school-aged pregnant or parenting students remains hidden. This poses difficulties for educators in planning for and addressing the retention of pregnant and parenting students. Additional resources to enable students to continue or return to school will require evidence and accurate data collection.

The State Strategic Plan aims to increase the percentage of students who are completing Year 12 to 90% over the next ten years.²³ However, in areas with high teenage birth rates, for example the Playford area, where the birth rate is 47.3 per 1000 teenagers (compared to a state rate of 18.3 per 1000), the school participation rate for 16 year olds is also among the lowest at 60.6% in Playford (compared to a state rate of 82.3% for females).²⁴ More accurate data collection would better identify the relationship between pregnancy, parenthood and school retention.

²³ Government of South Australia 2004 *South Australia's Strategic Plan Creating Opportunities*, Vol 2, p. 9

²⁴ Hetzel D, Page A, Glover J & Tennant S 2004 *Inequality in South Australia: Key determinants of wellbeing Volume 1: The Evidence*, Department of Health, Adelaide, pp. 37–38

Pregnant and parenting teenager's resource

Consultations with pregnant and parenting students identified the need for a journal-style resource that would provide age-appropriate information on issues associated with the physical aspects of pregnancy, childbirth and child rearing combined with accurate, non-judgmental information on educational possibilities that clearly articulate their rights as students.

Rationale

The HYPE journal, aimed specifically at pregnant and parenting teenagers, was developed as a practical, easy-to-use resource which encourages school-aged mothers to continue with education. The journal clearly identifies their rights as students, provides links with relevant supports and addresses the physical and emotional demands of pregnancy and the first year of parenting in a friendly, non-judgmental manner. This resource is the first of its kind to recognise young mothers' dual responsibilities of parenting and schooling. It assists students in negotiating the many obstacles in their life, while remaining focused on the future.

Description of process

Consultations were held with school-aged mothers before, during and after the journal was in production to ensure the content and layout was interesting and practical. It was identified in the journal that a philosophy of proactive engagement would be central to all content. The young women clearly articulated their desire for something that was not a traditional text book. They preferred a journal-style resource which they could carry around and be able to refer to or record their personal thoughts and experiences.

The resource

The HYPE journal is character driven. A week-by-week format follows the main character, Sam, through her pregnancy and birth and up until the baby's first birthday. The resource is designed to mirror some of the students' own experiences. The journal follows Sam as she negotiates with her school counsellor to plan her education while managing her parenting responsibilities. There are local phone numbers and website addresses throughout the resource, where relevant. The journal also includes a second character, Hannah, who had a daughter while she was at school. Hannah has already finished high school and is at TAFE. She supports Sam and is a positive role model to illustrate that succeeding in education is a reality with the aid of support and services.

At the end of each month, a section called 'Pregnant pause' allows the reader to consider and reflect on particular issues. The section is activity-based which may require further research or exploration and encourages the reader to get to know their community and actively seek information from services and agencies.

The HYPE journal is a powerful, easy-to-use tool that provides pregnant and parenting teenagers with relevant, non-judgmental information. It considers the many responsibilities in a young mother's life and focuses on adapting to their various changing needs as their child grows and how these relate to their education.

A 'HYPE'n'seek' section in the back provides a list of relevant contacts, many of which are referred to throughout the journal, and a glossary of terms to explain any potentially ambiguous terminology that the student may encounter as a young pregnant or parenting woman. Sections are colour-coded to ensure easy referencing.

Use within an educational setting

The HYPE journal is appropriate for both Year 11 and Year 12 students. The language is youth-orientated, without being simplistic. It can be developed into a one or two unit subject by condensing or extending the activities into reports or added to existing assignments within the classroom to form a more comprehensive body of work. The scope is endless and the options are able to be varied to meet individual needs.

The following is a list of obvious curriculum links, although it should not be limited to these choices.

- Health, Recreation and the Community
- Community Studies
- Health and Personal Development
- Child Studies
- Home Economics

Distribution

The journal is available from SHine SA and can be ordered through www.shinesa.org.au. While the journal has a South Australian focus it will also be available nationally. SHine SA will ensure that the journal is available in educational settings.

Agency information

Consultations with workers identified the need for accurate, non-judgmental information to prompt and inform workers on the needs and interests of student-aged young women who are pregnant or parenting.

Rationale

During consultation with workers to identify pathways for pregnant and parenting students that underpins the Model of Collaboration, workers identified their need for information so they could provide an effective and holistic approach to service delivery for pregnant and parenting teenagers. These young women often present to agencies with a variety of requests and needs and workers are therefore are in a position to assist them to identify solutions that can make school retention easier with the appropriate support.

Description of process

Consultation with representatives from relevant government and non-government agencies and service providers identified that providing information on the web would be the most effective way to deliver information to workers on supporting pregnant and parenting teenagers. Workers had also experienced frustration at not being able to access accurate referral information that promoted open dialogue between the worker and pregnant and parenting teenagers.

The web-based resource

The web-based information for workers has been developed to ensure that all agencies could access cohesive, up-to-date, relevant information statewide, including a range of services that were not solely focused on education. It was also an important opportunity to include access to health services, such as antenatal care. Relevant content was developed for the site, along with a list of necessary links. The overall purpose of the website was to streamline the process for workers. Users simply access the SHine SA website and follow the HYPE link on the home page.

In addition to the worker's information, the site also connects the user to the core components of the project, including the publications, links to relevant service providers, information for schools and information for young pregnant and parenting students.

Whole School Approach

The need for a Whole School Approach was identified as a concise, uncomplicated approach that could be utilised by all secondary schools within the state. This allows for a structured, best practice approach by employing policies and mechanisms that clearly set out codes of practice for the whole school community.

Rationale

It was realised early in the project that a Whole School Approach enabled schools to create the most successful environment necessary for pregnant and parenting teenagers. This approach holistically addresses the emotional, physical, social and educational needs of pregnant and parenting students and prioritises a culture of change over 'quick fix' solutions to poor retention levels. This approach is 'transportable', in that it is a replicable package that is tailored to the individual needs of the school.

Description of process

The Whole School Approach was underpinned by research, particularly Boulden's work on supportive school communities and La Trobe University's research on Health Promoting Schools, which clearly stated the requirements of best practice.

The approach

There are five key elements to the Whole School Approach.

Element one

Development of a comprehensive school policy based on consultation that ensures the school is a safe and friendly environment for pregnant and parenting teenagers.

A school-based policy ensures implementation and maintenance of strategies that ensure that best practice approaches are maintained. Effective policy addresses existing issues and forms a strategic framework that is able to be implemented in any school setting. All relevant parties have input into policy development to ensure it is considered, relevant and proactive.

Element two

Development and implementation of a training program for teachers.

Training and development for teaching staff effectively prioritises the school's commitment to equity of access to education, within a learning environment that does not accept discrimination or exclusion. Training will include best practice approaches to individual learning, and allow teachers autonomy in case management to ensure students are accessing mainstream curriculum matched to the students' future aspirations.

Element three**Development and implementation of a training program for students.**

A major factor for pregnant and parenting teenagers is that the reaction and behaviour of peers often becomes an issue when other students distance themselves from the pregnant or parenting student. Bullying and harassment are also issues that need to be addressed among students. Teaching staff are in an ideal position to address negative attitudes and values by developing a training program that consists of lesson plans that address bullying, harassment, sexual health and pregnancy. Peer education can also be implemented as a powerful strategy for addressing existing attitudes and values. Mentorship programs are an effective technique to motivate pregnant and parenting students.

Element four**Development and adoption of a Model of Collaboration between community agencies and the school.**

To increase retention rates and improve health and social wellbeing, a collaborative approach between agencies and services provides the practical support and advocacy necessary to ensure students' needs are being met. Many pregnant and parenting students are hesitant about accessing particular services for fear of judgment. This fear, often a result of previous negative experiences, hinders access to vital services (such as antenatal care), potentially having lasting negative affects on the student's life. A Model of Collaboration is a dynamic relationship between service providers and schools which ensures students are aware of available services and receive a level of support from the school when accessing such services.

Element five**Evaluation of the Whole School Approach.**

Once a Whole School Approach has been implemented, an evaluation process should subsequently occur to measure changes and identify areas for improvement. A complete evaluation should occur a year after implementation, with subsequent annual evaluations having a specific focus on identified areas.

Model of Collaboration

A Model of Collaboration was developed to provide schools with a service-orientated template that could be adopted by schools to ensure that they are providing a safe and supportive school environment. This approach ensures that strong relationships are formed with relevant service providers in the area so that pregnant and parenting students (and their children) have their physical, emotional and social health needs met.

Rationale

Research identified that pregnant and parenting students have greater success remaining attached to education if they are supported by the whole school community. The Model of Collaboration sits within the Whole School Approach and is underpinned by recent research from La Trobe University who use the World Health Organization's concept of 'Health Promoting Schools'.²⁵ This approach is committed to a holistic model focusing on evidence-based practice.

Description of process

A series of consultations with workers from relevant agencies identified the overwhelming need for a model. From there research was undertaken to identify what a model should consist of to adequately meet the needs of schools and to ensure that best practice principles are employed. The Model of Collaboration is one of the essential elements of a Whole School Approach.

The Model

The Model of Collaboration fits within a Whole School Approach and is underpinned by a collaborative agreement between each high school and relevant organisations.

The collaborative agreement ensures that relationships between agency workers and students are maintained and strengthened by having a representative from each agency who can advocate on behalf of pregnant and parenting students to other workers.

The model also recognises the importance of empowering the whole family and has a focus on realistic, but high expectations of achievement for the student. An emphasis on seamless service delivery also supports the 'whole person', in that pregnant and parenting students' multiple responsibilities are accepted and affirmed.

²⁵ Dyson S, Mitchell A, Dalton D & Hillier L 2003 *Factors for Success in Conducting Effective Sexual Health and Relationships Education with Young People in Schools: a Literature review*, LaTrobe University, Melbourne, p. 17

Conclusion

Pregnancy, while still school aged, continues to be an area of concern to health and education providers in South Australia. While the average age of onset of puberty has dropped from 13 to 10 years in the last 30 years, and the age at first vaginal intercourse to 16 years from 19 in girls and 18 in boys in the 1950s,²⁶ teen pregnancy rates have reduced overall.²⁷ Despite this, Australia and South Australia continue to have high teenage pregnancy rates compared to the rest of the developed world,²⁸ with some populations in Australia having teen pregnancy rates equivalent to the developing world.

Most secondary school-aged women who continue with their pregnancy rarely complete 12 years of education.²⁹ The consequences include limited job and further education opportunities. Teenage mothers face many barriers getting back to education. Many start with a background of poor experience and achievement at school and exclusion during the pregnancy. The birth, stress of coping with a young child and financial factors often compound the difficulties.

School leaving age in South Australia increased from 15 to 16 years in 2004 and will increase to 17 years in 2010.³⁰ The number of 'new' school-aged parenting teenagers will increase from approximately 30 to 450 students per year. Currently pregnant and parenting students experience significant difficulties in remaining engaged with education and no formal statistics exist to report on school retention.

While the HYPE project identified the enabling factors which support pregnant and parenting teenagers to remain in education, it was inevitable that areas for service improvement would also be identified. School retention through the pregnancy increases the likelihood of return to education after childbirth. Access to a full range of curriculum options ensures pregnant and parenting teens develop the skills and knowledge necessary to pursue educational and employment ambitions. Support agencies, especially health care providers, are encouraged to critically review their services to ensure they are appropriate to the needs of pregnant and parenting teenagers.

²⁶ De Visser R, Smith A, Rissel C, Richters J & Grulich A 2003 'Sex in Australia: Experiences of sexual coercion among a representative sample of adults', *Australian & New Zealand Journal of Public Health* Vol 27, No 2

²⁷ Van der Klis K, Westenberg L, Chan A, Dekker G & Kean R 2002 'Teen Pregnancies: Trends, characteristics and outcomes in South Australia and Australia', *Australian & New Zealand Journal of Public Health* Vol 26, No 2

²⁸ Unicef Innocenti Research Centre 2001 *A League Table of Teenage Births in Rich Nations*, Innocenti Report Card, Issue No 3

²⁹ Boulden K 2000 *Present, Pregnant and Proud: keeping pregnant students and young mums in education*, Association of Women Educators, Sandgate, Queensland, p. 7

³⁰ Government of South Australia 2004 *South Australia's Strategic Plan Creating Opportunities*, Vol 2
http://www.stateplan.sa.gov.au/plan_targets.php?obj_id=6