



Early Years Strategy

Brave Foundation submission

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Brave Foundation (Brave) welcomes the opportunity to contribute to the development of the Early Years Strategy. In addition to responding directly to questions posed in the Strategy Discussion Paper, this submission also provides evidence, commentary and recommendations focused primarily on **why** the Strategy needs to ensure families – specifically young parents and their children – should be supported from the earliest point (conception) to provide critical foundations for the early years that help future generations to thrive.

The submission also wishes to draw attention to Brave’s previous engagement during the development phase of the Strategy through participation in the National Early Years Summit and Community Roundtables.

About Brave Foundation

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

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

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

About Supporting Expecting and Parenting Teens (SEPT)

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

Priority cohorts for SEPT are:

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

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

Our Mentors are a professional workforce, coming from disciplines such as education, early childhood, maternal and child health, youth work, community services and social work. SEPT uses the term ‘mentor’, chosen based on consultation with young parents. Brave requires all Mentors to complete training in family violence, child protection,

sexual assault referrals, self-care, professional boundaries, culture, and working with those that have experienced or are experiencing trauma.

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

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

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

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

Brave's impact

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

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

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

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

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

Supporting young parents and their children

The Strategy discussion paper explicitly states that its focus will be on the first five years, including the antenatal period. Whilst pregnancy for some families can be a joyous, planned experience, for others, it can be an extremely stressful time and exacerbate existing disadvantage and future likelihoods. This is particularly evident for young parents, who are themselves amid a complex developmental transition. Many young parents demonstrate resilience and have positive aspirations for their and their families lives but they also lack necessary supports during their transition to new parenthood (1-3).

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

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

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

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

Support during the First 1000 Days

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If the special needs of young mothers are recognised and maternal and family services adjusted to meet these requirements, the outcomes for both mothers and their children can improve (15).

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

Proposed Structure of the Early Years Strategy

1. Do you have any comments on the proposed structure of the Strategy?

Brave is of the view that the proposed structure of the Strategy is sound, and is pleased to note outcomes, policy priorities, indicators and underpinning principles and evidence included. The inclusion of a corresponding action/implementation plan is also welcomed to ensure accountability and milestones are met.

Further clarity is needed to confirm the proposed duration of the Strategy. Brave recommends that any period associated with the Strategy goes beyond election cycles to ensure its continuity of focus. Additional underpinning structures are also recommended to support the Strategy's implementation including committees for ongoing oversight and funding investment. It is recommended that the current Advisory Panel may be able to fulfill this role with consideration given to any additional representation needed.

Moreover, significant funding investment should be considered in future budgets to ensure that relevant organisations working with the Strategy outcomes and priorities are resourced to assist with its delivery.

2. What vision should our nation have for Australia's youngest children?

Brave's vision is to see **future generations thrive**. We suggest a similar simple, aspirational vision is used to guide the Strategy and hopes for Australia's youngest children.

We recommend that other considerations include an emphasis on equity to achieve equal outcomes with all children having access to assistance and structures to support their development from the earliest years.

Further to this, we recommend acknowledging that childhood and the first 1000 days starts from conception so that the vision is inclusive of parental support from pregnancy.

3. What mix of outcomes are the most important to include in the Strategy?

The Strategy should include a mix of short, medium and long-term outcomes that support the early years.

Outcomes should primarily focus on child development outcomes but also include specific achievements that relate to family support, particularly in relation to the antenatal period.

Policy priorities

4. What specific areas/policy priorities should be included in the Strategy and why?

A particular emphasis should be given to addressing related, yet fragmented systems. In the event there are systems in place to support information sharing and continuity of care, these are often not well understood. A key example of this is antenatal and birthing services that often have limited direct links with postnatal systems such as maternal child and family health whose role is to monitor and conduct initial screening for the early years. In Victoria, this is particularly pertinent where the health system consists of individual public and private maternal services but in most cases, local government is largely responsible for the coordination of maternal child health programs.

Streamlining supporting policies is another area that Brave deems as urgent. Specifically, the ease of navigation and access to Services Australia. An example of this is Brave participants whose own birth is not registered, but requires documentation or evidence to complete this process before their own child's birth is registered. If this cannot be achieved then there are delays or no access to resources to support the family such as Parenting Payments, Medicare, immunisation records and childcare subsidies, to name a few. Further information relating to this point has been provided in a separate submission by Brave's initiative, Social Economic Empowerment Department (SEED).

The House Select Committee on Workforce Australia Employment Services review of the ParentsNext program, and subsequent recommendation of its abolishment and development of a specific program for young parents, provides another example that does not appear to directly link to the early years, however requirements focused on parental

education and employment have direct bearing on associated Parenting Payments and ability to provide for children. This policy direction contradicts the early years focus on prioritising parenting.

5. What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?

To improve outcomes for vulnerable/disadvantaged children, investment in funding to support the Strategy's implementation is required. Given the emphasis on children and their families, priority should be given to resource initiatives that produce intergenerational impact and break cycles of disadvantage.

Brave's primary focus on supporting young parents has positive benefits for their children. By supporting pregnant and parenting teens to thrive, in turn their children are also provided with opportunities to support their development.

The impact of Brave's program is being recognised by professionals in related sectors and we are receiving increasing requests to support the professional development of related sectors such as midwives and maternal child and family nurses. By building the capacity of relevant sectors to understand the unique needs of young parents in communities (particularly vulnerable and disadvantaged communities) and best practice approaches, potential reach could be expanded and greater outcomes achieved through early intervention.

6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

Arguably, the early years is touched by all government policies with some connections more obvious than others.

In order to ensure that policy silos are avoided it is recommended that the Strategy applies learnings from gender equality progress and that systems and structures are introduced to enable an early year's lens to be applied and tested to all government policies. This may include requirement such as an analysis of early years impact.

Moreover, overseeing structures/committees at both a departmental and ministerial level can provide a critical forum for ensuring a whole of government, cross-portfolio approach with key stakeholders represented to ensure consistency, collaboration and communication.

Principles

7. What principles should be included in the Strategy?

Brave recommends a key principle that should be included in the Strategy is that it is child and family centred and informed by their living and lived experiences.

In order to achieve this, a diversity of experiences and views are also needed to reflect the varying experience and challenges faced by families and children across Australia.

Article 12 of the United Nations Convention on the Rights of the Child states children and young people have the right to express their own views freely and have the right to seek, receive and impart information and ideas of all kinds.

Further, children and young people need to be provided with opportunities to be heard and their views need to be given due weight, according to their age and developmental stage, when expressed (18) Australian states and territories have their own Human Rights Acts which additionally guarantee the right of every person to take part in public life without discrimination. Brave is an advocate for these rights and seeks to deliver services that:

- Empower participants and promote their best interests
- Promote child safety, stability and development considering culture
- Target appropriate, timely assistance where support is needed
- Improve outcomes for young people and their children

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

Lived experience is an asset that a participant will bring to the process of engagement. Our model recognises that young people are experts of their own lives, and their active participation in co-design processes will help develop meaningful enhancement and critique of service design and delivery. Authentic co-design processes are based on the understanding that from the very start, people with lived experience play an equal role in decisions regarding the conceptualisation, design and development of projects or processes (19).

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

- Lundy Model: Space, Voice, Audience and Influence (Foundation of Article 12 of the United Nations Convention on the Rights of the Child)
- Hart's ladder of participation
- Shier's pathways to participation
- Experience based co-design
- United Nations Committee on the Rights of the Child (UNCRC)
- National Child Safe Principles

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

Essentially it is recommended that any guiding principles applied to the Strategy should be driven by 'nothing about us, without us'.

8. Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

Brave uses evidence-based informed practice and recommends consideration of one of recently introduced approaches. Mentors commenced using the validated outcomes tool *The Outcomes Star* (20) early in 2023, specifically, the FamilyPlus Star to assist with case planning and drive outcome focused practices with participants. Additional Stars will be introduced at a later time.

The FamilyPlus Star explores 10 domains of:

- How well the parent is looking after their child's physical health e.g. medical appointments or seeking treatment when needed

- Parent’s wellbeing and coping with difficulties
- Parent’s ability to meet their child’s emotional needs including responding to cues and relationship
- Parent’s ability to keep their child safe and protect from harm
- Parents social networks and connections for both parent and child
- Parent’s ability to support their child’s learning
- Parents ability to set clear boundaries and be a positive role model
- Family routines such as healthy meals, suitable clothing, clean home, watching tv, going to the park
- Parent’s ability to provide a secure and stable home and manage financially to pay bills
- Parent preparing for work and reducing reliance on out of work benefits

The tool is person-centred and trauma informed and is used in a collaborative conversation between the mentor and the parent. The tool supports change as well as measuring it by directly contributing to the identification of participant goals and hopes for a brighter future and providing scaling and a process for monitoring progress. The utility of the data captured is extended in assisting the practitioner to examine patterns across responses that can help to focus attention on life domains where a parent feels things are working well and ones that they find more challenging.

Should additional opportunities arise to support the development of the Early Years Strategy, and importantly its implementation, Brave welcomes the opportunity to contribute, and help future generations thrive.

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