



**|| BRAVE**

SUBMISSION – NATIONAL CHILDREN'S  
COMMISSIONER

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i. **Project title**

The Brave Hub and Pathway Plan Pilot for Expecting and Parenting Teens.

This submission addresses the following issues:

- This submission provides an early intervention framework that will decrease the risk profile and trajectory of young people, to improve capacity for safe and effective parenting and increase their likelihood of becoming economically secure.

This submission is an excerpt from a full proposal submitted to the current Try, Test and Learn fund with the Federal Department of Social Services. It identifies 3 possible trial sites for the pathway plan, however is not limited to locations or scale.

ii. **Needs analysis**

There is a prioritised need for a solution to assist E&PTs in Australia. In 2012, 11,373 teens gave birth and, as a group, demonstrated higher propensity to risks of complicated pregnancies, low birth weight babies, premature births, postnatal depression, generational teen pregnancies and domestic violence. In addition, 80% of teenage parents are receiving some form of income support seven years later.<sup>1</sup> These E&PTs were aged 15 to 24. They have an expected lifetime cost to welfare of approximately \$540,000 each, and a likelihood of becoming long-term welfare recipients.<sup>2</sup>

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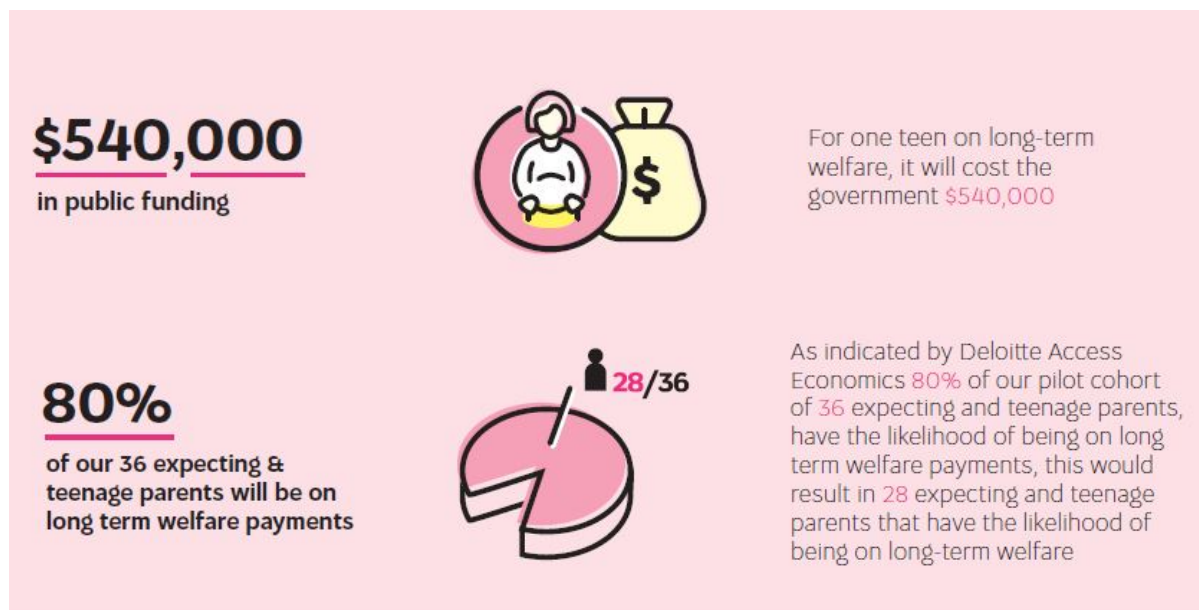
<sup>1</sup> Deloitte Access Economics 2016, *A practical guide to understanding social costs: Developing the evidence base for informed social impact investment*.

<sup>2</sup> PWC/DSS 2016, *Valuation Report*, Baseline Valuation.

<sup>3</sup> Deloitte Access Economics 2016, *A practical guide to understanding social costs: Developing the evidence base for informed social impact investment*.

<sup>4</sup> Ibid

<sup>5</sup> The 1001 Critical Days Manifesto was launched at each political party conference in the



The issue of teen parenthood is not just restricted to young women, as teen fathers and children of teen parents are considered to be ‘at risk’ for the social and educational impacts of teen pregnancy.<sup>3</sup>

E&PTs also experience a high level of disapproval in their communities and alienation from their peers and family, with a resultant detrimental effect on their self-esteem. Moreover, community distractions of the choice debate and the glamorisation of teenage pregnancy diminish efforts to provide support to E&PTs.

Evidence suggests that 23.6% of E&PTs did not complete year 10 (this excludes those that have already left before pregnancy) and only 2.3% of that group had completed tertiary education by the age of 30.<sup>4</sup>

Brave Foundation has the capacity and tools to assist this group of people, and in fact is already providing this service broadly.

iii. **The solution**

**The Brave Pathway Plan Pilot for Expecting and Parenting Teens**

The Brave Pathway Plan is an interactive tool created for E&PTs to ensure they are connected to parenting support, life support and educational opportunities in their local communities. The Brave Pathway Plan has been developed through the research delivered from the Brave Expecting and Parenting Teen Support and Education Working Group.

<sup>3</sup> Deloitte Access Economics 2016, *A practical guide to understanding social costs: Developing the evidence base for informed social impact investment.*

<sup>4</sup> Ibid

The working group's results overwhelmingly recommended the need for a structured plan that sets objectives to assist E&PTs to achieve their goals, hence the development of the 'Brave Pathway Plan' (Appendix A).

The Brave Pathway Plan incorporates the '1001 critical days' manifesto<sup>5</sup> which puts forward the moral, scientific and economic case for the importance of the period from conception to age two.

Feedback from the Brave Expecting Parenting Teen Support and Education working group concludes that there is a strong relationship between the group's initial findings, and the '1001'critical days' manifesto' in demonstrating positive outcomes for E&PTs.

The Brave Pathway Plan sets clear objectives to:

- create a best practice, evidence based project to retain the E&PTs in education whilst utilising existing community services
- develop support and education pathway plans specific to E&PTs
- identify recommendations for the education/community sector that retain the E&PTs in education over time
- investigate methods that will aid in changing culture in our secondary schools and communities to one of inclusion for the E&PT
- source commitment to trial these findings in key locations of high incidence of teen pregnancy in Australia with a modest sized cohort group for optimum measurement.

In addition, consideration should be given to areas of relevance to E&PTs such as integrating the four pillars of reform<sup>6</sup> in the outcomes of the pilot:

- Creating a simpler and sustainable income support system by simplifying the range of childcare payments, thereby ensuring that E&PTs receive encouragement, support and employment.
- Strengthening individual and family units by building capability to work, supporting education and providing family support to ensure well-functioning families.
- Engaging with employers to change negative attitudes to E&PTs and provide workable solutions such as flexible workplace practices and, where practical, on-site childcare facilities.

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<sup>5</sup> The 1001 Critical Days Manifesto was launched at each political party conference in the United Kingdom in October 2013

<sup>6</sup> Minister for Social Services 2015, *A new System for Better Employment and Social Outcomes*, Report of the Reference Group on Welfare Reform.

- Building community capacity by working with businesses to expand the support and eligibility for programs that provide funding to train E&PTs to successfully attain employment.

Brave Foundation provides each E&PT with a tailored Pathway Plan that is supported by a Brave Hub Pathway Manager (BHPM), a nominated volunteer Brave Community Champion (BCC) and Brave Champion Training and Learning Facilitator (BCTLF). The BCTLF works in consultation with and trains the BCC in all components of the pathway plan to enable delivery alongside the E&PT.

Development of individual and tailored pathway plans and the delivery by Brave support staff coordinates existing local services and opportunities for each client throughout the pathway. The local services can include local state government departments, Department of Education, Department of Human Services, Department of Social Services, not-for-profit and non-government organisations and secondary education and health care providers.

Brave's Pathway Plan enables E&PTs to identify their aspirations, goals and ambitions in further study and/or engage in training and employment within their own communities. Remaining in their own community can give E&PTs a sense of comfort and familiarity while embarking on the journey to parenthood. Being a teen parent can bring social repercussions that extend into adulthood. A large percentage of E&PTs drop out of high school. Of significance is the social impact to the E&PT and their families and friends. Caring for a newborn requires sacrifices to both lifestyle and social activities, which may be difficult for both the E&PT and their friends to accept. This can in turn create an environment of isolation and segregation from familiar people and activities.

E&PTs are encouraged through the pathway plan to maximise their learning as a parent as it applies to other areas of their lives and careers.

The pathway plan shows the value of parenting in a recognised learning framework, which can contribute towards further education and employment opportunities over time.

Importantly, the Brave Pathway Plan and Brave Foundations advocacy functions more broadly, provide a mechanism to mitigate stigma faced by E&PTs, which in turn reduces their engagement in ongoing education and training. It is well documented that stigma:

reduces the E&PTs' willingness and readiness to access education and services despite aspirations of high hopes and dreams for their families and careers.<sup>7</sup>

It is also anticipated that the pathway plan will contribute to reducing generational incidence of teenage pregnancies. The pathway plan recognises that every child of an E&PT deserves equal opportunity to lead a healthy and fulfilling life, and, through early intervention via the pathway plan, is given the opportunity for a secure parent–infant attachment to be fostered, which will develop into a long term sustainable parent–child relationship, reducing the risk of disruptive issues in later life.

iv. **Operational details**

Brave will take a methodical and strategic approach to the planning, execution and monitoring of the Brave Pathway Plan Pilot, including using proven methodology as recommended by the Brave Expecting and Parenting Teen Support and Education Working Group and documented in the Brave Pathway Plan.

Implementation of the Brave Pathway Plan Pilot Program will be monitored and reported at agreed points in the program to gauge effectiveness (see Appendix A).

**The Brave Village Hub**

The Brave Village Hub is an 'as needs' support mechanism or central point of activity and communication. The Brave Village Hub may be virtual, pop-up or utilise shared office space and hot desking facilities with relevant, aligned organisations (particularly secondary schools) for co-facilitation and collaboration. The Brave Hub Pathway Manager (BHPM) will have access to all materials to ensure the Brave Foundation brand and communication style is consistent and adheres to brand standards.

The mobility of the BHPM and the Brave Village Hub is vital to ensuring constant engagement with E&PTs and thereby creating a sense of place for them to rely on. Importantly, the Brave Village Hub will seek and report on feedback from E&PTs, which can be used to implement continuous improvement of the program.

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<sup>7</sup> Butler et al 2010, *Experiences and Aspirations of Younger Mothers: Report for the Department of Families, Housing, Community Services and Indigenous Affairs*, Institute of Child Protection Studies Australian Catholic University.

## Successful Implementation

will break the chain of welfare dependency and alter perceptions



The successful implementation of the program will change the culture and expectations of welfare for teen mums AND significantly alter stigma and perceptions

### v. Expected outcomes

Completion of the Brave Pathway Plan at above 80% attendance will result in the E&PTs fulfilment of competencies that contribute to HSC equivalence.

- **Brave Parenting Certificate 1** – Awarded at the time of the E&PT's child's first birthday.
- **Brave Parenting Certificate 2** – Awarded at the time of the E&PT's child's second birthday.

It is proposed that these certificates will be recognised as a formal qualification demonstrating the value of parenting, socialisation and commitment to perinatal/maternal visits for expecting and parenting teens. It is envisaged that the certificates will contribute credit points towards higher education, vocational education and training in Australia, providing a pathway to employment opportunities.

### Impact on welfare and benefit to government

The expected initial impact of the pilot program should yield a conservative savings to welfare of \$7,560,000m given the projected success rate of 50% of the pilot group. The ongoing and exponential positive impact on welfare is to be the subject of further investigation and conclusion as part of the pilot program.

**\$15,120,000**

in costs to welfare



28 parents on long term future lifetime government costs, indicates a cost of \$15,120,000 over their lifetime

### Further research

Brave Foundation intends to begin a dialogue with the Office of Research Services, University of Tasmania, with the aim of commissioning a research candidate to document findings, comparisons and evaluation of the trial and continue to monitor and research results. This will provide vital information to



contribute to a crucial part of future innovation and national solution to E&PTs challenges and the associated impact on society.

vi. **Key evaluation criteria**

There are three significant measures of evaluation that will be utilised to determine the efficacy of the project:

1. The successful completion of the Brave Pathway Plan Pilot and achievement of accredited Brave Parenting Certificates by 50% of participants.
2. Compare data acquired from Department of Social Services on a similar group of E&PTs who are *not* part of the pilot group; that is, they do not have access to the Brave Pathway Plan in each pilot location.
3. Use of the Parent Empowerment and Efficacy Measurement (PEEM) tool<sup>8</sup> – a valid and reliable tool in assisting parents and family support providers to consider family strengths alongside the challenges of parenthood. PEEM uses an engaging online medium and focuses on the strengths of a parent, allowing them to view their own competence and confidence. This ultimately has links to children’s wellbeing and security. Parents who see themselves as competent promote confidence within themselves and, through this cycle of confidence, further positive action and wellbeing for both parent and child is promoted.

It is important to acknowledge growth and through this acknowledgement the cycle of positivity continues.

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<sup>8</sup> PEEM is a short questionnaire that provides a score from which to start a conversation with parents and practitioners. Program outcomes can be reviewed by taking the measure again – demonstrating an upward spiral to promote further confidence in the parent and ultimately an optimum environment for the child, <https://www.realwell.org.au/tools/peem/>

## vii. Appendices

### Appendix A: Brave Parenting Pathway Plan

#### A pathway for support, parenting and education for expecting and parenting teens

Brave does not enter into the choice debate, and serves to exist after the fact; the aim of this pathway is to provide a pathway plan towards happy, healthy and skilled family units over time. Completion of the pathway at above 80% attendance will result in the E&PT fulfillment of competencies that contribute to HSC equivalence.

This support and education pathway plan template is developed to reflect the 1001 days' campaign, spanning conception to 2 years of life. It also reflects anecdotal feedback from the E&PT Support and Education working group findings and research demonstrating that E&PT have aspirations of high hopes and dreams of their families and careers.

*Pregnancy, birth and the first 24 months can be tough for every mother and father, and some parents may find it hard to provide the care and attention their baby needs. But it can also be a chance to affect great change, as pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support. - 1001 Critical Days Campaign*

*Stigma reduces the Pregnant and Parenting teen's willingness and readiness to access education and services despite aspirations of high hopes and dreams for their families and careers*

– Butler et al. (2010). *Experiences and Aspirations of Younger Mothers: Report for the Department of Families, Housing, Community Services and Indigenous Affairs*. Institute of Child Protection Studies Australian Catholic University.



#### Acronyms

BPP	Brave Pathway Plan
BCC	Brave Community Champion
BHPM	Brave Hub Pathway Manager
BVH	Brave Village Hub
MCH	Maternal and Child Health
HSC	High School Certificate
CHAPS	Child Health & Parenting Service
E&PT	Expecting and Parenting Teen
BCTLM	Brave Champion Training and Learning Facilitator
DOCS	Department of Community Services

## 11 12–14 weeks' pregnancy

## 11 Expecting parent referral

### Phone call introduction between BHPM and E&PT presentation via:

- Local maternity hospital – notify and refer to the local Brave Village Hub if the client would like to opt into this pathway
- GP – notify and refer to the local Brave Village Hub if client would like to opt into this pathway
- Family Planning – notify and refer to the local Brave Village Hub if client would like to opt into this pathway.
- BHPM contacts the expecting teen to make a time to meet and discuss the pathway plan.
- The BHPM will determine whether it will be an online or hardcopy process and begin preparing registration, portal and contract of commitment forms.

## 11 Overview for discussion with BHPM and E&PT on referral

### Meeting with BHPM and the expecting teen is held at a chosen meeting place

- The BHPM meets with the expecting teen to discuss at high level the program, duration and commitment required.
- This is a get-to-know-you, conversational meeting.
- During the meeting the BHPM will determine if the expecting teen would like to nominate a BCC to sign off on their pathway plan, at specified intervals, instead of the BHPM. This could be Country Woman's Association, teacher, social worker or grandparent. Alternatively, the BHPM or E&PT can appoint a BCC. If these options are not possible the BHPM will fulfill all pathway responsibilities.
- The BHPM will explain that expecting teens committing to this pathway will need to agree to engage in secondary education (via flexible opportunities) until 32–34 weeks pregnancy or as directed by their GP, and attend at a minimum 80% of all meetings in the pathway plan.
- The E&PT will receive a *Brave Parenting Certificate of Attainment 1* at their child's first birthday, which will contribute towards HSC equivalence. This will only be awarded upon demonstration of enrolment into further study, training or employment at their child's one-year birth date (a 3-month grace period will apply).
- Upon completion of Certificate 1, the parenting teen will continue with the pathway plan, alongside their further studies, training or

employment and will receive a *Brave Parenting Certificate of Attainment 2* at their child's second birthday, which is on completion of the pathway and will also contribute towards HSC equivalence.

- The BHPM will liaise with the education provider to discuss continuation of education and, in particular, consider reduced hours and flexible delivery options to assist the expecting teen.
- The BHPM ensures that the education provider has a checklist and policy standards provided for the expecting teen.
- The BHPM will ensure that the 12–14 week GP/perinatal clinic visit is booked.
- The BHPM will schedule the next meeting with the E&PT and BCC (if applicable) at 16 weeks of pregnancy. This includes ensuring that a location for the meeting is confirmed and transport is arranged as needed.

■ Please see Appendix E for Pathway Meeting Schedule

## II 14–16 weeks' pregnancy

### **The BHPM, BCC and E&PT will meet**

- The BHPM introduces the structure of the pathway plan.
- The BHPM will explain that completion of the pathway, at above 80% attendance, will result in the E&PT fulfilment of competencies that contribute to HSC equivalence, as outlined on referral
- The BHPM explains that the BCC (or BHPM) will be required to sign off on attendance at all sessions.
- In addition to this, the Perinatal Nurse, GP or MCH Nurse must sign off at their respective appointments, independent to Brave Pathway Plan meetings.
- Appendix E table lists all meetings required for this pathway, including who will be in attendance. (Note that if a BCC is not appointed, a BHPM will attend all meetings.) Perinatal and MCH appointments will occur independently of pathway plan meetings.
- The BHPM will demonstrate the online digital Brave Village portal (app). They will register the E&PT for a unique pathway plan user ID and show how this works on a computer.
- The BHPM will explain when sign off will be required from the BHPM and BCC alongside perinatal and maternal sign off, as specified in the pathway (and above).
- The BHPM, BCC and E&PT will be able to view the timeline from 4 months' pregnancy until the baby is 24 months of age. It can be printed and saved, and the BHPM will demonstrate how to do this.

- The pathway displays an interactive timeline that will have specific conversation points on the timeline (in alignment to meeting points above) to encourage happy, healthy and skilled outcomes for the E&PT and their child. It is important that all meetings are entered onto the pathway for the E&TP to see over the timeline of the plan, reinforcing planning and goal setting.
- There will be digital sign off requirements on the individualised pathway portal when attending appointments; these are to be signed off by the perinatal/maternal nurse, respectively. The BHPM will demonstrate how this is done
- Education:
  - The BCC will assess the current level of education of the E&PT
  - The BCC will determine if support is required immediately
  - The BCC will also ensure the E&PT's secondary education provider has addressed its responsibilities
  - Details of what is required can be found in the 'Education Checklist' in the toolkit.
  - The BCC will create an opportunity for the E&PT to remain engaged in education alongside identified stakeholders until 34 weeks of pregnancy, this may be in the traditional school setting or out of the school setting – the secondary school has a role to play in establishing this requirement for flexible continuation of schooling.



## **18 weeks' pregnancy**

**The BCC and E&PT will meet** (NOTE: in the case that a BCC is not available for the pathway, the BHPM will attend)

- Support structures at home:
  - The BCC assesses existing community assistance
    - Have health practitioners, GP and other parties been notified?
    - Discussed origins of pregnancy; is counselling support required?
  - The BCC can also assess possible avenues of community assistance
    - The BCC should contact the BHPM to identify local available community services.
    - Identify what (if any) services are needed, through the Brave Village Hub, in partnership with the local Child Family Centre.

- Make referrals as necessary to collaborative services.
- Safety of E&PT:
  - Consider if it is relevant for a current case manager or DOCS to be involved
  - Assess the housing safety and situation
  - Assess the current health and safety of E&PT.
- Assess if E&PT has told loved ones and support people:
  - Are family members aware of the pregnancy?
  - Assess the level of support from others over the duration of pregnancy and parenting
  - Discuss the journey for parents, grandparents and friends
  - Explain the Brave website has stories of support for family members and friends.
- The BCC and E&PT will interact with the Brave website and BCC to give/order a Brave pack.
- The father:
  - The BCC gains an understanding of the role of father/partner, including his interest in being involved
  - The BCC also gains an understanding the circumstances of conception
  - Is there any dispute over paternity?
  - The BCC may provide information on positive parenting experiences for the father
  - The BCC will ask whether the father has access to support if needed.
- The BCC will research coalition of support services and education facilities in the region:
  - Are all education stakeholders fulfilling the need to retain the E&PT in education during pregnancy? Contact if necessary
  - Examine flexible learning opportunities as needed, initiate action and engagement with E&PT
  - Are there any pregnant young people's groups in the community, such as those run by councils, hospitals or a satellite group?
  - The BCC can contact the BVH to commence a satellite group if the E&PT lives remotely.
- The BCC will introduce organisations to facilitate new support structures. Add to timeline if necessary
- The BCC should encourage the E&PT to read Brave Little Bear and watch videos on the Brave website.
- The BCC will give the E&PT part 1 of journaling questions – Journey.
- The BCC will ensure the 16-week GP/Perinatal clinic visit has occurred
- Perinatal Nurse/GP to sign off at 16-week visit.



## 20 weeks' pregnancy

### The BCC and E&PT will meet

- The BCC and E&PT read through the Journey responses together.
- The BCC and E&PT can request a Brave Nanna letter if desired from BVH.
- Discuss 3 life promises and 3 safe people for support.
- Enter 3 life promises (in progress) on the timeline, also place them on the timeline at the babies' 18-month age.
- Ensure the E&PT has started thinking about a birth plan.
- Encourage the E&PT to exercise regularly and gently:
  - walking
  - swimming.
- Encourage eating a well-balanced diet to ensure that both E&PT and baby stay healthy.
- Encourage cessation of smoking, alcohol and illicit drug use:
  - Look up pregnancy and diet information
  - Discuss iron, folate and nutrients in pregnancy
  - Discuss foods to avoid in pregnancy due to levels of bacteria
  - Discuss meal planning
- Talk about clothing:
  - Discuss buying maternity clothes including a nursing bra
  - Ensure Australian safety standards for cot, bassinet etc.
  - Consider to buy or borrow necessary items.
- Creating memories:
  - The BCC should encourage the E&PT to start a baby book or journal to record feelings, photos and the baby's movements
  - The BCC and E&PT can download the Brave Foundation Memory Book.
- Discuss parenting – the BCC can ask the E&PT to think about:
  - How they see themselves as a parent
  - If they have any parenting role models
  - How they view their own parent's role in their lives
  - The BCC will arrange an invite to Young Mums Groups or satellite groups
  - The BCC should alert the BHPM of any concerns as pregnancy progresses
  - The BCC can assist to refer to appropriate support services through CFC.

- Discuss friends – the BCC can ask the E&PT:
  - How are friendships going?
  - Is their friendship circle changing?
  - How have their greater group of peers at the education provider and in the community, been toward this journey?
- Fun:
  - Discuss hobbies
  - Is the E&PT still able to be involved in their hobbies?
  - Discuss possible new hobbies of interest during pregnancy.
- Ensure 20-week GP/Perinatal clinic visit is booked.
- Perinatal Nurse/GP to sign off on the visit.



## **At 24 weeks' pregnancy**

### **The BCC, BHPM and E&PT will meet**

- Talk about options for ongoing education after the baby is born:
  - Maternity leave, up to 12 months
  - Will the E&PT continue with the current education provider
    - What does that look like?
    - How?
    - Complete education provider checklist
  - Consider adult education
  - Consider TAFE
  - Young mum specific education. e.g. Dale and Claremont colleges
  - Community House
  - Distance education with socialisation – it is encouraged to partake in social activities.
  - Remind E&PT that fulfilment of this pathway in their child's first year will result in receiving a *Brave Parenting Certificate of Attainment 1* at their child's first birthday, which will contribute towards HSC equivalence. This will only be awarded upon demonstration of enrolment into further study, training or employment at their child's one-year birth date, a 3-month grace period will apply.
  - Discuss a re-entry date for extra HSC subjects, e.g. this pathway will contribute as one HSC equivalent subject, awarded at the parenting child's first year.
  - Would the E&PT like to consider enrolling in more HSC subjects after their baby is born?



- If so, make a goal date and add it to the timeline, could be after 12 months.
  - Discussion about subjects to select.
  - Discussion about study with a baby, when to do homework and how much study load is realistic.
  - Discussion of the importance of connection to education, not the quantity of education hours.
  - Make a date to stop studying and commence maternity leave and add it to the timeline.
  - Pathway plan triggers for those that don't want to engage.
- Talk about current accommodation and options for the future:
    - Living with family
      - now
      - before and after birth
      - assess referral for accommodation and real estate (age factor for rentals)
      - the BCC can use the small steps example.
  - Talk about maternity leave and when to finish education before the birth:
    - How long to have on maternity leave, between 6 weeks to 12 months, before return to study.
  - Talk about Centrelink:
    - child care assistance
    - parenting Payments and Youth Allowance
    - BCC/BHPM to connect to Centrelink
    - scholarship opportunities with Brave Foundation.
  - Talk about young mum's groups in your community:
    - Is there one through the council?
    - Is there one at the hospital?
    - The BHPM could ask the local council to commence one, with Brave Foundation to start with a Journey to Destination program.
  - Ensure 6 month GP/perinatal clinic visit is booked.
  - Ensure the E&PT is linked to CHAPS and a parenting Centre.
  - Perinatal Nurse/GP to sign off on the visit.



## At 26 weeks' pregnancy

### The BCC and E&PT will meet

- BCC to arrange small baby shower celebration at education provider or community group with E&PT:
  - templates at [www.worldsbiggestBabyshower.com.au](http://www.worldsbiggestBabyshower.com.au)
  - set location
  - send invitations and address details of the event.
- Talk about furniture and necessities needed for the baby:
  - Cot, pram, change table (space), clothes, bunny rugs, nappies, creams
  - Car seat that meets Australian Safety Standards and is checked and installed professionally
  - Will the E&PT borrow or buy these?
  - Discuss the option for a 'Baby Box' if needed.
- Talk about education:
  - Do the E&PT's current subjects align with their chosen career, will the certificates from this pathway help?
  - Re-visit starting point to re-enter education provider
  - Discuss if this feels like a realistic capacity
  - Determine how long will it take at that capacity to complete that certificate.
- Look at childcare options and pre-book depending on re-entry to education date, sometimes booking in advance is needed.
- Discuss:
  - child care at education provider
  - family day care
  - community child care
  - in-home child care/nanny.
- Give E&PT journaling questions – Destination
- Perinatal Nurse/GP to sign off on the visit.



## At 31 weeks' pregnancy

### The BCC and E&PT will meet

- Discuss Destination answers.
- Discuss and nominate two other support people to share the Brave Pathway Plan with, besides the BCC, for accountability.
- Talk about what the E&PT needs to get to the dreams and aspirations they have identified.

- Discuss Centrelink and income support, give an overview of the current benefits, and ensure connection has been made.
- Look at budget now and after the baby is born, and discuss planning of a baby budget.
- Connect E&PT to budget mentoring if desired.
- Assist the E&PT to apply for a Medicare card and talk about when to add the baby.
- Check the Brave website for scholarship opportunities.
- Discuss reducing homework and education load in preparation for maternity leave, liaise with all education stakeholders regarding this, including GP's advice.
- Confirm finish and return date for education and ensure it has been added to the timeline.
- Revisit education goals.
  - Discuss upcoming commencement of maternity leave.
  - Ensure 31-week GP/perinatal clinic visit is booked.
  - Perinatal Nurse/GP to sign off on visit.



## **At 34 weeks' pregnancy**

### **The BCC, BHPM and E&PT will meet**

- Commencement of maternity leave, as reflected in the plan.
- Talk about a hospital bag, transport to and from hospital:
  - Include breast pads, pads, comfortable clothing, and birth plan.
- Talk about packing a baby bag
  - nappies
  - bunny rugs
  - grow suits.
- Find out about young mothers' groups in the local hospital or community if the E&PT not already involved in one.
- BHPM & BCC to meet with all key stakeholders prior to birth and after birth to coordinate respective roles in the plan.
- Talk about transport options after the baby is born and arrange timing of learning to drive in timeline (if required):
  - Does the E&PT have a license/car?
  - Can family/support people assist with transport to education?
  - Is bus transport an option?
  - Where is the closest public transport access?
  - Identify local driver training services 'L plates'.
- Go over the birth plan.
- Ensure 34-week GP/perinatal clinic visit is booked.
- Perinatal Nurse/GP to sign off on the visit.



## **At 36 weeks' pregnancy**

### **The BCC and E&PT will meet**

- Maternity leave should have commenced.
- Confirm that the E&PT has packed their hospital bag and has transport to and from hospital.
- Check the nappy bag has everything the baby will need
  - nappies
  - bunny rugs
  - grow suits.
- Discuss again young mother's groups in the local hospital or community if required.
- Ensure all stakeholders involved have met – utilise the Child Family Centre for this, ensure coordination of who is doing what.
- Confirm transport options post baby and determine if arrangements for public transport, support or learner training have been made and added to timeline.
- Go over birth plan.
- Perinatal Nurse/GP to sign off on the visit.



## **At 38 weeks' pregnancy**

### **The BCC, BHPM and E&PT will meet over phone or in person**

- Brief phone chat may be all that's required
- Confirm that the E&PT has packed their hospital bag and has transport to and from hospital.
- Discuss extra support needed prior and for the birth
- Ensure all stakeholders involved have met – utilise the Child Family Centre for this, ensure coordination of who is doing what.
- Go over birth plan.
- Perinatal Nurse/GP to sign off on the visit.



## **At 9 months' pregnancy – full term!**

### **The BHPM, BCC will attend E&PT and baby**

- Baby is here!
- Congratulations card and gift from BHPM (BHPM to download card from Brave website).

- The first Maternal and Child Health visit is usually completed at the E&PT's home and is a chance for parent and nurse to get to know each other and talk about any concerns. Things to cover include:
  - Safe sleeping
  - Safety in the home
  - Immunisations
  - Feeding including breastfeeding
  - How play helps learning and development
  - Family relationships and wellbeing.
  - Talk about other issues/concerns if they arise.

## II When baby is 2 weeks

### The BCC, E&PT and baby will meet

- BCC to ensure E&PT has transport for first visit to Maternal and Child Health Centre:
  - Arrange transport if it is not available to E&PT.
- This is usually the E&PT's first visit to the local Maternal and Child Health Centre. At this and each other consultation the parenting teen and the Maternal and Child Health nurse will discuss the growth, health and development of the baby, covering:
  - birth registration
  - immunisations
  - feeding including breastfeeding
  - how play helps learning and development
  - safety in the car
  - safety in the home
  - family relationships and wellbeing
  - hearing screening (VIHSP)
  - eye check: Red Eye Reflex.
- Ensure Maternal and Child Health Nurse signs off in hardcopy or electronically at this meeting.

## II When baby is 4 weeks

### The BHPM, BCC, E&PT and baby will meet

- This is an informal visit from the BHPM at the E&PT's home
- BHPM to discuss the first month and M&CH nurse visits
- Discuss accessibility to transport

- E&PT will have an M&CH visit from the nurse, they will discuss the importance of health and wellbeing for every family member. Topics to cover include:
  - safe sleeping
  - feeding including breastfeeding
  - the health and wellbeing of the whole family
  - how play helps learning and development
  - immunisations
  - safety
  - where to find parenting information – Raising Children Network
  - birth registration
  - hearing screening (VIHSP).
- Ensure Maternal and Child Health Nurse signs off in hardcopy or electronically at this meeting.



## **When baby is 8 weeks**

### **The BCC, E&PT and baby will meet**

- Meet with BCC and talk over Brave Pathway Plan to-date, the huge accomplishments and thoughts about going back to the education provider:
  - Revisit maternity leave dates.
  - Make any adjustments to EPP as needed.
- Ensure all referrals are made and starting dates for education, could be after 12–24 months of maternity leave.
- Track life promises and support people.
- Discuss friendships and changes.
- Talk about the father and possible support structures for referral.
- Ensure child care has been arranged for return to education provider.
- Ensure all Centrelink/Medicare completed and registered (should have been completed in hospital stay).
- At this M&CH consultation the baby's growth, health and development will be reviewed:
  - safe sleeping
  - birth registration
  - feeding including breastfeeding
  - immunisations
  - safety
  - hearing screen (VIHSP)
  - family relationships and wellbeing.

- Ensure Maternal and Child Health Nurse signs off in hardcopy or electronically at this meeting.



## **When baby is 12 weeks**

### **The BHPM, BCC, E&PT and baby will meet**

- Discuss maternity leave, how it's going.
- Check in/reinforce return to study date as pre-planned or alter as needed.
- Child care options and considerations, and find out if there have been any developments.
- Friendship groups, fun and socialising.
- Accessibility to services and education provider, including transport.
- Ensure all referrals are made.
- Learning to drive – is this something to consider planning?
- Track life promises – is the pathway taking the E&PT there?
- Talk about key support people and their roles.
- The M&CH consultation will focus on:
  - Parents' Evaluation of Development Status (PEDS) questions in the *My Health, Learning and Development Record* (the E&PT should try to complete these questions before the visit)
  - Safe sleeping
  - Food in the first year of life
  - Playgroups and how to join
  - How to share books and stories with the baby
  - How play helps learning and development
  - Immunisations
  - Safety
  - Family relationships and wellbeing.
- Ensure Maternal and Child Health Nurse signs off in hardcopy or electronically at this meeting



## **When baby is 6 months**

### **The BHPM, BCC, E&PT and baby will meet**

- The BHPM should assist the E&PT to contact the education provider, if this has not occurred already.
- Re-engagement with education, the BHPM will ask questions such as:
  - Remind E&PT that fulfilment of this pathway in their child's first year will result in receive a *Brave Parenting Certificate of Attainment 1* at their child's first birthday, which will contribute

towards HSC equivalence. This will only be awarded upon demonstration of enrolment into further study, training or employment at their child's one-year birth date, a 3-month grace period will apply.

- Discuss a re-entry date for extra HSC subjects, e.g. this pathway will contribute as one HSC equivalent subject, awarded at the parenting child's first year.
- Discussion about subjects to select after child's first birthday.
- Make a goal date to enroll for additional study/training and add it to the timeline (within 3 months of child's first birthday to satisfy awarding of certificate 1).
- Discussion about study with a baby, when to do homework and how much study load is realistic.
- Discussion of the importance of connection to education, not the quantity of education hours.
- Pathway plan triggers for those that don't want to engage at this stage.
- What is it like having been a mum for 6 months?
- If engaged in education outside of this pathway plan, are support structures helpful? Teachers/education?
- If engaged in education outside of this pathway plan, is education flexible enough to meet the E&PT's needs?
- Who are the E&PT's key support people and friends?
- Study, homework and parenting, including when E&PT can do homework?
- Fulfilment of this pathway plan?
- The BHPM should assess whether driving lessons and/or other accessibility options are adequate.
- At this MCH consultation the nurse will review the child's growth, health and development and complete a hearing risk assessment. The appointment will also cover:
  - E&PT's Parents' Evaluation of Development Status (PEDS) questions in the *My Health, Learning and Development Record* (the E&PT should try to complete these questions before the visit)
  - Poisons information
  - Preventing injuries
  - Taking care of your child's teeth
  - How to be sun smart
  - How play helps learning and development
  - Immunisations
  - Family relationships and wellbeing.



- Ensure Maternal and Child Health Nurse signs off in hardcopy or electronically at this meeting.



## **When baby is 9 months**

### **The BCC, E&PT and baby will meet** (repeat of 6 months' questions)

- Re-engagement with education after child's first birthday, the BCC will ask questions such as:
  - Remind E&PT that fulfilment of this pathway in their child's first year will result in receive a *Brave Parenting Certificate of Attainment 1* at their child's first birthday, which will contribute towards HSC equivalence. This will only be awarded upon demonstration of enrolment into further study, training or employment at their child's one-year birthdate, a 3-month grace period will apply. Look at graduation occasion date.
  - Discuss a re-entry date for extra HSC subjects, e.g. this pathway will contribute as one HSC equivalent subject, awarded at the parenting child's first year.
  - Discussion and confirmation of subjects to select after child's first birthday
  - Ensure firm date to commence in additional study/training or employment and add it to the timeline (within 3 months of child's first birthday to satisfy awarding of certificate 1)
  - Assist with study/training/employment application forms and reference checks
  - Ensure child care options have been discussed and planned for
  - Ensure updates and enquiries made with Centrelink
  - Pathway plan triggers for those that don't want to engage at this stage
  - What is it like having been a mum for 9 months?
  - If engaged in education outside of this pathway plan, are support structures helpful? Teachers/education?
  - If engaged in education outside of this pathway plan, is education flexible enough to meet the E&PT's needs?
  - Who are the E&PT's key support people and friends?
  - Study, homework and parenting, including when E&PT can do homework?
  - Fulfilment of this pathway plan?



## When baby is 12 months – Happy 1<sup>st</sup> Birthday Baby

### BHPM, BCC and E&PT to meet

- Print up Brave Foundation birthday card at [www.bravefoundation.org.au](http://www.bravefoundation.org.au).
- Revisit 3 promises, plans and journaling:
  - Assess whether promises and plans are the same or have changed
  - Alter any changes of promises and plans in the Brave Pathway Plan timeline
  - Discuss friendship circles and mother's groups
  - Assess driving lesson practice and accessibility options for day to day living and to education provider are working.
- Reflect updated goals into current education.
  - Revisit date to return to education, if not already.
  - Has the E&PT commenced with childcare and flexible education options, e.g. start back at extra subject?
  - How is it going back to education as a parent?
  - How is the support of the education facility towards the E&PT?
  - Who are key support people and friends, have they changed and does this need updating on the Brave Pathway Plan timeline?
- The BHPM will assess how driving lesson practice is going and how accessibility options for day-to-day living and to education provider are working.
- The BHPM will use the Parent Empowerment Efficacy Measure (PEEM) as a measurement matrix to help parents and professionals to work together to strengthen and support the E&PT's confidence with parenting.
- At this MCH consultation the child's growth, health and development will be reviewed:
  - The E&PT's Parents' Evaluation of Development Status (PEDS) questions in the *My Health, Learning and Development Record* (the E&PT should try to complete these questions before the visit)
  - Helping the child to eat healthy food
  - Taking care of the child's teeth
  - How to be sun smart
  - How play helps learning and development
  - Family relationships and wellbeing
  - Immunisations.

- The E&PT should receive congratulations – if they are now engaged in further education/training or employment and fulfilled the 80% requirement of attendance at meetings, they have completed the Brave Village Certificate 1 of Attainment!
- Ensure Maternal and Child Health Nurse signs off in hardcopy or electronically at this meeting.
- Attend graduation occasion ceremony for Brave Parenting Certificate of Attainment 1.



## **When the toddler is 18 months**

### **The BCC and E&PT will meet**

- This meeting represents the 6-month anniversary of re-connection in education, outside of this pathway plan:
  - Re-read and debrief about Brave Pathway Plan until now
  - Re-read journaling responses and discuss, are these changing?
  - Revisit 3 life promises, are these still in the thread of decision-making?
  - Revisit accountability people; have these people changed?
  - Make another 3 life goals, if they are changing
  - Re-established in education, post year 10 qualification in sight
- Happy, healthy family unit connected with socialisation and community:
  - Outcome of mum being engaged in education is not just about education but also about confidence, happy and higher self-esteem, well adjusted, happy mum and happy kids.
  - Present Brave Foundation Certificate of Recognition for all the above.
- At this MCH consultation the Maternal and Child Health nurse will review the child's growth, health and development and as well as their new teeth:
  - The E&PT's Parents' Evaluation of Development Status (PEDS) questions in *My Health, Learning and Development Record* (the E&PT should try to complete these questions before the visit)
  - Helping the child to eat healthy food
  - Taking care of the child's teeth
  - How to be sun smart
  - How play helps learning and development
  - Family relationships and wellbeing
  - Immunisations
  - Preventing injuries.
- Ensure the Maternal and Child Health Nurse sign's off in hardcopy or electronically at this meeting.



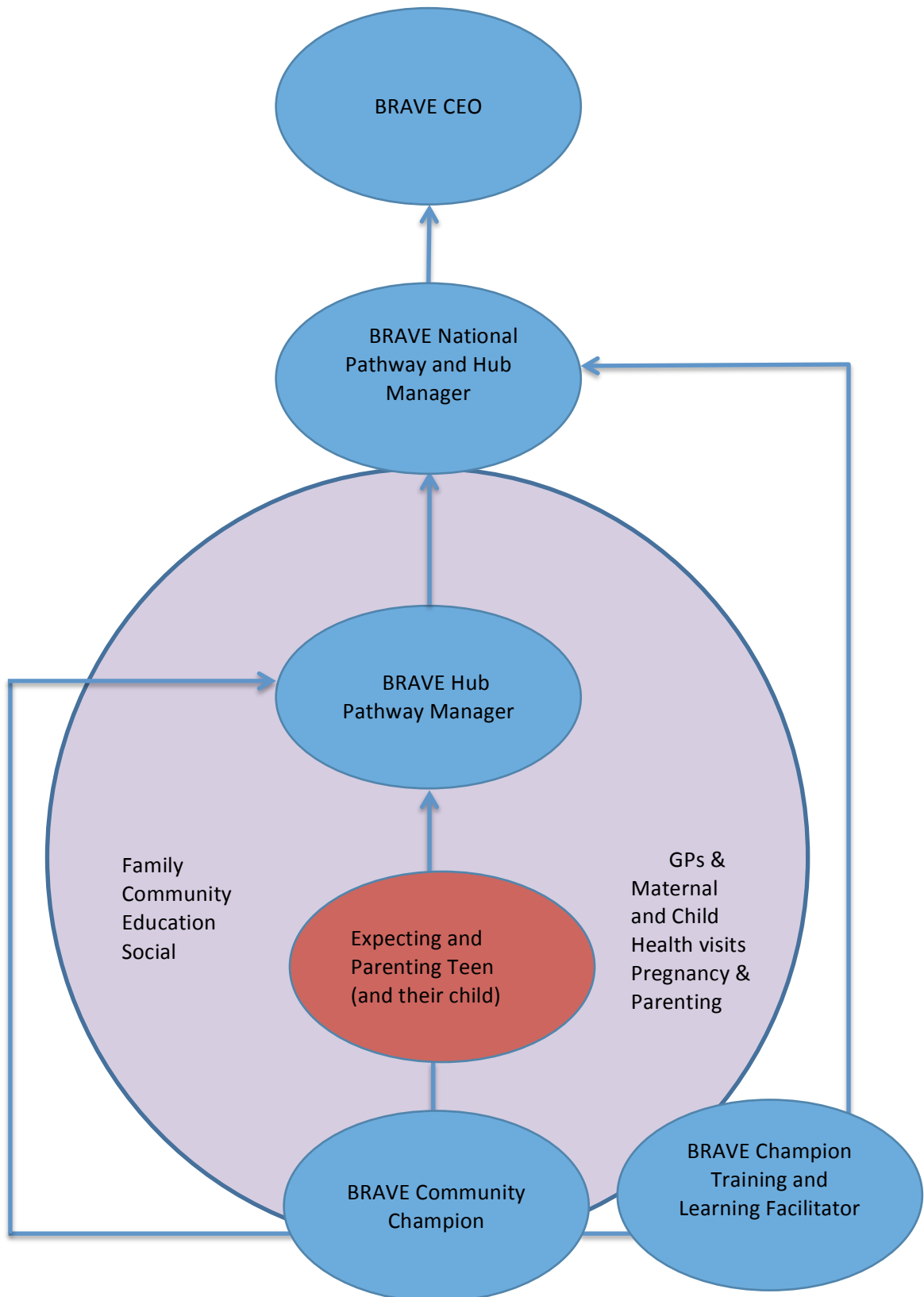
## When the toddler is 2 years

### The BHPM and E&PT will meet

- The BHPM will use the Parent Empowerment Efficacy Measure (PEEM) as a measurement matrix to help parents and professionals to work together to strengthen and support the E&PT's confidence with parenting.
- At this M&CH consultation your toddler's growth, health and development will be reviewed and kindergarten enrolment will be discussed
  - The E&PT's Parents' Evaluation of Development Status (PEDS) questions in the *My Health, Learning and Development Record* (the E&PT should try to complete these questions before the visit)
  - Helping the child to eat healthy food
  - Taking care of the child's teeth
  - How to be sun smart
  - How play helps learning and development
  - Immunisations
  - Preventing injuries
  - Kindergarten enrolment
  - Family relationships and wellbeing
- Ensure Maternal and Child Health Nurse signs off in hardcopy or electronically at this meeting
- The E&PT should receive congratulations – they have now been engaged in education/training or employment for close to 12 months and fulfilled the 80% requirement of attendance at meetings, they have completed the *Brave Village Certificate 2 of Attainment!*

## Appendix B: Organisational chart

\* Arrows indicate direct reporting, line indicates relationship



## Appendix C: Brave Expecting and Parenting Teen Support and Education Working Group

Member Name	Position and Organisation
Allison Levinson	PA to CEO – Brave Foundation
Amanda Neal	UTAS researcher – Menzies
Andrew Hillier	NW Tasmania Chaplaincy
Andrew Moore	Vice Principal – Ogilvie High School
Anita O’Callaghan	Impact Communities – Community Engagement Tas
Anthony Millward	Director School Nurse Program – Department of Education
Bernadette Black	CEO & Founding Director – Brave Foundation
Danae Pilgrim	Programs Coordinator, Communities for Children – Catholic Care Burnie
Ebony Dance	UTAS student – Teen Mum
Fiona Judd	Psychologist Teen Parents – Royal Hobart Hospital
Hon David Bartlett	Chair – Brave Foundation
Jen Dunden	Social worker pregnant and parenting teens – Tas Uniting Care
John Stubley	CEO – Hobart City Mission
Kristin O’Keefe	NW Tasmania Chaplaincy and Teacher
Louise Schoe	Director – Families and Communities Department of Social Services
Mark Morrissey	Tasmanian Commissioner for Children and Young People
Mel Zotsch	Teen parent Teacher – Claremont College
M’lynda Stubbs	Project Manager, Curriculum – Child and Family Centres
Olivia Lucas	Project Officer Collective Impact – Burnie City Council
Pene Snashall	Senior Adviser to Tasmanian Minister for Human Services - Minister Petrusma
Robin Banks	Anti-Discrimination Commissioner
Sharon Dutton	CFC FP Manager – Anglicare Launceston
Stacey Milbourne	The Salvation Army Manager – Communities for Children - South East Tasmania
Susan Katarzynski	UTAS student – Teen Mum
Vicky Nicholson	Aboriginal Education – Department of Education