

# Uniting Communities

## Submission to the Australian Human Rights Commission

Young Parents and their Children



## **Uniting Communities submission to the Australian Human Rights Commission: young parents and their children.**

Prepared by:

Carol Gannon, Service Manager Streetlink, Uniting Communities

Natalie Greenland, Senior Project Officer, Uniting Communities

**For further information please contact:**

**Carol Gannon**

**Service Manager, Streetlink**

**Intensive Support Services**

**Uniting Communities**

**1st Floor, 27 Gresham Street, Adelaide SA 5000**

**Ph: 08 8202 5950**

**Fax: 08 8231 4115**

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**Uniting Communities**

10 Pitt Street

Adelaide, SA, 5000

Ph (08) 8202 5111

Email: [enquiries@unitingcommunities.org](mailto:enquiries@unitingcommunities.org)

Website: [www.unitingcommunities.org](http://www.unitingcommunities.org)

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## Introduction

Uniting Communities is pleased to provide a submission to the National Children's commissioner's inquiry into young parents. Uniting Communities welcomes this opportunity to share our practice knowledge on what works for engaging vulnerable young mothers to reduce their risk profiles and support their wellbeing and that of their children. In this submission we outline Uniting Communities' Streetlink Youth Health Service, which supports vulnerable young mothers and their children. We subsequently discuss our practice knowledge and experience of working with young mothers and the three practice principles that we hold: sustained contact with young mothers antenatally; service coordination and case work; and access to child care and training. The focus of this submission is on vulnerable young mothers and their children and the facets of the Streetlink service that are likely to reduce their risk profiles.

## Uniting Communities

Uniting Communities is a not-for-profit organisation working with South Australians across metropolitan and regional South Australia through more than 104 community service programs. At Uniting Communities we work to create a compassionate, respectful and just community in which all people participate and flourish. We are made up of a team of more than 1,500 staff and volunteers who support and engage with more than 20,000 South Australians each year.

Established in 1901, Uniting Communities recognises that people of all ages and backgrounds will come across challenges in their lives. We offer professional and non-judgemental support for individuals and families around alcohol and other drugs interventions, issues of housing and crises, mental health and wellbeing, issues for individuals with disabilities, respite for carers, counselling and rehabilitation, medical issues, and financial and legal services issues.

## Streetlink

Streetlink Youth Health Service is a multidisciplinary primary health care service for homeless and at risk young people in the Adelaide metropolitan area. The service is available to vulnerable young people between 12-25 years of age and their accompanying children. Streetlink provides an integrated treatment approach that focuses on primary health care, alcohol and other drug (AOD) treatment services and mental health care, alongside visiting health and social services. Our priority groups include young people who are homeless, at risk of homelessness, experiencing substance use and mental health comorbidity, young parents and pregnant women, Indigenous young people and young people unlikely to engage in mainstream health care services due to compounding physical, psychological, cultural or social factors.

In 2015-16 Streetlink supported approximately 600 young people through its various health services. Streetlink also provides a clean needle program and in 2015-16 there were 2800 contacts made via this program. Approximately one quarter of Streetlink's clients are under 18 years of age. Around 20% of clients accessing the medical clinic are homeless (13% of AOD

clients accessing the service are homeless), 8% are Indigenous (14% of AOD clients accessing the service are indigenous) and 25% are from Culturally or Linguistically Diverse (CALD) backgrounds (8% of AOD clients accessing the service are from CALD backgrounds).

In 2015-16, the Streetlink medical and AOD programs worked with 26 pregnant young women. Data from July to November 2016 indicates that, in this period, 42 Streetlink clients had children currently in their care and a further 13 had children who were not in their care. The young women that Streetlink sees are often dealing with multiple, intersecting vulnerabilities including domestic violence, homelessness and substance use. At Streetlink, our focus is on providing integrated services that support our young clients to manage the impacts of these vulnerabilities and address key issues that they are experiencing.

## This submission

In this submission we outline a case study<sup>1</sup> of a vulnerable young woman who was a client of the Streetlink service when she became pregnant. This case study highlights three key service provision principles that we have found, through our experience, to be important in reducing the risk profiles of vulnerable young mothers and engaging them in education and training. The three service provision principles that we discuss are:

- Sustained contact with the mother antenatally;
- Service co-ordination and case work; and
- Access to child [REDACTED]

Case Study:

*Monica<sup>2</sup> had been a client of Streetlink for a number of years before she became pregnant with her baby at 18. While Monica had been to a lot of other youth health services, Streetlink was the only one that she consistently attended because she had developed a good relationship with her case manager and felt safe at the service. Streetlink became Monica's 'go to' service—when she was stressed, felt like she couldn't cope, had financial and food security problems, when she relapsed to drug use, or was fearful she would, she dropped-in to Streetlink for support.*

*During Monica's pregnancy she continued to attend Streetlink, but had conflict-ridden relationships with government agencies because she feared they would remove her baby. This adversarial relationship posed a challenge for child protection services to monitor risks to Monica's baby. However, the trust and rapport that had been developed between Monica and Streetlink enabled child*

<sup>1</sup> We have created a composite case study that is based on a number of real, individual case studies. This composite case study has been created to protect the anonymity of the young women whose stories are presented, in some part, in this case study.

<sup>2</sup> Pseudonym to protect anonymity of clients whose stories are represented in part in this composite case study.

*protection services to collaborate with Streetlink to monitor risks to Monica's baby while she was pregnant and after the birth of her baby. Monica knew that Streetlink was reporting to child protection services, but she felt safe with Streetlink and empowered to put strategies in place to manage her and her baby's health and wellbeing.*

*Streetlink helped Monica secure and prepare a home for her baby by advocating for housing, sourcing a pram, a cot, baby clothes, nappies and other essential items. After Monica's baby was born, leaving the house became challenging for Monica and Streetlink maintained contact and support via assertive home outreach. Monica's Streetlink case manager visited her at home frequently during the first 1000 days of the baby's life. Monica's case manager also transported her to Streetlink for GP and nurse appointments to undertake developmental infant checks, immunisations and health information provision about sleep, breast feeding, nutrition and attachment. Supporting Monica and her baby at home also allowed Streetlink to monitor risks to the baby and support the emotional and physical wellbeing of both mother and baby.*

*Streetlink worked with Monica to develop independent living skills such as cooking, cleaning and shopping. Streetlink also sourced free childcare for Monica's baby, which gave Monica a break and also provided positive adult role models for her baby. When her baby was a little older, Monica was referred to an educational institution that provided onsite childcare and where she worked towards a qualification.*

*Challenges and crises continued to arise for Monica while she was pregnant and after the birth of her baby, however Streetlink remained a safe service where she could ask for help. Streetlink's ongoing support created opportunities for early intervention to prevent risk and to provide additional support for Monica's and her baby's wellbeing. Streetlink also operated as a communication point between Monica and child protection authorities, ensuring collaborative monitoring and reporting of risk, both during pregnancy and after birth.*

### **Sustained contact with the mother antenatally**

Many of the young mother's that Streetlink has seen are already attached to the service and have an existing relationship. Trust exists, and this is important. Relationships over a longer period of time are absolutely critical because rapport-building takes time and rapport is, in part, what keeps young people connected with our service. Anecdotally we have experienced the most positive outcomes when the young woman has a pre-existing relationship with our service prior to becoming pregnant. This relationship makes it more likely that she will continue engaging with our service throughout pregnancy and postnatally. This continued engagement allows us to offer ongoing support as well as manage health care and monitor risk. It also allows us to engage young women with additional services and supports, either

internally (case management, counselling, AOD treatment, mental health support) or externally (via referral to appropriate services including housing, psychosocial support, specialist counselling, education, etc.). In Monica's case study (above) the importance of an existing relationship with the Streetlink service is clear. Streetlink was able to leverage the relationship that had been built with Monica to monitor risk to her baby during pregnancy as well as postnatally.

In addition to working with her Streetlink case worker, Monica accessed the Streetlink medical clinic post- and antenatally. The Streetlink medical clinic supports young people with antenatal and postnatal care, including antenatal shared care where appropriate. The Streetlink medical clinic has a General Practitioner on site as well as two community nurses, one of whom is a midwife and the other who is a paediatric nurse. The staffing composition of our clinic allows us to support young people when they first become pregnant, throughout the pregnancy, and during the postnatal period. We continue to engage after the baby is born with infant health checks, immunisations, health education and advice. Our aim is to keep young women and their babies engaged for at least the first 1000 days of baby's life, in line with best practice, and until the women are sufficiently connected with other services.

Extended engagement with the Streetlink service and the development of rapport provides an opportunity to offer ongoing support and monitor risk. It also creates an opportunity to provide case management and other integrated health services such as substance use treatment and mental health support, for both the young mother and her partner, where relevant. Streetlink works with a number of young men who have pregnant partners, primarily through our alcohol and other drugs (AOD) program. Partners can create risks to children through drug use and associated psychosocial factors, however they can also be a source of valuable support to their partners if Streetlink can assist in addressing substance use risk prior to (and after) baby's birth.

### **Service Co-ordination and Case Work**

Coordination with a range of other services is important to support young women and their children. This includes medical and allied health services, mental health support, housing (gaining/maintaining tenancy), financial, coordination/case management services, other youth services and so on. Monica's case study above shows how Streetlink collaborated with housing, education and childcare providers to support Monica's and her baby's wellbeing. Monica's case study also shows the importance of a collaborative relationship between Streetlink and child protection services.

As a high risk young woman, Monica was monitored by child protection services, but Monica's relationship with child protection services was adversarial. Monica was unlikely to engage with hospital antenatal services and it was known that she had sporadic contact with other support services. Streetlink was able to leverage its existing relationship with Monica and make arrangements with her and child protection services to engage in frequent medical appointments post- and antenatally to monitor risk, health, self-care and care of baby once

born. This included regular healthy baby checks, providing health advice and information and reporting back progress and perceived risk to child protection services. This was a long-term support that continued for the duration of Monica's connection with the service. This co-ordinated and supportive response was created so that Monica did not disengage for fear of her child being removed or feelings of shame or self-doubt about being a 'bad mother'. A consistent and collaborative working relationship between health services such as Streetlink and Government departments such as child protection services are required for this coordination to work.

Coordination between health providers, hospitals and child protection is important. However coordination with other service providers is equally important to ensure support for holistic needs. Streetlink offers medical, mental health, substance use and general case management support in the one location. We have found that addressing the multiple health, psychological and social needs (including cultural needs) of individuals is essential to achieving positive outcomes. We have found that this approach supports improved wellbeing and reduces risk, and also improves the likelihood of a young person's later engagement in education or work opportunities, as they feel more empowered and skilled to undertake such opportunities over time. Working collaboratively with other services such as Centrelink and financial counselling, services (i.e. Wyatt foundation) that provide grants for practical support, youth support agencies, dental and health services, housing providers and legal/corrections services has been invaluable. This includes sharing of information and at times case conferences to clarify service roles/expectations and provide a coordinated approach to achieving better outcomes for vulnerable young people. A coordinated approach also provides clarity to the young person as to where responsibilities lie.

Allocating a case worker who can do assertive outreach is more realistic than expecting young mothers with babies to come on site for appointments, as Monica's case study above illustrates. People often can't make appointments due to transport issues or managing to arrange everything that is needed to leave the house with a baby, so it's beneficial to be able to go out to see them. The case worker can then see the home environment, observe mother and child in their own environment and observe the child's wellbeing. This type of relationship may also foster a longer-term relationship with the service and decrease service non-attendance and attrition.

As discussed above and highlighted in Monica's case study, a case worker is well placed to make referrals and links to other service providers where required, undertake case conferences, take a holistic psychosocial approach to the needs of the young person and maintain an ongoing relationship to review case plans and progress over time. Vulnerable young people rarely experience problems in isolation, they often need a range of service and community responses.

### **Accessing Childcare and Training**

Streetlink has contact with a number of young women postnatally who experience social isolation, which can be a common experience for new mothers, but is compounded for young

mothers experiencing additional vulnerabilities. These young women may not have family support to help with childcare, and they may not be able to afford paid childcare. These financial and practical limitations impact on the ability of young mothers to engage in further education, training or employment opportunities. Even if they can secure childcare, transport is often an issue for drop off/pick up. In addition, trust issues may be significant, particularly from young mothers who have experiences of abuse or trauma themselves as children and may be reluctant to leave their child in the care of a relative stranger. This is compounded by mental health issues that may be experienced upon the birth of the child and during infancy. For those young mothers whose social isolation increases at this time there can be increased feelings of anxiety, depression, and hopelessness. There can also be major issues with self-esteem and identity, particularly around parenting skills and identity as a 'good mother' or appropriate care giver.

As outlined in Monica's case study above, access to childcare onsite at a training institute (alternative education school environment) allowed her to pursue a qualification. The ability to place her child in appropriate care to pursue training and education options was key to allowing Monica to move towards participation in the employment market through attainment of a certificate, and would be beneficial to other young women like Monica. It would be particularly beneficial if this was on-site child care within the training environment (school, TAFE, University, learning institution) so that the mother could feel comfortable checking on her child regularly during the day and being in close contact with the child care providers. The ability to source appropriate child care while undertaking work experience or paid employment would also be beneficial for the same reasons.

[REDACTED]

## Summary

In this submission we have highlighted three service principles that, from our experience, allow vulnerable young mothers to address the issues they may be experiencing for themselves and their children and may reduce their risk profile. These three service principles are sustained contact with the mother antenatally, service co-ordination and case work, and access to childcare and training. Linking these three practice principles provides integrated support for vulnerable young mothers and their children and operates as a trusted safety net that creates opportunities for growth and development and participation in the employment market. Investment in relationships between services and young mothers and navigation of services facilitated by a case worker are key to sustainable uptake of education, training and employment opportunities.