Supporting Expecting and Parenting Teens (SEPT) Trial—Independent Evaluation

Final Report (June 2020)

with updated, regional analysis Appendices (July 2021)

Report for the Brave Foundation
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Glossary

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AHRC	Australian Human Rights Commission
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and Youth
AUS	Australia
AVO	Apprehended Violence Order
AWP	Activity Work Plan
BPP	Brave Pathway Plan
CALD	Culturally and Linguistically Diverse
Centrelink	An Australian government program, housed under the Department of Human Services, that delivers a range of government welfare payments and services
DESE	Department of Education, Skills, and Employment.
DEX	Date Exchange System (in DSS)
DSS	Department of Social Services
E&PTs	Expecting and Parenting Teens
FAST NT	Families and Schools Together Northern Territory
GP	General Practitioners
LGA	Local Government Area
MCH	Maternal & Child Health
MOU	Memorandum of Understanding
NSC	National Steering Committee
NSW	New South Wales
NT	Northern Territory
Penelope	Data management software used in the SEPT program
PRC	Project Review Committee
PwC	PricewaterhouseCoopers
QLD	Queensland
SA	South Australia
SCORE	Standard Client/Community Outcomes Reporting (through DEX)
SEPT	Supporting Expecting and Parenting Teens program
SROI	Social Return on Investment
TAFE	Technical and Further Education (vocational education provider)
TAS	Tasmania
TTL	Try, Test and Learn scheme (in DSS)
UTAS	University of Tasmania
VIC	Victoria
WA	Western Australia
YWCA	Young Women's Christian Association

Executive summary

The national Supporting Expecting and Parenting Teens (SEPT) Program is provided by the Brave Foundation and was funded through a Try Test and Learn (TTL) grant from the federal Department of Social Services (DSS). The Brave Foundation commissioned the Peter Underwood Centre to examine its SEPT trial. The purpose of this project-specific evaluation for SEPT is:

> **To examine what can be learnt from the implementation of SEPT to inform future decisions, for SEPT and other social initiatives, especially by the Brave Foundation.**

The primary focus of the research is on processes to determine *how* the SEPT approach has worked. As part of this, a secondary focus is on outcomes, to determine *whether* SEPT met its aims. This executive summary highlights that:

- There is a ***strong need*** for SEPT as an early intervention, due to the large number of teenage mothers in Australia and their complex needs.
- The ***collaborative approach*** of SEPT is highly appropriate and combines the benefit of being a nationally coordinated initiative with locally tailored approaches.
- The Brave Foundation has proven to be ***strongly responsive*** in relation to program implementation issues, participant needs and circumstances, and shifting policy contexts.
- The Brave Foundation has demonstrated a ***strong commitment*** to documenting progress and outcomes and established sound processes, despite complexities in setting up data management systems at the same time as setting up the intervention.
- The SEPT trial has enabled ***significant achievements*** by participants and is realising successes in relation the program's broad aims.

Need for the SEPT program

Key findings

- **The large number of teenage mothers in Australia demonstrates the fundamental need for SEPT:**
  - Although the teenage fertility rate has declined dramatically in the past few decades, almost 40,000 children were born to teenage mothers in Australia between 2014-2018.
  - Between June 2018-March 2020, SEPT supported 364 young parents across five locations, including in the three jurisdictions with the highest teenage fertility rate in Australia.
  - The average age on enrolment of the current cohort is 19.3 years old. About half of the participants are aged 19 or under. This is a significant achievement for SEPT, given that recruiting young participants is challenging.
- **Expecting and parenting young people experience complex challenges, which often are pre-existing and not necessarily due to the pregnancy itself. These include:**
  - systemic barriers, such as discrimination and exclusion,
  - intergenerational cycles of disadvantage,
  - lack of support from the mother's family and/or from the father and his family,
  - domestic violence and unhealthy relationships,
  - mental illness, especially anxiety and depression,
  - insecure and/or unsafe housing, and
  - lack of access to transport.
- **The timing of SEPT as an early intervention is well-aligned with research on the importance of the first 1000 days, and the work of ParentsNext.**

- **The work of SEPT mentors is holistic, including:**
  - building relationships with and providing support for participants,
  - maintaining data and files about participants, and
  - collaborating with hub partners and local stakeholders.

Future directions

- **Increasing the reach of SEPT:**
  - Extending SEPT into more locations with high teenage fertility rates.
  - Developing strategies for increasing the proportion of participants from the priority of cohort of pregnant and parenting teenagers.
- **Recognising the unique role of SEPT:**
  - Valuing the importance of coordination and advocacy, which are essential due to the complex web of cumulative and interconnected challenges faced by expecting and parenting teens and young people.
  - Clarifying selection criteria for mentors and continuing to provide appropriate professional learning, given their vital but somewhat non-traditional role.

Collaborative approach

Key findings

- **Brave's intensive collaboration model is appropriate because interagency collaboration is essential to address the needs of vulnerable people who experience multiple and complex challenges, such as E&PTs.**
- **The Test Try Learn process through the Department of Social Services impacted on the collaboration between the Brave Foundation and various stakeholders:**
  - It facilitated collaboration through the co-development phase, involving 19 organisations, and by actively connecting some of the other providers to work with Brave as stakeholders or hub partners for the SEPT Trial project.
  - Some stakeholders expressed concerns about transparency in the TTL process and about possible restrictions on flexibility and localisation due to DSS oversight of SEPT. The Brave Foundation was able to overcome these concerns through its collaborative approach.
- **The collaboration by the Brave Foundation with local community organisations as the hub partner, the wider 'village of support' of stakeholder organisations and ParentsNext is widely recognised as a significant strength of the SEPT model.**
  - It values local knowledge and avoids duplication.
  - It reduces the workload for ParentsNext.
  - It supports expecting and parenting young people to navigate multiple services, and connects the dots both for them and for various organisations.
  - The stability of SEPT as the coordination link between the participants and local services and support is vital in a complex landscape of ever-changing services and providers.
- **The SEPT brokerage model combines the benefit of being a nationally coordinated initiative with locally tailored approaches.**

Future directions

- **Further enhancing interagency collaboration:**
  - Addressing perceptions of a power hierarchy which may inhibit genuine collaboration, regardless of whether these perceptions are reasonable.
  - Providing opportunities for authentic input from stakeholders, including service users.
  - Providing a range of channels for timely and clear communication.
  - Supporting the mentors as the local conduit for navigating the landscape of services for the benefit of both the expecting and parenting young people and various service providers.
- **Providing certainty and stability:**
  - Providing ongoing funding for SEPT as the stable coordination link between the participants and local services and support in a complex landscape of ever-changing services and providers.

Responsiveness

Key findings

- **The agile responsiveness in SEPT was facilitated by the Brave Foundation being a fairly small organisation and by its willingness to invite, hear and take seriously feedback from staff, stakeholders and participants.**
- **The place-based and strength-based approach together with the strong moral purpose meant decisions for change were directed to benefit participants in each location.**
- **In relation to program implementation issues,** the Brave Foundation's agile responses:
  - enabled flexible and localised use of the Brave Pathway Plan,
  - adjusted staffing to improve workload, and
  - built trust to facilitate relationships with hub partners across geographic distance.
- **In relation to participant needs and circumstances,** the Brave Foundation made changes that:
  - enabled 'early completion' for participants who did not need ongoing SEPT support,
  - developed a home visit policy and procedure, and
  - expanded the purposes for which the Brave Scholarship could be used.
- **In relation to shifting policy contexts, the Brave Foundation:**
  - demonstrated foresight, thoughtfulness and collaboration in preparing its proposal to DSS for program extension.
  - responded quickly as news about funding unfolded, with vital practical information and processes as well as significant care for the wellbeing of participants and mentors, and gratitude for stakeholders.

Future directions

- **Balancing focus with responsiveness:**
  - Developing a shared core vision for purposes and ways of working with stakeholder and participants.
  - Providing a range of channels for gaining feedback.
  - Recognising that social interventions can never be set in stone and will always need adjustments as circumstances change.

- **Managing the impact of policy and grant scheme decisions in the Department of Social Services.**
  - Building mutual responsiveness (not only from the provider to the Department, but also vice versa) to help to minimise harm and maximise benefit for participants, due to changes in policy and grant scheme decisions.

Documenting progress and outcomes

Key findings

- The Brave Pathway Plan is a useful tool not only for supporting participants, but also for **monitoring purposes.** Strengths of the BPP are that:
  - it was developed with input from key stakeholders, including young parents;
  - it recognises the value of the professional knowledge of mentors;
  - it balances consistency with room for mentors to adapt the plan for their context and for different participants.
- **Setting up several data management systems at the same time as setting up the intervention during the trial has been complex.** This complexity has been exacerbated by the variety of preferences and requirements from different parties involved (e.g. mentors, DSS, TTL evaluators). Concerns include:
  - changes in systems and in specific data collected, which has led to some inconsistencies and incompleteness in data.
  - complexity and increased workload of data collection and recording, especially for mentors.
- **Overall, the Brave Foundation has demonstrated a strong commitment to:**
  - the value of monitoring and evaluation alongside the work of service delivery;
  - systematic internal as well as independent external monitoring and measurement; and
  - adapting systems and processes in response to feedback.

Future directions

- **Balancing clarity and consistency with adaptability and flexibility:**
  - Knowing what information is most valuable and necessary for different stakeholders and purposes.
  - Ensuring data collection tools are suited to providing that knowledge.
  - Being clear about which aspects of data collection are non-negotiable and which can be adapted.

- **Reducing the burden of monitoring and evaluation:**
  - Setting up systems in advance (prior to starting service delivery, where possible) that make data collection and recording easy and streamlined.
  - Providing support, professional learning and advice for using these systems.
  - Adjusting these systems in response to stakeholder feedback, but taking care not to change too often in order to reduce the risk of frustration and of reduced data quality.
  - Distributing the responsibility for data collection and recording based on who holds the relevant information, and providing due recognition for the workload involved.
  - Providing insights drawn from the data back to people who collected that data, so they share in the benefit of that work and experience the value of it.

Achievements

Key findings

- **SEPT enables participants to set their own goals, which makes the goals meaningful and provides motivation to meet them.** Individual goals related to:
  - Basic needs and life skills (30% of goals), such as safe housing and access to transport.
  - Health, wellbeing and parenting goals (30%), such as their own and their child's health, as well as social connectedness.
  - Education, training, or employment goals (40%), such as secondary school, vocational courses, and work experience.
- **SEPT participants are successfully meeting their goals:**
  - Two-thirds (65%) of the participants in the full SEPT cohort (June 2018-March 2020) have met at least one goal.
  - The average time taken to complete a goal is 17 weeks.
- **SEPT has proven the success of a voluntary approach:**
  - It has attracted, retained and supported participants who are experiencing significant challenges, without using coercion.
  - Participants are setting and achieving goals of their own choice.
- **SEPT is achieving successes in relation its broad aim to work with E&PTs to develop a realistic plan for their future:**
  - Addressing barriers, such as housing, transport and finance, first helps to provide a foundation for a realistic pathway plan to education or employment.
- **SEPT is achieving successes in relation its broad aim to connect E&PTs to appropriate services:**
  - As part of the Brave collaborative approach (see section 3) SEPT has established a strong mutual referral process: inbound from stakeholders to SEPT as well as outbound from SEPT to stakeholder services.
  - Major sources of inbound referrals are health providers, education providers, and ParentsNext.
  - For outbound referrals, mentors connect E&PTs to relevant organisations that can help the young people to achieve their individual goals, including childcare, education or training, and allied, mental and nutritional health services.
  - At the broader level, SEPT also has a positive influence on local communities' capacity to support expecting and parenting teens in their region.
- **SEPT is achieving successes in relation to its broad aim to improve the health and well-being of young parents and their children:**
  - The non-judgmental nature of health and wellbeing support is the key to its success.
  - SEPT helps participants to gain benefit from their antenatal and Maternal & Child Health (MCH) appointments and to access mental health support.
  - Participants' wellbeing is positively influenced through the social connections made with their mentors and other program participants.
- **SEPT is achieving successes in relation to its broad aim to, in the longer term, increase young parents' participation in and readiness for employment or education, in order to transition away from welfare:**
  - Half (51%) of the participants had met their education, training or employment goals.
  - Mentors play an important role advocating for E&PTs' right to education and for finding suitable education provision.
  - SEPT helps to build participants' confidence and self-esteem, which then empowers the participant to pursue employment.

Future focus

The Supporting Expecting and Parenting Teens trial is a much-needed, well-developed, and successful innovation. This study has found significant and robust evidence of success in implementation processes and in achievements against the program's broad aims.

- **Three core strengths in the SEPT model:**
  - The right intervention at the right time in the right place
  - An agile and committed backbone organisation
  - Young people at the heart

- **Three main future opportunities for the SEPT model:**
  - The key role of coordination, collaboration, and advocacy
  - Re-establishing the right balance
  - Consolidation and growth

The strengths and opportunities outlined in this report are not restricted to work with pregnant and parenting young people. They can be transferred to support other vulnerable groups.

Just like for pregnant and parenting young people, investment in an intervention modelled on SEPT is likely to have a significant pay-off, not only for the wellbeing and life chances of each individual person supported through such a program, but also for enhanced community cohesion, reduced social and health costs, and increased productivity.

Appendices: 2021 update to the 2020 report

In March 2021 the Brave Foundation requested additional analysis, including SEPT participant data to the end of February 2021, and broken down by region where possible.

The follow-up analysis was conducted in May-June 2021 and provides findings on data for the period July 2018 – February 2021 at the level of the five jurisdictions in which SEPT operates:

- NT: Northern Territory (Darwin)
- QLD: Queensland (Ipswich & Logan)
- NSW: New South Wales (Newcastle & Wyong)
- VIC: Victoria (Melbourne & Geelong)
- TAS: Tasmania (Hobart)

Appendix A serves as an executive summary for the results from the additional findings included in this updated report:

Appendix A	Regional comparison summary
Appendix B	Participants' background
Appendix C	Participants' children
Appendix D	Exiting SEPT
Appendix E	Referrals into and from SEPT
Appendix F	Goals set by participants
Appendix G	Goals achieved by participants

Section 1: Introduction

1.1 Project overview

The Brave Foundation is an Australian charity that works to build support around Expecting and Parenting Teens (E&PTs) and their child. The Brave Foundation has commissioned the Peter Underwood Centre to examine its national trial of the Supporting Expecting and Parenting Teens (SEPT) Program.

SEPT began as a two-year pilot program (August 2018 to June 2020) funded by a Try Test and Learn (TTL) grant from the federal Department of Social Services (DSS). The broad aim of TTL grants is to help improve the lives of those receiving long term welfare support. There is an overarching evaluation, conducted through the University of Queensland and University of Melbourne, of all TTL-funded initiatives.

This current research stands separately from the TTL grant evaluation. It was commissioned by the Brave Foundation and focused on providing qualitative analysis of the core features and processes of the SEPT program specifically. The purpose of this project-specific evaluation for SEPT is:

> **To examine what can be learnt from the implementation of SEPT to inform future decisions, for SEPT and other social initiatives, especially by the Brave Foundation.**

The primary focus of the research is on processes, to determine *how* the SEPT approach has worked in order to meet its overarching aim of connecting E&PTs to services prior to and alongside ParentsNext. As part of this, a secondary focus is on outcomes, to determine *whether* SEPT met its broad aims, namely:

- To develop, with the E&PT, a realistic plan for their future, and
- To connect E&PTs to appropriate services,
- To improve the health and well-being of young parents and their children,
- In the longer term, increase young parents' participation in, and readiness for, employment or education, in order to transition away from welfare.

Based on the findings, this report draws out implications for:

- Aspects of SEPT that are working well and areas that could be improved
- If and how the SEPT approach could be used or adapted for initiatives aimed at other groups of young people at risk of experiencing long term disadvantage and welfare dependency.

In the SEPT program, E&PTs[1] are connected to a mentor who assists the young parents by (a) developing their pathway goals (b) providing practical help around pregnancy and parenting such as attending health-check appointments, (c) providing general support and guidance, and (d) connecting the young parents with relevant services and support suited to each E&PT's personalised needs and goals.

[1] In SEPT this group includes not only teenagers but also somewhat older young people, mainly up to age 25.

Participants enrol into the SEPT program by referrals from specific organisations, such as a hospital or a school, or by connecting directly with the Brave Foundation. The criteria for eligibility are:

- Age (19 and under is a priority)
- Receiving Parenting Payments (started receiving at 19 or under)
- Receiving Income Support Payments (started receiving at 19 or under)
- Meet geographic eligibility (within Program Service Area)
- Does not meet the above criteria, but under 26 years[2] and had a child as a teenager.

Participants may voluntarily enrol into the SEPT program after discovering their pregnancy and before they are required, through Centrelink mutual obligation requirements, to enter the Australian Government's ParentsNext program.

However, participants may also be referred to the SEPT program when they are already a parent and/or when they are already enrolled in the ParentsNext program. ParentsNext is a support service for parents with children under 6 years old who received the Parenting Payment (a federal government income support measure for primary carers of young children), who have not earned income for six months, and who live in certain locations in Australia (Services Australia, 2020). Taking part in SEPT is voluntary, whereas ParentsNext can be compulsory and is aimed at supporting each parent's transition into education, training or employment (Henderson et al., 2018).

SEPT program runs across five states or territories (see Figure 1). In addition to geographic spread, the criteria for choosing the trial sites were the numbers of young mothers in each Local Government Area (LGA) as well as existing services and interactions with the ParentsNext program.

Figure 1. SEPT locations in each participating state or territory

[2]These people could join into the program as a connected participant, but not as an intensive participant (see section 2.1.2 for the difference between connected and intensive participants)

For the purpose of reporting, the Brave Foundation has categorised the SEPT locations into eight broad categories (second column in Table 1). The hub sites provide the office of the SEPT mentors. At the time of the research, 13 mentors were employed to work with SEPT participants (see Table 1).

Table 1. Total number of SEPT mentors at each state of territory

State (N = 5)	Reporting Category (N = 8)	Hub site (N = 11)	Total mentors (N = 13)
Northern Territory	Darwin	Families and Schools Together Northern Territory (FAST NT) (with previous support from Sanderson Alliance and Palmerston until July 2019, and Wulagi Primary School until March 2020)	2 * 0.7FTE
Queensland	Ipswich	Ipswich High School (with support from Mission Australia, West Moreton Hospital and Health Service, and Ipswich State High School)	1 * 0.7FTE
	Logan	The Family Place; YFS (until May 2019)	1* 0.6FTE
New South Wales	Newcastle / Wyong	St Philip's Christian College DALE Young Parents	1 * 1.0FTE 1 * 0.6FTE
Victoria	Greater Melbourne	SELLEN	2 * 0.6FTE
	Western Melbourne	Youth Junction Visy Cares	1 * 1.0FTE
	Geelong	Norlane Child and Family Centre	1 * 1.0FTE 1 * 0.6FTE
Tasmania	Hobart	Child & Family Centres: ptunarra, *tagari lia*, Chigwell, and Clarence Plains	1 * 1.0FTE 1 * 0.6FTE

1.2 Research approach

The focus of this research is on the processes and, to a lesser extent, outcomes of SEPT. The overall objective of the research is to examine *how* the SEPT trial program works in order to meet is own aims, as well as to provide insight in whether SEPT has met its aims. To meet this objective, the research draws from two groups of data (a) interviews with SEPT staff and stakeholders, and (b) reviews of existing deidentified SEPT documentation and data.

First group of data

The interviews were conducted via Skype/Zoom online platform or phone. The number of interviewees and their roles or connections to the SEPT program are outlined in Table 2. Quotes from interviews are provided in *italic,* either in quote marks in the text or in block quotes. Most interviews were conducted in late 2019.

Table 2. Total number of interviewees by role category

	Number of interviewees	Code used in the report
Brave Foundation Management Team	3	Brave
SEPT Mentors	6	Mentor
SEPT Hub Partners and Stakeholders	7	Stakeholder
ParentsNext Staff	2	ParentsNext

In order to reduce the burden on expecting and parenting young people, they were not interviewed for this study, as they were included in interviews for the overarching evaluation commissioned by DSS at the same time. However, participants stories are used to ensure their experiences shine through (see second group of data below).

Second group of data

Documentation and data about SEPT were supplied by the Brave Foundation. These documents provide information regarding the SEPT program governance and implementation, including excerpts from mentors about specific participants they worked with. Specific numerical data about participants were also supplied by Brave and these data were collected mainly from Brave's client management software, Penelope. The analyses conducted in this research focused on materials gathered up to the end of March 2020. Quotes from secondary documents and data are provided in plain text in quote marks in the text or in block quotes.

Table 3. Types of Brave documentations reviewed in the research

	Code used in the report
Activity work plan submitted to the DSS	AWP
Brave Foundation policies and procedures	Policy
CEO and Chief Mentor reports	[Position] Report
Completed referral forms	RF-#
Participants' Brave Pathway Plan	BPP-#
Participants' notes	Participant's pseudonym
Participants' stories collated by mentors	Story [topic, month collected]
ParentsNext information	ParentsNext
Miscellaneous documents re. the SEPT Program	Miscellaneous
Numerical data from the client management software	Penelope

The participant stories provide a vital insight in the actual experiences of E&PTs in the SEPT program. They are short snapshots of 12-250 words, usually focused on a specific participant, collected between September 2018 – March 2020. In this report several stories have been quoted verbatim (often in full) and highlighted in coloured tables. In addition (also in coloured tables) two case studies have been included, based on a combination of data sources. Together, these vignettes ensure that the real lives of young people are visible in the midst of all the other data.

Overall, this report provides findings across both groups of data based on narrative descriptions about the SEPT program and its participants, and thematic analysis regarding key issues related to the process of implementing the SEPT program. The NVivo data analysis software was used to support and manage thematic analysis.

The research team gained formal ethics approval for data collection from the Social Sciences Human Research Ethics Committee (SSHREC) at the University of Tasmania (ref H0018315) and implemented processes to ensure the research was conducted ethically and with integrity. For example, recruitment of interviewees was conducted by the research team, and care was taken to ensure consent was voluntary. Interviewees were provided with the transcript of their interview, and able to make changes if they wished. To enhance confidentiality, all names (and initials) of people and places have been deleted or replaced with codes.

Section 2: Need for the SEPT program

Section 2 Overview

Key findings

- ***The large number of teenage mothers in Australia demonstrates the fundamental need for SEPT****:*
  - *Although the teenage fertility rate has declined dramatically in the past few decades, almost 40,000 children were born to teenage mothers in Australia between 2014-2018*
  - *Between June 2018-March 2020, SEPT supported 364 young parents across five locations, including in the three jurisdictions with the highest teenage fertility rate in Australia.*
  - *The average age on enrolment of the current cohort is 19.3 years old. About half of the participants are aged 19 or under. This is a significant achievement for SEPT, given that recruiting young participants is challenging.*
- ***Expecting and parenting young people experience complex challenges, which often are pre-existing and not necessarily due to the pregnancy itself.*** *These include:*
  - *systemic barriers, such as discrimination and exclusion,*
  - *intergenerational cycles of disadvantage,*
  - *lack of support from the mother's family and/or from the father and his family,*
  - *domestic violence and unhealthy relationships,*
  - *mental illness, especially anxiety and depression,*
  - *insecure and/or unsafe housing, and*
  - *lack of access to transport.*
- ***The timing of SEPT as an early intervention is well-aligned with research on the importance of the first 1000 days, and the work of ParentsNext.***
- ***The work of SEPT mentors is holistic****, including:*
  - *building relationships with and providing support for participants,*
  - *maintaining data and files about participants, and*
  - *collaborating with hub partners and local stakeholders.*

Future directions

- ***Increasing the reach of SEPT:***
  - *Extending SEPT into more locations with high teenage fertility rates.*
  - *Developing strategies for increasing the proportion of participants from the priority of cohort of pregnant and parenting teenagers.*
- ***Recognising the unique role of SEPT:***
  - *Valuing the importance of coordination and advocacy, which are essential due to the complex web of cumulative and interconnected challenges faced by expecting and parenting teens and young people.*
  - *Clarifying selection criteria for mentors and continuing to provide appropriate professional learning, given their vital but somewhat non-traditional role.*

2.1 Nature of the cohort

2.1.1 The national landscape

Since the 1970s the median age of mothers in Australia has steadily risen from about 26 to over 30 (ABS 2018a). The teenage fertility rate (number of births to females aged 15 to 19 per a thousand live births) has declined from 40 per 1,000 in in 1975 to 9.5 per 1,000 in 2018 (ABS, 2018a), the year that SEPT started. Table 4 shows the total number of births for teenagers across Australia. This highlights that, even though the teenage fertility rate (as well as the absolute numbers) are declining, there are still thousands of teenage women giving birth in Australia each year. The total number of children born by teenage mothers between 2014-2018 was 39,623. In 2018, of the total of 6,885 teen births in Australia, 206 were by 15-year-olds; 510 by 16-year-olds; and 975 by 17-year-olds (ABS, 2018a).

Table 4. Number of teen births by Australian state each year

	2014	2015	2016	2017	2018
Australian Capital Territory	87	71	54	65	53
*Tasmania**	315	260	251	223	185
Northern Territory*	327	267	225	227	278
South Australia	649	555	481	442	395
Western Australia	1,187	1,114	999	950	765
*Victoria**	1,464	1,212	1,208	1,165	1,002
*Queensland**	2,720	2,454	2,090	2,250	1,998
*New South Wales**	2,455	2,641	2,250	2,079	2,207
Total Australia	9,204	8,574	7,559	7,401	6,885

Note: Asterisks are states with a SEPT program (Source: ABS 2018a)

Larger states tend to have higher absolute number of teenage births, but the teenage fertility rate is higher in some of the smaller jurisdictions. When the population size is considered, the Northern Territory, Queensland, and Tasmania have the highest teenage fertility rates (see Figure 2).

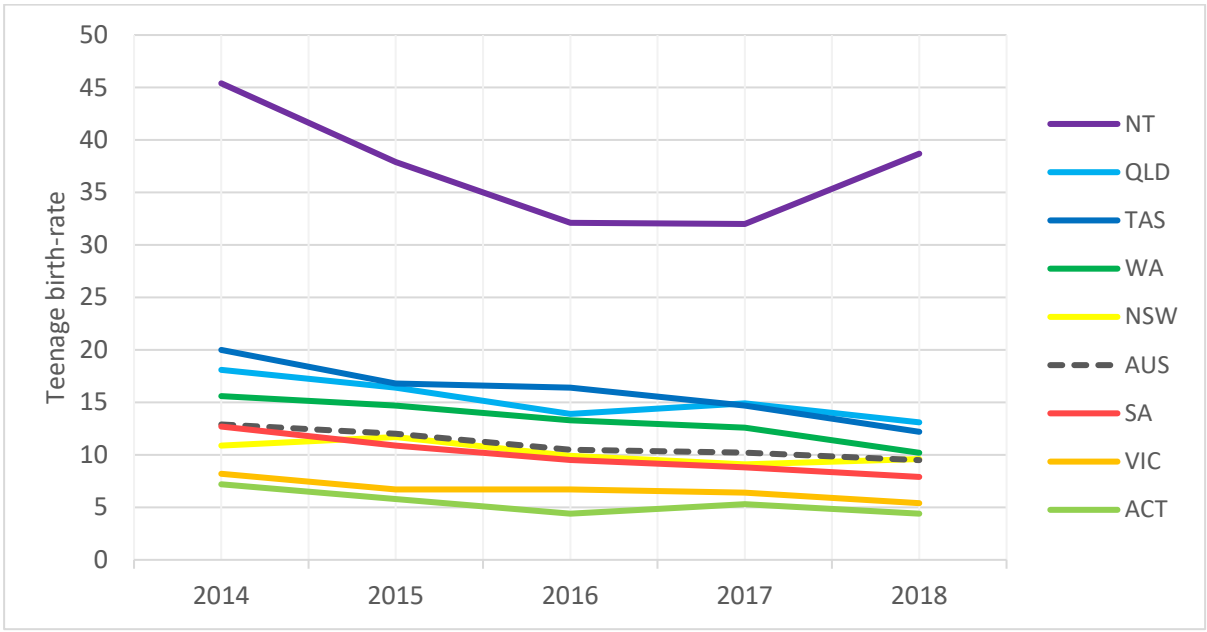


Figure 2. Five-year trend of teenage fertility rate in Australian states

The exact rates associated with each trend line in Figure 2 are provided in Table 5. The overall trend is downward in all jurisdictions, but there was a marked increase in the Northern Territory between 2017 and 2018. The SEPT program runs in the three jurisdictions with the highest fertility rate (Northern Territory, Queensland, and Tasmania), with the addition of New South Wales and Victoria.

Table 5. Teenage fertility rate (births per 1,000 women under 19) by Australian state each year

	2014	2015	2016	2017	2018
*Northern Territory**	45.4	37.9	32.1	32.0	38.7
*Queensland**	18.1	16.4	13.9	14.9	13.1
*Tasmania**	20.0	16.8	16.4	14.7	12.2
Western Australia	15.6	14.7	13.3	12.6	10.2
*New South Wales**	10.9	11.7	9.9	9.1	9.6
South Australia	12.7	10.9	9.5	8.8	7.9
*Victoria**	8.2	6.7	6.7	6.4	5.4
Australian Capital Territory	7.2	5.8	4.4	5.3	4.4
Total Australia	12.9	12	10.5	10.2	9.5

Note: Asterisks are states with a SEPT program (Source: ABS 2018a)

ABS data indicate that the Northern Territory consistently records a significantly higher teenage fertility rate. The higher proportion of Aboriginal and Torres Strait Islander[3] people in the Northern Territory may have contributed to this high rate. Further analysis shows, not only that Indigenous women have higher fertility rate than non-Indigenous women, but Indigenous women also tend to give birth at a younger age (ABS, 2018b). Specifically, the teenage fertility rate for Indigenous women is five times the teenage fertility rate for all Australian women, 48.1 and 9.5 births per 1,000 women respectively (see also Hoffman & Vidal, 2017). Teenage pregnancy and parenthood are also more prevalent in non-urban Australia (Hoffman & Vidal, 2017).

The overall downward trend in teenage births has been attributed to two broad factors. First, Australian teenagers are seen to have increasing control of their fertility (Carmichael, 2014). Second, the change in legislation around abortion that took place in some states provides Australian teenagers a choice on whether to terminate their pregnancy. However, economic situations and access to health services and education are not equal across different regions and areas in the country. As a result, some teenagers, particularly in remote areas, are more likely to continue with their pregnancy.

Overall, being pregnant and parenting during adolescence continue to be a challenge in Australia, particularly for young people with pre-existing social and economic disadvantages. The downward trend in teenage births may even exacerbate challenges because as teenage parenting becomes less common, tailored services may decrease and stigma may increase.

2.1.2 The SEPT cohort

The Brave Foundation enrolled expecting and parenting teens (E&PTs) under the age 26 into the SEPT program. Participants age 19 and under were identified as the priority, with the intention that these individuals are connected to services as soon as possible to increase their chances for positive life outcomes. SEPT participants are grouped into two types: intensive and connected (Miscellaneous).

[3] The remainder of this report will use 'Indigenous' as an inclusive term for Australian Aboriginal and Torres Strait Islander people.

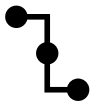
From the start of the trial to the end of March 2020, the SEPT program received 481 referrals. Of those, 114 were not enrolled for various reasons such as being cold referrals, not in a position to engage due to experiencing crisis, and not meeting eligibility criteria. From the start of SEPT to the end of March 2020 another 114 cases were closed. This means that to the end of March 2020:

- The full SEPT cohort (over the entire period) = 364 participants
- The current cohort (as at the end of March 2020) = 250 participants

This report draws on data for both those cohorts, using the terms 'full' or 'current' cohort to indicate which group the findings refer to.

For each Full Time Equivalent mentor there are, on average, about 22 intensive (*Maximum* = 25) and 5 connected participants at one time. If a participant is placed on a waiting list, he or she may also be referred to partner organisation until a position is available. Table 6 provides the description of each participant type and the total number of participants in each category, for each cohort.

Table 6. SEPT participant type and total number in each category

Participant Type	**Description**	**Current (March 2020) cohort (N = 250)**	**Full SEPT cohort (N = 364)**
Intensive 	Receive monthly support from a mentor and participate in setting pathway plans. During the mapping out of their plan, participants are connected to support organisations to meet their needs and may be referred to other programs that value add to their plan. With the help of a mentor, each participant creates short-, medium-, and long-term goals covering plans for health and wellbeing, education, training, or employment.	216	275
Connected 	Receive quarterly support from a mentor who connects them to support services or organisations in their communities. Participants set pathway plans using a scaled down version of the Brave pathway plan. Participants either do not fit the eligibility criteria to be an intensive participant or have received the intensive support but no longer require it. May also include those who participate in group-based support sessions only.	34	89

Not surprisingly, most participants were mothers. The number of fathers enrolled in the program trial period was reported to be 27 (7.1%) out of 364 total participants. Further, 146 out of 364 participants (40.1%) indicated they have a partner. Table 7 provides the case study of a young father.

Table 7. Case study: Adam, a young father

Adam and his partner were high school students when they found out they were expecting. They were referred to the SEPT program by their high school youth support coordinator, who was supportive of them in school and was in close communication with the assigned SEPT mentor.

Adam had a strong relationship with his mother, and the young couple's parents were generally positive about the pregnancy. Adam and his partner also had a respectful and loving relationship. They were not planning on living together preferring to wait until they are working and can afford their own home.

Adam remained engaged in school and had goals for future study and employment. Adam's goals included wanting to learn practical skills in caring for a baby, gaining his driver's license, and completing his Year 12 education. Adam's appointments with the SEPT mentor often took place at his school. Along with other E&PTs in the region, Adam and his partner attended a few SEPT group sessions and participated in trips to other support services organised by the SEPT mentor. Adam received a scholarship that went towards his driving lessons. Adam completed the SEPT program after about 9 months in the program.

Overall, Adam's story demonstrates the role of school and family in positively supporting not only young mothers but also young fathers during this significant life transition. Their support boosts the opportunity for SEPT to achieve positive outcomes with young parents.

With intensive and connected participants combined, the average age of participants in the currently enrolled (March 2020) cohort was 19.3 at the time of enrolment into the program. About half (51.2%) of these participants were age 19 and under—which is the group identified as a priority in the SEPT program (AWPs). This is a significant achievement for SEPT, given that recruiting young participants is challenging. As described in one of the reports to the steering committee:

> Our learnings have seen that the priority group have been hard to find in regions, they are not already linked in with services, and that people who were 19 or under when they first started receiving parenting payment have fallen through the gaps and have not had access to a pathway plan program previously. – NSC Report Oct 2019

In addition, there was a backlog of older E&PTs currently in ParentsNext. These young people were receiving welfare benefits but had not had the opportunity to receive the types of support SEPT offers in the first years of being a teenage parent. Considering their, often, high level of need, many of these slightly older young parents became a *de facto* priority.

> *Because we've started SEPT, it's been the only national trial in our nation's history for expecting and parenting teens, that actually aims to bring a pathway towards education and workforce participation. So when you're doing that for the first time in communities, there's going to be a backlog of a whole lot of parents that did have children - or they were pregnant - when they were teenagers, but they might be older, which is still very young - 21, 22, 23 - parents that are in the trial. – Brave*

Based on the average age of enrolment for the current (March 2020) cohort, Figure 3 shows that the average age is highest in the Greater Geelong region (21.0) and lowest in Ipswich (16.8). The SEPT hub in Ipswich is located at a high school, which may contribute to the lower average age of participants in this area.

Figure 3. Average age of participants by trial location
Note: Above and below average categorisation is based on the current (March 2020) SEPT cohort's average enrolment age of 19.3.

At the start of the SEPT trial, as directed by DSS for the trial, referral forms did not collect data on various background factors such as whether the young person identified as Indigenous, had a disability, or was of culturally or linguistically diverse background. Based on the available data (Penelope data), Table 8 shows almost half of the participants were diagnosed with one or more forms of disability. Most of the reported disability related to mental health, including trauma, anxiety, and/or depression diagnosis. Almost one in five identified as of Indigenous background and about one in ten as from a culturally or linguistically diverse background.

Table 8. Total participants by demographic characteristics

	Current (March 2020) cohort (N=253)	**Full SEPT cohort (N=367)**
Aboriginal/Torres Strait Islander background	41	71
Culturally and linguistically diverse (CALD) background	29	35
Physical or mental disability	126	160

The history of forced removals of children from Indigenous families in Australia makes SEPT support both more complex and more important. The experience of the 'Stolen Generation' (AIHW, 2018a) and the current over-representation of Aboriginal and Torres Strait Islander children in Out of Home Care (AIFS, 2020) mean that Indigenous E&PTs and their families are, understandably, wary of official services.

Table 9. Story: experiences of Indigenous families

An Aboriginal mother (not a young mother) who attended our pop-up playgroup asked for information about Brave. She informed the mentor that she knows several young mothers that are currently very disengaged and unable to care for their young children. Aunties and grandmothers of the children within these families are stepping in to support and care for the children so that the children are able to stay in the family without intervention from Authorities. The Elders within the families are struggling with the levels of disengagement and not feeling empowered to support these children. (Jan 2019)

Closed cases

From the start of the trial to the end of March 2020, for 114 participants, their cases were closed (Penelope data). Table 10 provides the number of closed cases organised by their primary reason for closure.

For over half of the participants whose case was closed, this was for a positive reason: they had achieved one or more of their goals and felt they did not require further support through SEPT to achieve any other goals.

The next most common reason, Engagement Drop Off, is of concern, because it indicates these young people needed support but were unable to remain engaged with SEPT despite efforts by mentors. The average length these young people stayed in the program was 31.5 weeks or about 7 months.

Table 10. Number of closed cases by their primary reason for closure

Reason for Closure	Definition of Closure	Number of participants	Proportion
Core component completed	Participants have met one or more goals they nominated to achieve whilst in the program, and decided they do not need further support through SEPT.	66	57.9%
Engagement drop off	Participants were engaged and attended meetings, engagement dropped off over time, multiple attempts were made to re-engage participants over the duration of about 3 months, but these were unsuccessful.	19	16.7%
In Crisis	Participants who were unable to engage in the program due to immediate crisis needs. They were connected to support services and invited to come back in future.	7	6.1%
Moved out of region	Participants moved out of trial regions. In this case participants were connected to support services in new regions in order to assist with transition.	3	2.6%
Aged out	Reached 26 years of age and therefore no longer eligible*.	3	2.6%
Become ineligible	Participants terminated pregnancy or had a stillbirth, and therefore become ineligible	2	1.8%
Other	Participants closed due to a site closure in Caboolture, no longer requiring support, or funding was ceasing	14	12.3%
Total		**114**	**100%**

*Correspondence between Brave and DSS led to advice that from 13 November 2019 existing participants are eligible to remain in the program when they turn 26. Therefore, cases were no longer closed based on this age criterion after that date.

The average age of participants whose case was closed due to Engagement Drop Off reason was 19.0 years (*SD* = 3.08 years). More than half of them (68.4%) were under the age of 20—more than the expected proportion. This finding further highlights the challenge in connecting with E&PTs in the high priority group. In comparison to the full cohort, the proportion of participants whose case was

close due to Engagement Drop Off is somewhat higher for Indigenous participant (27.7%), but similar in terms of disability and CALD background.

The initial engagement indicates that the organisation referring the young person (see section 6.3.2) and, to some extent, the participant saw a need and had motivation for the SEPT program to start with. Mentors try to connect with each participant on a monthly basis. When engagement drops off, mentors will attempt to connect the participants back to the program. As a result, some participants are able to re-engage. Mentors described that some of their disengaged participants choose to re-engage once they realise that the mentor continues to be available and willing to provide help. If Engagement Drop Off had led to the participant's case being closed, it is up to the mentor, with oversight of the team leader, to "consider their participant load to determine if they could re-enter the program as an intensive participant or connected participant, or if they will need to go on the waitlist" (Miscellaneous).

2.1.3 Expecting and parenting teens circumstances and challenges

As argued in Sheeran et al. (2016), conceptualising adolescent parenthood as an age-based problem can perpetuate stigmatisations against pregnant and parenting young people, which can be damaging to their life outcomes. The issue of adolescent parenthood should be reframed as one about disadvantage, because research has repeatedly found that falling pregnant during teenage years tends to be associated with challenging life circumstances including poverty, domestic violence, and unstable housing (see also AHRC, 2017; Boulden, 2010; Hoffman & Vidal, 2017; Jutte et al., 2010; Marino et al., 2016).

> Teenage mothers and their babies are more likely to experience broader disadvantage, have antenatal risk factors and have poorer maternal and baby outcomes during and after birth, than older mothers and their babies. (AIHW, 2018b, n.p.)

The need for additional support for young parents as well as their children has been recognised by the United Nations Committee on the Rights of the Child. In a document focused on adolescence, the Committee explained:

> Articles 24 and 27 of the Convention require that adolescent parents and caregivers be provided with basic knowledge of child health, nutrition and breastfeeding, and appropriate support to assist them in fulfilling their responsibilities towards the children they are responsible for and, when needed, material assistance with regard to nutrition, clothing and housing. Adolescent caregivers need extra support in order to enjoy their rights to education, play and participation. In particular, States should introduce social protection interventions at key stages of the life cycle and respond to the specific requirements of adolescent caregivers. (Committee on the Rights of the Child, 2016, cited in AHRC, 2017, p. 87)

The National Children's Commissioner added that therefore "the Australian Government must respect and ensure these rights to all young parents and their children, as well as pregnant girls, within Australia" AHRC, 2017, p. 87)

The lives of E&PTs, including those enrolled in the SEPT program, are complex. Based on the research data, Figure 4 indicates challenges E&PTs in SEPT typically faced, many of which were already experienced before their baby arrived. These challenges are discussed separately below but, in practice, tend to be interconnected in a complex web of cumulative and exacerbating experiences.

These challenges highlight the need for the support offered by SEPT and also impact on the capacity for SEPT participants to meet their goals.

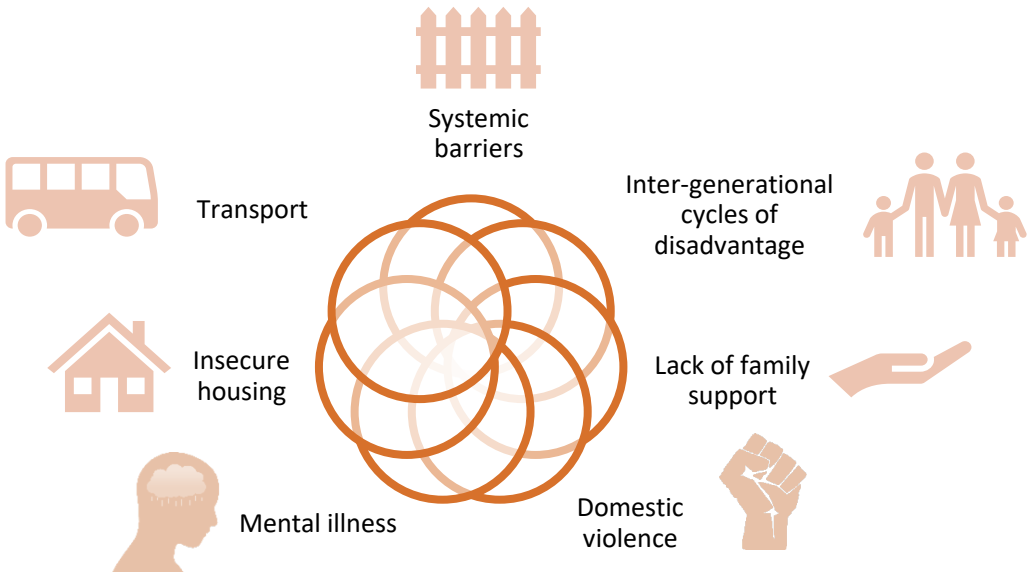


Figure 4. Challenges faced by expecting and parenting young people

It is illegal in Australia to discriminate on the basis of pregnancy, breastfeeding and family responsibilities. Although there is commitment for E&PTs to remain in education in several jurisdictions in Australia, this does not always translate to support on the ground (AHRC, 2015, 2017).

- SEPT participants experienced systemic barriers to successful engagement in employment: "[RF-2] is fired from her job due to being pregnant – this is causing increase anxiety to her. Referral completed to Legal Aid to assist with exploring her legal rights" (RF-2).
- SEPT participants at times were formally or (more often) informally excluded from school, despite (also see AHRC, 2017; Boulden, 2010; Victorian Ombudsman, 2017): "*Schools are kicking out girls every single day for being pregnant*" (Stakeholder).
- Accessing 'adult education' options, such as TAFE, may be difficult for E&PTs because they may officially be too young: "*She wanted to finish her certificate in education, she couldn't actually do that anywhere. She had to go to an adult education. And that was even a challenge because she wasn't an adult. So, they actually took her on under exceptional circumstances*" (Stakeholder).
- Advocacy by SEPT mentors and stakeholder organisations in the face of such systemic barriers is vital.

E&PTs tend to come from families which have experienced social disadvantage and marginalisation for several generations (AHRC, 2017; Meade et al., 2008). Teenagers may choose to continue with a pregnancy because their own mother had been a teenage parent (Smith et al., 2011; Larkins et al., 2011).

- In the families of some SEPT participants, having a child at a young age was relatively normal: "*a lot of these young people really wanted to have a baby young … They felt that as a connection*" (Mentor).
- For some participants, intergenerational disadvantage included perception from family members that "*they can't do anything else, that they're not smart enough to be anything. Those sorts of generational cycles of that negativity that they've actually just been told that they're not good enough*" (Brave).

Family support plays a significant role in reducing the stress and struggles involved in teen parenting. Research on the developmental outcomes of children of teen parents indicates that presence of fathers and grandmothers is valuable (Cooley & Unger, 1991; Roye & Balk, 1996). Family support also benefits young parents themselves (AHRC, 2017; Boulden, 2010).

- Although in some families, teenage parenthood is normal (see above), other E&PTs faced dismay and even rejection by their family: "*It could be just shock. Initial reaction is shock. 'Oh, why have you ruined your life?' All of those types of things*" (Brave).
- Parenting a young child without family support also creates practical barriers to pursuing goals, in particular not having family available as a (reliable) childcare option.
- Many young mothers did not have the support of the child's father and father's family: "*their relationship with the father of the baby is fraught with problems and has been from the beginning. They'll get pressure from the father's family, pressure from their own family, about how they should be raising the child, whether they should be raising the child or giving it on to somebody else. There's a whole lot of legal implications*" (Stakeholder).

E&PTs are relatively likely to be involved in unhealthy relationships, which may include domestic violence and/or sexual abuse (AHRC, 2017; Wood & Barter, 2015).

- SEPT participants also experienced unhealthy relationships, including domestic violence.
- Domestic violence did not only involve partners, but also other family members: "*they could be having relationship violence with their mother or their father or their brothers and sisters*: (Stakeholder).
- Young mothers may not perceive their own worth and this exacerbates their involvement in unhealthy relationships: "*their self-esteem is quite low and therefore they end up with… these men that are kind of not treating the women right*" (Mentor).
- These experiences are harmful to the young parents themselves and to their child(ren).

Table 11. Story: domestic violence

Participant … has been secretly seeing an ex (even keeping this from her mother) who has previously had AVO against him for domestic violence against her. After the Mentor talked with the participant about healthy relationships, the participant has now decided to separate and deal with this issue and the mentor was able to refer participant to appropriate support services. The participant is now continuing with her study, mending relationship with her mum and healing herself. (June 2019)

Mental illness is a severe and prolonged disruption to a person's wellbeing and functioning, which has a negative impact on their everyday activities (Keyes, 2005). Almost half of Australian adults (age 16-85) experience mental illness during their lifetime (AIHW, 2020).

- For SEPT participants, mental health challenges were not always formally diagnosed as mental illness.
- Common challenges included:
  - Feeling overwhelmed with parenting and with other life events;
  - Anxiety and depression (also prevalence among the population in general, AIHW, 2020; see also Sheeran et al. 2016).
- Participants with these experiences often found it difficult to venture out of the house and therefore engaging in the SEPT program could be a challenge (Interview data- Mentor).

Table 12. Story: feeling overwhelmed

One participant was feeling very overwhelmed and feeling that everything was just not working out for her. She had applied for a laptop through a Brave scholarship to help with her studies. After she had received this laptop, I noted some negative comments on her Facebook and asked if she was ok. She told me that everything was too much, and she was leaving her education provider. I encouraged her to reconsider and asked how I could be of support to her during this time. I kept in touch with her over FB [Facebook] messenger and checked in with her regularly. She has now decided to remain in education. (Mar 2019)

It is common for teenage parents to have poor housing conditions, including shared accommodation and homelessness, due to a lack of affordable housing. Lack of trust in services can form a barrier to accessing shelters and homelessness services (AHRC, 2017). Insecure housing in turns forms a barrier to accessing other services.

- SEPT participants often do not have safe and secure housing. Reasons include:
  - poor relationships with their family
  - families themselves experiencing unstable housing, due to poverty
  - difficulty securing independent rental accommodation due to the young parent's age and lack of income.
- Some participants became homeless, with significant negative effects on their own health and the health of their child(ren).

Table 13. Story: homelessness

Three weeks ago, participant ran away from home because she was verbally threatened by her family and ex-partner. Participant is antisocial, first time I met her she told me she always gets anxious when she meets people. She ran away with her daughter and she slept in the car with her daughter for one night. Participant then decided to give her daughter to the ex-partner and ran away. For almost a week she slept in her car on the street, participant didn't tell me this and then she final told me that's when I organised to go Salvation Army [location] for crisis accommodation. Participant told the Team that she only has "Mentor from Brave Foundation and I love her so much". I was very touched. The Salvation Army Team did an Assessment on participant and I was there for emotional support. … Salvation Army Team will be advocating for participant to get into Transitional Housing. (Sept 2019)

Lack of access to transport (due to expense or unavailability) makes it hard for young parents to engage in work or education themselves, and to enable their child to attend childcare and health services (AHRC, 2017).

- In some locations, public transport is very limited.
- Young parents often do not have access to people who can teach them to drive and do not have money to pay for driving lessons.
- Lack of access to transport affects E&PTs' ability to access health services, with potentially negative impact on themselves and their child: "*They have a reduced outcome of being able to go to their perinatal and maternal and child health checks, compared to other women that might have their babies when they're older. And that's not because expecting and parenting teens don't want to; it's because that they might not live on a bus route or they're too young to have their driver's licence yet*" (Brave).

In sum, research demonstrates that E&PTs face complex challenges. This highlights the need for a targeted intervention which offers support across multiple life areas and provides both coordination of services and advocacy on behalf of young parents.

2.2 Nature of the program

2.2.1 Early intervention in relation to ParentsNext

ParentsNext was introduced as a policy by the federal government to prevent disadvantaged parents from being in long-term welfare dependency, to increase female labour force participation, and to close the gap in Indigenous people's employment (Department of Jobs and Small Business, cited in The Senate, 2019; Henderson et al., 2018). ParentsNext is built on the work done with Helping Young Parents (HYP) and Supporting Jobless Families (SJF) initiatives that had been introduced by the Australian Government in 2012 as part of the Building Australia's Future Workforce.

Designed as a pre-employment program, ParentsNext coaches work one-on-one with eligible parents[4] by engaging them to plan and prepare for future study or work before their youngest child commences school. While doing so, ParentsNext coaches connects parents to local services and activities, helping them to meet their education or employment goals.

While ParentsNext applies to eligible parents (regardless of age) with the youngest child aged under six years old, there are specific concerns for disadvantaged young parents (Henderson et al., 2018). This concern is based on extensive international and national research that indicates adolescent motherhood is associated with lower rates of school completion and workforce participation, and a higher rate of poverty (e.g. Bradbury, 2006; Hoffman & Vidal, 2017).

Actuarial valuations by PricewaterhouseCoopers (PwC) for the Department of Social Services show that young parents under the age of 18 are at a higher risk of long-term welfare dependency (DSS, 2017, 2018).

[4] Eligibility criteria include having been receiving Parenting Payment for at least the past six months; having a child under six years of age; having no reported earnings from employment in the past six-month period; and meeting one of the additional eligibility criteria for either the Intensive or the Targeted Stream. See: https://www.employment.gov.au/parentsnext-frequently-asked-questions

In 2016, 3760 young parents were receiving Parenting Payments and, if nothing changes, 57% of them were projected to be receiving income support for 20 years (DSS, 2017). This projection is explained in part by the fact that many teenage mothers come from already disadvantaged backgrounds (AIHW, 2018b, also see 2.1.3 above).

The National Children's Commissioner's inquiry into young parents indicates teenage mothers form only 1% of all single mothers in Australia but make up 3% of recipients of the Parenting Payment for single parents (AHRC, 2017, p. 101). She also provides (p. 113) an age breakdown of the number of young people receiving the Parenting Payment and the Family Tax Benefit in March 2017 (see Figure 5).

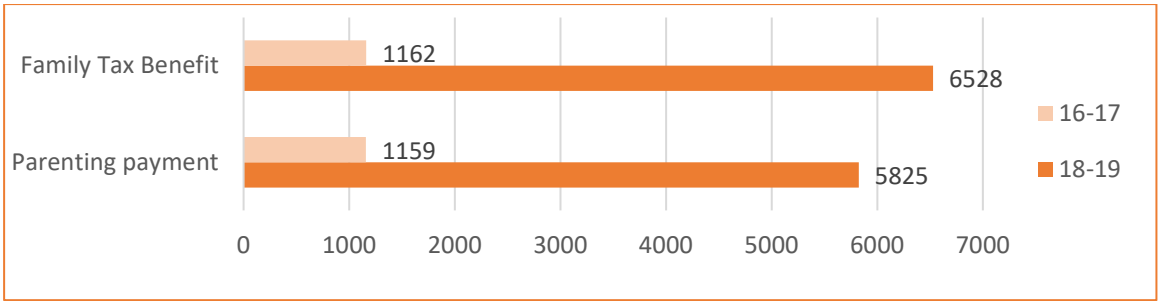


Figure 5. Young people receiving Parenting Payment and Family Tax Benefit (number, March 2017)

The National Children's Commissioner has recommended the development of a specific ParentsNext stream for young parents (AHRC, 2017).

In this context, the SEPT program was shaped as an early intervention, which is likely to be important for reducing the reliance of teenage mothers on welfare support (Jeon et al., 2011). The SEPT program aims to fill the gap between the time when a young person discovers they are expecting and the time they are required to develop a participation plan and possibly enter the ParentsNext program when their child turns 6 months old (AWP, Nov 2018). SEPT identifies the window of opportunity for community organisations to intervene and provide support early to E&PTs, consequently reducing the likelihood of crisis situations occurring in their lives. This approach is distinct from a crisis-response type of intervention (see Yeager & Roberts, 2015).

SEPT and ParentsNext share some common elements, particularly around developing pathway plans to education and employment. Table 14 summarises similarities and differences as described in each program's information package and in the interviews involving personnel from ParentsNext.

The goal setting component that SEPT and ParentsNext share was highlighted as an important point of connection between the two programs.

> *I think the goal setting component of it fits in really well. Having those conversations before it's mandatory to have those conversations I think is a really strong point. Then it's not a surprise when it comes up. And, all of a sudden, that's attached to funding and support and all that sort of thing, that you're actually well on the way to achieving a goal. – ParentsNext*

Overall, the early support that is given to SEPT participants around pathway plans is likely to place them in a better position for achieving their education and employment goals, during their involvement in SEPT or after they move on to ParentsNext. The voluntary nature of SEPT and intensive support from mentors sets participants up well to engage with the compliance requirements of ParentsNext.

Table 14. Similarities and differences between SEPT and ParentsNext program

	SEPT	ParentsNext
Similarities	• Help participants develop a pathway plan for education and workforce participation. • Help participants access services in their local community to help them progress in their goals. • Mentor meets on a one-on-one basis with a participant.	
Differences	Participation is voluntary.	Participation is compulsory for parents who meet all eligibility requirements. Attendance is compulsory for parents to keep receiving their parenting payments.
	Focused on three individualised goals covering health and wellbeing; basic necessities such as housing; and education, training or employment.	Focused on pre-employment plans.
	Catered specifically to expecting and parenting young people under the age of 25.	Catered to any parents with at least one child under the age of 6 and who has not been employed in the last 6 months.
	Monthly appointments are relatively casual and may be carried out at various locations.	Quarterly appointments (total of 4 in the program) are structured and carried out at the ParentsNext provider location(s).
	Flexibility around the time frame of the SEPT program. Participants may stay in the program for more than a year. *"So the beauty of BRAVE is that they've got a little bit more time to step people through and go, 'If we do this, this is the next step, this is the next step, this is the next step, and we can be there with you for all of those steps'. So, it's a great supportive approach with the prevention approach." (ParentsNext)*	Specified amount of time to work with participants: *"Being that it's a federal contract, we have only a certain amount of time that we can actually work with participants. So, we find that programs like SEPT where it's not as stringent on a time frame where there's more support. There's more sort of linking into local services helps us keep the participant on track to where they want to be." (ParentsNext)*

2.2.2 Evidence about the first 1000 days

Informed by the research on the importance of early years, the Brave Foundation recognises that the first 1000 days from pregnancy to the child's second birthday to be an important stage for children's health, development, and wellbeing (Arabena, 2014; Moore et al., 2017; see also the ARACY website[5]). Accordingly, the SEPT program aims to, primarily, recruit expecting young people early in their pregnancy but after they have decided to proceed with the pregnancy (see Section 2.1.2). By doing so, SEPT intends to help to set up a more positive pathway for these young people to transition into their parenting responsibilities, as well as into education and/or employment.

[5] https://www.aracy.org.au/the-nest-in-action/first-1000-days

Based on Brave documentation and the interview data, the window of opportunity for connecting with and supporting E&PTs is identified to commence during the antenatal period, as soon as the young woman discovers that she is pregnant and has made the decision to continue with the pregnancy. This is the period when expecting young people, particularly those from a disadvantaged background, need to be connected to key services for them to achieve positive outcomes for themselves and their child.

There is a need for the kind of targeted, early intervention service that SEPT provides because young parents are more vulnerable than, and have different needs from, older parents (AHRC, 2017). A stakeholder from a medical background noted:

> *Having that dedicated support because even though we recognise that they're a vulnerable patient cohort, we don't have targeted services specifically for that age. So, I think having that dedicated support was key to achieving better outcomes for them. – Stakeholder*

Recruiting program participants during their antenatal stage provides more opportunities for the young people and their babies to build a stable support network over time. As stated in the program's Activity Work Plan:

> Parenting teens who enter the SEPT program while pregnant and begin receiving services from a professional before their babies are born build a relationship that turns into long-term and steady involvement in the program. Engagement by a mentor in the weeks immediately following a baby's birth also aids in keeping parenting teens interested in the SEPT program and in the development of their babies. The longer parenting teens are involved in the SEPT program, the greater the number of opportunities for their participation. The more often teens are exposed to knowledge about their babies' development and practice in parent-child interactions, the greater the chances are for successful outcomes for their babies. – AWP, April 2018.

This window of opportunity can improve access to health care and help to avoid adverse pregnancy outcomes which are more common among babies of teenage mothers (AHRC, 2017; AIHW, 2018).

2.2.3 The unique role of SEPT Mentors

Different from ParentsNext coaches, SEPT mentors work more intensively with participants. The Brave Foundation requires all mentors to complete training in family violence, child protection, sexual assault referrals, self-care, professional boundaries, culture, and working with people experiencing trauma (Miscellaneous: Mentor Induction).

Some stakeholders in their interview described the mentor's role as akin to a case manager because a mentor generally takes a holistic approach to each participant, coordinates multiple aspects of their needs, and helps E&PTs navigate the (sometimes bewildering array of) relevant support services.

> *The complexity of the service provision within those areas because they're largely low SES [Socio-Economic Status]. There are so many youth agencies, job agencies, drug and alcohol, etc., etc., etc., etc. that just navigating them becomes a real issue. And I think that that's been the benefit that having individual case management for these girls. – Stakeholder*

This reference to the holistic nature of the work certainly reflects the mentor's role. However, according to Brave's documentation, the SEPT mentor role is based on a Community Development Framework (partly informed by Smart, 2017) as opposed to a Case Management Framework. The

primary difference is that the individual participant drives the program outcomes based on their own individual needs rather than those outcomes being pre-determined by external agencies.

The title “mentor” was chosen based on a suggestion made by young parents:

> *It was the title we threw around a bit … it's kind of hard to define and we didn't want to use ‘social worker’ because that can be a real sticking point for some expecting and pregnant teens … So, we went out as a round table and asked as a group of cohorts, including expecting and parenting teens, what title they'd like, and they came up with ‘mentor’. Because it gives the ability to partner, as opposed to just tell. I think that was the perception on that. – Brave*

A survey was also sent out to a group of about ten young parents, asking them to nominate their top name choice. The outcome again was ‘mentor’, and this term was then agreed to by the working group committee, made up of professional staff.

Figure 6 below summarises the SEPT mentors’ roles and responsibilities (Miscellaneous). There are three key areas in the role:

(a) mentor-participant relationship, which is central in the work of SEPT,
(b) service management, systems and records, and
(c) stakeholders, partnerships, and organisational promotion.

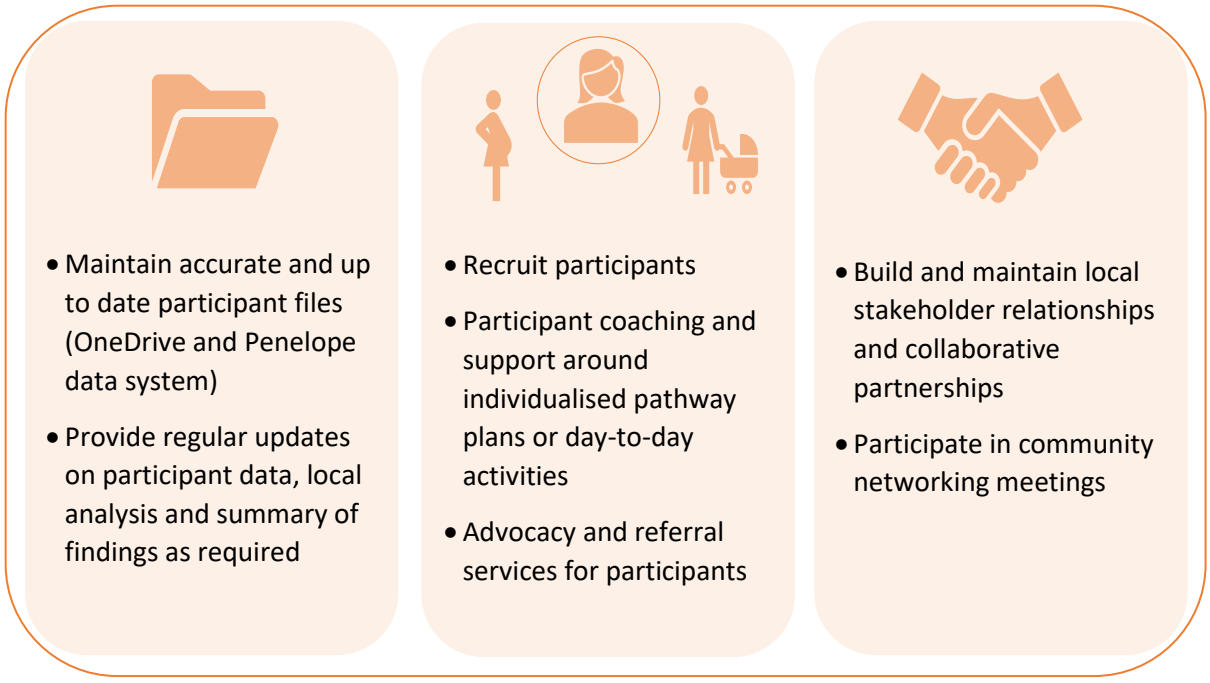


Figure 6. SEPT mentors’ role

Given the complex circumstances most E&PTs find themselves in, mentors commented that relationship building with the participants was a long process. A mentor described that it "*takes us a good six months to even gain that trust and rapport*".

- A key element of establishing a strong relationship is the balance between rapport building and creating healthy boundaries. This can be challenging and is part of the capability that mentors need. A mentor describes: "*I mean, healthy boundaries for us as well, but I've often had that conversation … I've always been big on being careful with not giving too much personal stuff away. But I think there is a real power in being vulnerable, and when you can demonstrate that and let your guard down a little bit. Obviously then that will help them too as well. It's just a massive balancing act all the time, just be careful.*"
- Once rapport has been established, using the guiding Brave Pathway Plan (BPP), the mentor supports each E&PT to develop pathway goals that move the participant closer to participating in an education or training program or to employment. The mentor works closely with an E&PT to identify issues and barriers the participant is facing, and consequently develop short- and long-term goals that correspond to the young person's unique issues (AWP, April 2018).
- Where necessary, a mentor would connect and support the participant to access a service or a network of services (AWPs).
- The close connection mentors develop with their participants may mean that the mentor becomes the main, or even only, person that is available for the young people to ask for help. A mentor describes: "*So, although we're not essentially set up as a private go-to, I suppose it's because we've built those relationships with our participants, and we might be the only people that they're connected to. I suppose we're their safe place, and they trust us with that information or reach out to us with those major life crisis things because they haven't got a home or they're couch-surfing or something happened where they've had to move out of a neighbourhood.*"

There are two data management systems used by Brave: OneDrive and Penelope Data Management Software (Interview and Documentation Data). The Penelope software, however, was not in effect until July 2019, i.e. the second year of the SEPT program trial. Mentors are provided specialised training on Penelope (Miscellaneous: Mentor Induction).

- Mentors are responsible for maintaining accurate and up-to-date participant files on both systems (for more detail see Section 5).
- The TTL evaluation requires that mentors also conduct SCORE assessments (Standard Client/Community Outcomes Reporting) with participants at multiples times during their time in the program. The SCORE assessment looks at participants' education, employment, changed behaviour, changed skills, and changed knowledge as proxies to measuring the effect of the program on participants.

Other than the relationship with program participants, mentors are also expected to build and maintain Brave's relationship with local stakeholders that are directly or indirectly connected to the SEPT program.

- Promoting and maintaining positive working relationship with the SEPT hub partner is prioritised given the direct connection the hub partner has to Brave's SEPT program.
- Mentors may connect with other service providers to improve the experiences of E&PTs in accessing services, such as connecting with Red Cross to provide transport support.
  As a Brave advocate, mentors may engage in a dialogue with E&PTs' families and sending positive messages on what better education can do for the lives of the teens, their children and their communities. The Brave management added: *"I've certainly had conversations with grandmothers before that have said, 'My life has been a great one. Why would you say that my daughter, who's having a baby, should require an education?' And my response in that situation - and Brave Foundation's response - is that a mother and family members have so much to be able to teach and so much that children can learn from, but that by being able to obtain an education this is not only going to help their child and themselves, but also their family and community as well, in ways that are going to be different to how family can teach their loved ones and family members. And that seems to be a really helpful dialogue when we're seeing generational teenage pregnancies in parts of Australia."*

Mentor selection

The SEPT model relies heavily on appointing the right people as mentors. This is not easy, as the role is somewhat unusual. The prevention approach, which the program is based on, can pose challenges to mentors with a social work background because it is common for social workers to work through a crisis management lens.

> *When we first commenced, we thought social worker background would be most beneficial. However, having recruited with that in mind, it actually turned out to be unsuccessful. A social worker background generally is a far more structured program, whereas Brave's program is quite flexible, where we want someone to work with a participant to develop it [the program of activity] . – Brave*

The purpose of the Brave Foundation and the SEPT program is not to offer crisis support. If needed, mentors will help navigate and refer to crisis support intervention: "Brave Mentors will also be available to meet with E&PT's alongside their crisis support journey, with the aim of still being in connection post crisis" – Miscellaneous.

Stakeholders recognised that the mentor role requires a special set of skills and capabilities. Some suggested that in recruiting mentors, Brave needs to seek people with professional qualifications. In contrast to Brave's own experience, one stakeholder recommended "*social work, I think, is well placed. So, having a social work degree, I think, is where they should be aiming."*

When mentors were asked about the types of skills that they would look for, they highlighted:

- strong local knowledge about the community they are working in, and
- understanding of early childhood development.

Local knowledge may include being aware of the types of traumas E&PTs in the area commonly experienced and the impact E&PTs' physical and psychological safety. A mentor summarised:

> *I would look for somebody that has already been in the community services or had worked in early childhood to have an understanding of children and parents. I would also look for somebody that is trauma informed and has cultural awareness. – Mentor*

A ParentsNext coach, who worked with teen parents to develop pre-employment plans, added that mentors must be supportive, encouraging, and determined to help young parents pursue their goals.

There was high praise for the commitment of mentors by several stakeholders, who recognised the passion and hard work mentors brought to the role.

> *I got the impression from them that they weren't going to leave any stone unturned. They didn't seem like the sort of people who were going to finish up at 4 o'clock and leaving someone in the lurch. – Stakeholder*

Section 3: Collaborative approach

Section 3 Overview

Key findings

- ***Brave's intensive collaboration model is appropriate because interagency collaboration is essential to address the needs of vulnerable people who experience multiple and complex challenges, such as E&PTs.***
- ***The Test Try Learn process through the Department of Social Services impacted on the collaboration between the Brave Foundation and various stakeholders****:*
  - *It facilitated collaboration through the co-development phase, involving 19 organisations, and by actively connecting some of the other providers to work with Brave as stakeholders or hub partners for the SEPT Trial project.*
  - *Some stakeholders expressed concerns about transparency in the TTL process and about possible restrictions on flexibility and localisation due to DSS oversight of SEPT. The Brave Foundation was able to overcome these concerns through its collaborative approach.*
- ***The collaboration by the Brave Foundation with local community organisations as the hub partner, the wider 'village of support' of stakeholder organisations and ParentsNext is widely recognised as a significant strength of the SEPT model****.*
  - *It values local knowledge and avoids duplication.*
  - *It reduces the workload for ParentsNext.*
  - *It supports expecting and parenting young people to navigate multiple services, and connects the dots both for them and for various organisations.*
  - *The stability of SEPT as the coordination link between the participants and local services and support is vital in a complex landscape of ever-changing services and providers.*
- ***The SEPT brokerage model combines the benefit of being a national coordinated initiative with locally tailored approaches.***

Future directions

- ***Further enhancing interagency collaboration:***
  - *Addressing perceptions of a power hierarchy which may inhibit genuine collaboration, regardless of whether these perceptions are reasonable.*
  - *Providing opportunities for authentic input from stakeholders, including service users.*
  - *Providing a range of channels for timely and clear communication.*
  - *Supporting the mentors as the local conduit for navigating the landscape of services for the benefit of both the expecting and parenting young people and various service providers.*
- ***Providing certainty and stability****:*
  - *Providing ongoing funding for SEPT as the stable coordination link between the participants and local services and support in a complex landscape of ever-changing services and providers.*

3.1 Interagency collaboration

Interagency collaboration is essential to address the needs of vulnerable persons and families who experience multiple and complex problems, such as E&PTs (Bromfield et al., 2010). Collaboration, however, is a contested term because the degree of crossover or shared activities between agencies varies. Collaboration, as defined by the Australian Research Alliance for Children and Youth (ARACY, 2013a, p. 1), is "a means of producing something joined and new, from the interactions of people or organisations, their knowledge and resources". ARACY (2013a,b) outlines key characteristics of collaboration which need to occur between the multiple partners, including:

- interdependent connections
- frequent communication
- tactical and strategic information sharing
- pooled and collective resources
- negotiated shared goals and commitment to achieve those shared goals
- and shared power between organisations.

Collaboration is not limited to service providers but can also directly involve the service users. Such collaboration acknowledges the service users as being most knowledgeable about their circumstances who can then provide input on how services can be effectively delivered to them (e.g., El Ansari & Andersson, 2011). However, research indicates that engaging vulnerable people in the use of services is already challenging, meaning that engaging them in a formal collaborative effort can be equally challenging (McDonald, 2010).

Interagency collaboration for vulnerable persons and families often embodies a wraparound process where the needs of the service users become the focus. This process allows the community partners to jointly develop an individualised "plan of care" for the vulnerable people (Rosenblatt, 1996). Specific to interventions geared towards E&PTs, research indicates interventions with the best outcomes in improving the life chances of E&PTs and their children are school-based programs with an added capacity for a wraparound support (see Boulden, 2010; Hoffman & Vidal, 2017). The wraparound support is often possible due to the educational institutions' proactive efforts in connecting the young people with key services and trusted agencies.

Empirical evidence for the effect of interagency collaboration on the service users, particularly in Australia is, regrettably, limited. While some studies demonstrate some positive changes in terms of service access (e.g. Foster-Fishman et al., 2001), others showed that interagency collaboration does not necessarily improve the life outcomes of the vulnerable individuals (e.g. Valentine & Hilferty, 2011). The latter often relates to coordination barriers when multiple services are working together to address the needs of clients. The effect of interagency collaboration on service users is highly dependent upon context, the quality of the service provision, and the strategies utilised between the multiple agencies involved in that collaboration (McDonald & Rosier, 2011).

3.2 SEPT collaboration model

The Brave Foundation employs what they refer to as an 'intensive collaborative model' (Miscellaneous). In the SEPT program trial, the Department of Social Services played a role in promoting the collaboration between Brave and the local hub partners. Brave is also proactive in widening connections and including the voices of E&PTs prior to the trial and during the SEPT program delivery. The sections below describe the key characteristics of the interagency collaboration that occurred within the SEPT trial.

3.2.1 The role of Department of Social Services (DSS)

In the co-development phase, the Brave Foundation worked alongside 18 other providers of services for E&PTs, listed as co-designers in the DSS fact sheet (DSS, n.d.). Ultimately, however, TTL awarded funding only to the Brave Foundation. DSS played a major role in charting the way for Brave to then collaborate with some of these other providers as stakeholders or hub partners for the SEPT Trial project. This was described by one of the SEPT Hub partners:

> *We didn't get funded for it, but when Brave did, the Department of Social Services rang us and said, 'We think that you guys should be working together'. In terms of the location, we've got the connections to community for the Brave initiative to sort of come in and hit the ground running, so to speak. So, they made a connection there for us and for Brave. And we've been working relatively closely ever since. – Stakeholder*

The co-development process was supported by pre-existing relations between the Brave Foundation and other organisations. Brave "*leveraged those relationships which were already existing by that time through Brave Foundation to see if there was an appetite to explore this trial*" (Brave). In turn, the co-development process also led to useful connections with additional organisations which supported Brave to implement the SEPT trial.

On the other hand, the competition inherent in the TTL process created some initial challenges for the collaboration that is so central to SEPT. Stakeholders felt the TTL process had lacked transparency "*in the early days, which is nothing to do with just Brave, but it's the way government works*" (Stakeholder). There was also a concern that oversight by DSS initially restricted the scope for Brave to "*be flexible in how we do it*" (Stakeholder/Hub partner) and respond to local contexts. Over time such tensions declined, enabled by pro-active work by the Brave Foundation through scheduled meetings and check-ins of the National Steering Committee, Chief Mentor & Stakeholder Manager, CEO, and mentors/hub partners—as well as more informal on-the-ground engagement by mentors and through Brave's open-door policy.

3.2.2 SEPT Hub partners and the village of support

A central design element of the SEPT model is the collaboration with existing services provided by the hub partner and other local stakeholder organisations. This was recognised as a strength of SEPT:

> *I think the other really good part of it is that it's worked with existing services on the ground. So, it hasn't duplicated a service to young people in the community. It's worked in a way of building capacity in existing services. I think that that's one of the things that ongoing really helps for young people because the mentor can be the lead, I guess, sort of coordinator. And so young people aren't feeling overwhelmed with support services or too many support services being involved. – Stakeholder*

As shown in Section 1.1, there are 12 SEPT hub sites across five states and territories. Specific to the SEPT Trial, the Brave Foundation has partnered with organisations that have demonstrated capacity and commitment to supporting E&PTs. These organisations are called SEPT hubs (see Figure 7). The Brave SEPT Hub is not only the location where the Mentor is based, but also a central part of the collaborative and localised approach. Most importantly, hub partners function as a conduit of local knowledge because they understand the kinds of ways of working that are suited to the local context.

> *So, from our perspective, I think it definitely brought like-minded organisations together to have their buy-in to what works well, what is working with existing services. They've got to actually form government on-the-ground operational things, what works well in their demographic. So, we have two locations in New South Wales, Newcastle and the Central Coast, and what works well in one doesn't work well in another. – Brave*

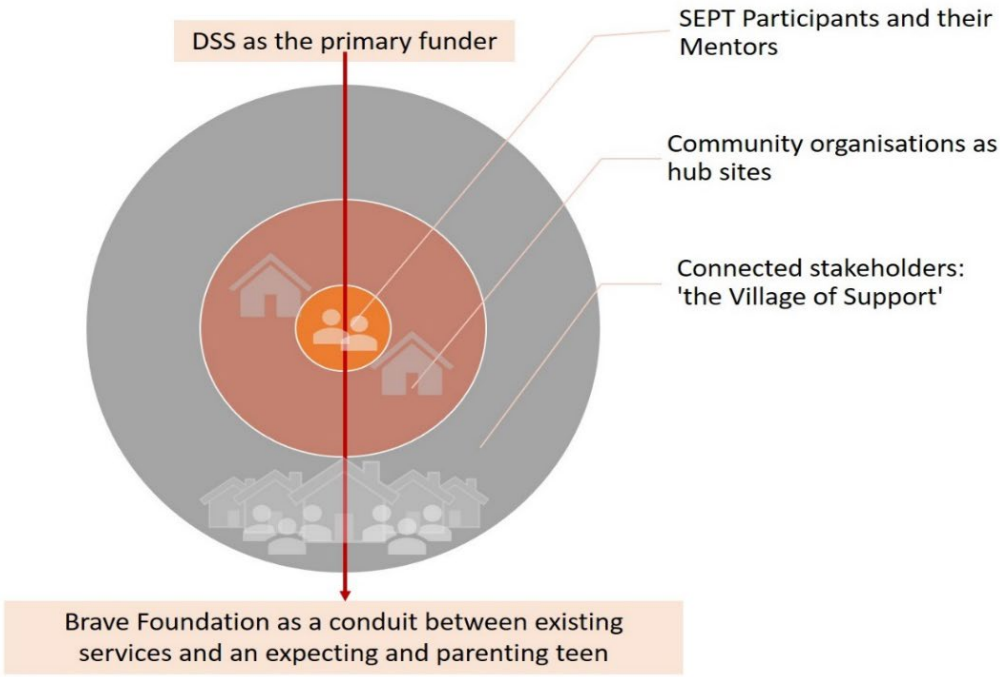


Figure 7. SEPT collaboration model

The landscape of service provision is complex, with many different services available, often as pilots or on an ad-hoc basis. Therefore, a key role that SEPT can play is stable (i.e. long-term) coordination, supporting young people to "*navigate that system*" (Stakeholder/Hub partner).

The Australian National Children's Commissioner consulted with young parents and invited submissions for her 2017 "Children's Rights Report". One submission to her investigation noted:

> A consistent message is that younger mothers have aspirations, hopes and dreams for being the best parent they can be; for higher education; and for meaningful employment. However, hopes and dreams are increasingly out of reach for many as primary systems of care (such as income support, health, education, and employment) become too difficult to navigate and do not work together to leverage opportunities for this vulnerable group. (cited in AHRC, 2017, p. 136).

At its heart, SEPT is a response to this challenge: supporting expecting and parenting young people to navigate multiple services, and connecting the dots. The stability of SEPT as the coordination link between the participants and local services and support is vital in a complex landscape of ever-changing services and providers.

Moreover, given that the mix of available services varies in different places and over time, SEPT is intended to be "*localised to that specific region*" (Brave). Stakeholders agreed that collaboration is made real through working differently with specific people and organisations in ways that suit each context, under the umbrella of the overall approach. Ideally, this is a "*brokerage model*" which combines overarching guidelines with the capacity "*to develop the activities at the local level. You have some flexibility around that because of the localised need to have a localised response*" (Stakeholder).

The list of stakeholders connected to each SEPT hub site is often lengthy and these support services make up the 'village of support' around expecting and parenting young people in the area. The hub sites provide a bridge affording SEPT mentors to engage with these local stakeholders who strengthen, support, and enhance the SEPT program. For example, in Darwin, FAST NT is the hub

partner for SEPT and simultaneously provide a space to engage with other stakeholders, such as with the Young Women's Christian Association (YWCA) Parenting Support Program, Young Mothers Strong Mothers, Headspace Darwin, and Royal Darwin Hospital (AWP, April 2018).

The requirements and expectations of the SEPT Hub organisation and Brave Foundation are formally outlined in individual Memorandums of Understanding (MoU) with each hub site. Table 15 gives an overview of the role of the SEPT Hub organisation and of the Brave Foundation.

Table 15. Role of SEPT hub organisation and the Brave Foundation in each hub

	Hub Organisation	Brave Foundation
Mentors	• host the SEPT mentor; • provide the mentor with office space and internet access; • assist the mentor in the adaptation of the SEPT pathway plan; • provide secondment opportunities to mentors where appropriate.	• recruit and manage SEPT mentor; • provide mentor with operating framework and mobile office toolkit; • ensure SEPT mentor complies with workplace health and safety requirements; • provide professional development opportunities.
Communication and referral	• understand the SEPT program and its key aims; • promote the SEPT program; • refer E&PTs to Brave where appropriate.	• refer to SEPT hub site services where appropriate; • manage the Brave Pathway Plan of the expecting and parenting teen; • manage complaints or feedback related to the SEPT program; • manage stakeholder relationships relating to the SEPT program.
Resources	• have access to the Brave directory of services and relevant resources; • invoice Brave for the annual administration fee.	• provide SEPT hub organisation with appropriate resources; • ensure payment of administration fee.

To enable E&PTs to access SEPT, across both hub sites and stakeholders, the Brave Foundation actively sought connections with referral points and provided information about the SEPT program to the potential referees.

> *Core to our program is making sure our stakeholder relationships are well fostered, so that collaboratively we can capitalise on those window of opportunity moments with partner service providers, so there is a starting point for each E&PT, should they want it, to be connected to a plan that helps them reach their dreams, goals and aspirations. – Brave*

As shown in Figure 7, around the hub partner sites sits a further circle of connected stakeholders, forming a 'village of support'. This wider support was part of the Brave vision prior to the SEPT trial, implemented in part through its Directory of Services[6] which is used by E&PTs, their loved ones or Health/Education professionals "to help grow the village of support around these young people" (Miscellaneous). Brave has made the Directory available to SEPT stakeholders and, through the SEPT trial, has significantly expanded the Directory. This Directory has also been licensed to the federal government.

[6] https://bravefoundation.org.au/support/list-of-services/

Table 16. Story: mentor-stakeholder collaboration

I have been working alongside a Stakeholder to support a young family. We have met to discuss how we can offer support and what areas we can each work on so that we can provide more holistic support for the family. The Stakeholder concentrates on day to day living supports and intensive parenting support. I have been able to concentrate on implementing educational pathways and encouraging the mother to attend playgroups that are beneficial for the children. (Nov 2018)

In addition to stories by mentors (see Table 16), stakeholders also provided examples in their interviews of the kinds of services that were important in this outer circle to provide a village of support for E&PTs:

> *We have very strong partnership with health … We have the clients here … that they can't seem to get to go to antenatal or postnatal or child health. For some reasons, these young women do feel threatened in some of those places where they go. So, we bring the service to them here. So once again, Health [department] are winning. They're able to tap into those young difficult clienteles that they have struggled to get to come into clinic. And we just bring all the services here because this is a safe space where the young mums love to hang out and if we bring in a service, they're happy to utilise it. – Stakeholder*

The collaboration model is central to the way the SEPT trial operates, in particular, through the hub partners and village of support. Stakeholders commented positively about the way this model works, both for the organisations involved and, most importantly, for the expecting and parenting teenagers:

> *I think it's incredibly central and complementary. … It is central because the focus is definitely around, how do we better support young parents or pregnant young people to keep engaged and supported? – Stakeholder*

3.2.3 Collaboration with ParentsNext

ParentsNext providers refer some E&PTs into SEPT with the expectation that SEPT can provide additional individualised support to the young people. Sometimes, this referral may be due to ParentsNext's significant workload: "*They [ParentsNext] refer to us on numerous occasions … because they are overwhelmed with the amount of people*" (Mentor). One mentor noted that they discovered that in their region, ParentsNext "are staffed with a mere 3 people to cover approx. 700+ engagers" (ParentsNext documentation).

The broader remit of SEPT compared to ParentsNext also encourages referrals from ParentsNext.

> Reasons for referral include individualised parenting support (linking to evidence-based programs), social and emotional support, assistance with Centrelink navigation and reporting requirements, driving license support/ learner driver program assistance, assistance with engagement into personal development, pre accredited/ accredited training and school and tertiary based education. – ParentsNext documentation

One ParentsNext provider wrote an extended narrative (see Table 17) about one participant highlighting the constructive collaboration with Brave, and the way in which the complementary nature of the two programs enhanced this participant's successful outcomes. The genuine collaboration between ParentsNext and Brave is a success story in itself, both for participants and for these organisations.

Table 17. Vignette: ParentsNext-SEPT collaboration

When ParentsNext first met this Participant in March of 2019, he had limited formal education, not a lot of clear direction and he had severe social anxieties preventing him from engaging in a lot of services and support. … The ParentsNext Mentor identified that he would be suitable for Brave Foundation's Supporting Expecting and Parenting Teens (SEPT) Program, and after discussions, made a referral to the SEPT Mentor in our area. …

Through Brave's scholarship available as an intensive participant of the Supporting Expecting and Parenting Teens program, he is taking driving lessons and is heading towards getting his Ps soon. His anxiety, depression and post-traumatic stress disorder are improving greatly with regular visits to Headspace but also that personal nurturing of a mentor. …

He is thinking about training and has an interest in wood working and once he has his licence this will be so much easier to access and coordinate with his son's schooling. Then employment and/or self-employment will be a real possibility. …

As a compulsory Program, ParentsNext has the ability to engage some of our most vulnerable families, families who had they have not been connected to ParentsNext, may not have taken active steps towards their goals yet. The beauty is it encourages families to engage, and their ParentsNext Mentors are then able to refer them to services and opportunities around them for holistic wrap around support to move them towards their future goals.

Without ParentsNext, this participant may never have found Brave, and without Brave he certainly would not be where he is today.

This participant's story is a true testament to how the collaboration of ParentsNext and Brave's SEPT program can really enhance the lives of the families we support.

(ParentsNext documentation)

3.2.4 Collaborative governance

As part of the governance of SEPT, the Brave Foundation established a National Steering Committee, with membership from the Brave Foundation management team (n=3), previous teen parent (n=1), stakeholders from hub sites (n=7), representatives from community organisations (n=2), and TTL grant evaluator commissioned by the DSS (n=1). Two other individuals served as observers on the committee: The Brave Foundation secretary and the Grant Manager from DSS. The NSC meets quarterly based on the needs of the project.

Through its membership the NSC embodied the collaborative approach for SEPT, as well as facilitating collaboration for the implementation of SEPT by offering a forum for members to share information and insights. The intention was that the NSC would help to maintain strong communications between stakeholders (AWP, 2018). At times, however, stakeholders felt that the NSC meetings got stuck in *"discussions around reporting and sort of how things are going"* (Stakeholder). The Brave Foundation used the appointment of the Brave Chief Operating Officer role late in 2019 as an opportunity to review the NSC to ensure it was purposeful both for its members and for the SEPT program.

Another governance mechanism for facilitating collaboration was the appointment of a Chief Mentor and Stakeholder Manager, responsible for managing the team of SEPT mentors across the country. The Chief Mentor was seen as taking on many responsibilities around the management of the SEPT program delivery. The board of the Brave Foundation is, ultimately, responsible for all governance and risks of the trial.

Section 4: Responsiveness

Section 4 Overview

Key findings

- ***The agile responsiveness in SEPT was facilitated by the Brave Foundation being a fairly small organisation and by its willingness to invite, hear and take seriously feedback from staff, stakeholders and participants****.*
- ***The place-based and strength-based approach together with the strong moral purpose meant decisions for change were directed to benefit participants in each location.***
- ***In relation to program implementation issues,*** *the Brave Foundation's agile responses:*
  - *enabled flexible and localised use of the Brave Pathway Plan,*
  - *adjusted staffing to improve workload, and*
  - *built trust to facilitate relationships with hub partners across geographic distance.*
- ***In relation to participant needs and circumstances****, the Brave Foundation made changes that:*
  - *enabled 'early completion' for participants who did not need ongoing SEPT support,*
  - *developed a home visit policy and procedure, and*
  - *expanded the purposes for which the Brave Scholarship could be used.*
- ***In relation to shifting policy contexts,*** *the Brave Foundation:*
  - *demonstrated foresight, thoughtfulness and collaboration in preparing its proposal to DSS for program extension.*
  - *Responded quickly as news about funding unfolded, with vital practical information and processes as well as significant care for the wellbeing of participants and mentors, and gratitude for stakeholders.*

Future directions

- ***Balancing focus with responsiveness****:*
  - *Developing a shared core vision for purposes and ways of working with stakeholder and participants.*
  - *Providing a range of channels for gaining feedback.*
  - *Recognising that social interventions can never be set in stone and will always need adjustments as circumstances change.*
- ***Managing the impact of policy and grant scheme decisions in the Department of Social Services.***
  - *Building mutual responsiveness (not only from the provider to the Department, but also vice versa) to help to minimise harm and maximise benefit for participants, due to changes in policy and grant scheme decisions.*

4.1 Agile intervention approaches

Collaborating with multiple agencies is often not seamless. Two broad types of challenges are often cited in the literature: interpersonal and systemic challenges (e.g., Park & Turnbull, 2003; Sloper, 2004; Stewart, 2020).

Interpersonal challenges refer to issues related to the attitudes, skills, knowledge, and behaviours of the individuals involved in the collaborative process that impact the agencies' capacity to collaborate. Commonly cited interpersonal challenges in a collaboration communicate (e.g., Johnson et al., 2003; Sloper, 2004) include:

- not having a shared vision and
- different understandings for how the collective should function and communicate (e.g., Johnson et al., 2003; Sloper, 2004).

Frictions related to these challenges often can be resolved through leadership commitment to re-engage and motivate collaborative partners by negotiating shared goals (ARACY, 2013c; Hadwin et al., 2018; O'Connor, 1995).

In contrast, systemic challenges refer to issues pertaining to availability of materials and resources necessary for the life of the collaboration, as well as the strategies used by collaborative partners to share knowledge and information (Sloper, 2004). Robust mechanisms around information sharing allow all partners to effectively monitor and evaluate multiple facets of the collaborative work and relationships. To sustain a productive collaboration, all partners must be willing to adapt and be committed to work towards established common goals (ARACY, 2013c; Sloper, 2004).

Challenges in interagency collaboration are typically framed as a problem to be overcome. A less common approach is to explore how collaborative partners manage the challenges as they arise and how the challenges may be a source of productive tension and refined strategies and practices.

In Hoffman and Vidal's (2017) rapid review of programs supporting teenage parents' educational experience and pathways, programs found to be effective are those that are comprehensive, flexible, and responsive to teens' needs and aspirations. The responsiveness demonstrated by the Brave Foundation is of interest in this report because that is one key factor that seems to contribute to the success of Brave's SEPT program (Section 4.2).

Brave's responsive approach can be understood as 'agile'. Borrowing from literature on Agile Business Models, agility refers to the organisation's capability to flexibly respond and adapt in a timely manner (e.g., Loss & Crave, 2011). Agility is characterised by (Mathiassen & Pries-Heje, 2006):

- *Quickness*: efficient use of time to monitor key events, interpret situations, explore strategies for addressing a situation, and enacting on a strategy judged most suitable for that situation.
- *Resources*: access to materials and capabilities available within the organisation including people, technology, and knowledge. Agility is particularly enhanced when there are multiple skills available in the organisation's human resource.
- *Adaptability*: effectiveness in responding to changing demands, problems, or opportunities.

The most fundamental element of agility which enables organisations to adapt is feedback. This can be collected through purposeful evaluation of its operation, quick and easy access to critical data, and effective communication channel between team members and stakeholders.

4.2 Responsiveness in the SEPT trial

The research highlights that the Brave Foundation demonstrated its responsiveness in two distinct ways: (a) in relation to inevitable teething issues in the implementation of SEPT as a large and complex intervention, and (b) in relation to the needs and circumstances of young parents when these were different from that SEPT has been planned to address.

4.2.1 Resolving implementation issues related to the trial

As with any new initiative, the implementation of SEPT has experienced some barriers and challenges. In order to capitalise on early learnings, Brave proposed changes to DSS which led to an amendment of the grant deed and/or approval by DSS, for example for extending LGA zones, the two-worker model, and the home visit policy (Miscellaneous).

Such changes were recognised by a stakeholder, who complimented Brave on being responsive to issues as they emerged:

> *I think it's good that they've recognised, one of the things that is clear about them is that they're responding to the hurdles that are coming up. They're kind of looking at that, 'Okay, let's look at this. What can we do about it?' So that's really positive. – Stakeholder*

Table 18 provides an overview of the barriers and challenges that the analysis uncovered, and each of these is then discussed below.

Table 18. *Summary of Brave Foundation's responsiveness to program implementation issues*

Implementation Issues	Responses
The Brave Pathway Plan	• Enabling mentors to use the BPP flexibly. • Reiterating the commitment to resources such as the BPP being individualised, culturalised, and localised.
Staffing and workload	• Contact between senior Brave staff and participants and key stakeholders during the process of recruiting new mentors, after some mentors left. • Appointment of team leaders for the SEPT sites in the north and in the south of Australia, and assignment of two mentors in most SEPT locations.
Brave-Hub partners relationships	• Build trust. • Find a happy medium between the Brave Foundation and hub partners' identities, culture and ways of working.

The Brave Pathway Plan

The template of the Brave Pathway Plan (BPP) and its checklist are resources for mentors and were intended to be adapted to local contexts (Miscellaneous- SEPT Trial Proposal). The template provides guidelines around participants' pregnancy in terms of time frames and key points to consider (more detail in Section 5.1). In the early stages, it took "*some tweaking to localise it and to facilitate young people in our community*" (Stakeholder).

Brave provided the Brave Pathway Plan template to all mentors and stakeholders, and entered into a Memorandum of Understanding (MoU) with relevant stakeholder organisations. Perhaps as a result, it seems that initially some hub partners and stakeholders perceived the BPP as an imposed and rigid

tool, rather than as a resource that could be adapted. A stakeholder suggested that the process was too strict initially, but that following their feedback to the Brave Foundation "*it switched over*" (Stakeholder) and improved. It may be that, rather than the process changing, the communication from Brave clarified the intention around the ways in which the BPP could be implemented flexibly.

There were some concerns that the BPP's checklist could be 'yet another' interview process for E&PTs to go through which could be off-putting or even traumatising if they have been through several such processes for other services already. For these young people a stakeholder made the useful suggestion to "*work out a way of collecting this information without you taking them through yet another sort of formal interview*" (Stakeholder). The Brave Foundation collaborated with a TTL partner organisation and DSS to develop a more user-friendly SCORE system, in order to reduce the burden on young people (Brave).

Mentors themselves described the flexibility of the program as being a key success in enabling the mentors to connect well with their participants.

> *That how incredibly holistic and creative and individual and - did I already say - flexible the role is. And that, I think it's nice for people, it's good for people, it's important to people to know that. – Mentor*

The analysis of the Brave Pathway Plans for this research demonstrates that, in fact, mentors varied in how they completed the plans. This was partly based on the adaptation to different locations and individual participants' needs.

Midway through the period of the trial (beginning of July 2019), the Brave Foundation adopted the Penelope data management software. This move enhanced consistency in approach, although the style and level of detail of information entered may still vary between mentors and the explicit intention remained that the BPP and other measures could be "individualised, culturalised and localised" (Miscellaneous).

Staffing and workload

Early in the SEPT Trial, the Brave Foundation experienced some turnover of mentors, due to not passing the probation period as a result of a conduct issue, personal health, and returning to a previous role which offered more hours (Miscellaneous). Although only three mentors left the SEPT program, and two for understandable personal reasons, such changes in the person taking up the mentor role inevitably had an impact on the relationships between Brave and the hub partners and other connected stakeholders.

SEPT participants' engagement in the program was also affected when their mentors changed. A small number of participants were not responsive (n = 9) after their original mentor left the job, and as a result their case had to be closed. Seven of those, however, have already achieved one or more goals as set in their pathway plan (Miscellaneous).

Brave attempted to mitigate any negative impact of changes in mentor personnel through contact between senior Brave staff and participants and key stakeholders during the process of recruiting a new mentor, including phone calls, SMS and email (Miscellaneous). There was a sense among stakeholders that issues with staffing had been resolved since the start of the SEPT trial.

> *They've reshuffled their staffing structure now... And I think they've re-thought how they do stuff. And, as I said, things have improved. – Stakeholder*

Brave noted that from their learning, it was identified that having two mentors at each SEPT hub location can provide more stability to that location. Specifically, if a mentor leaves or is temporarily

unavailable, there is another mentor who maintains the operations of the SEPT program in that location. This strategy is coined by Brave as a two-worker model. Brave was proactive in approaching the program funder (DSS) about implementing the change:

> *And so, we actually asked the federal government whether we could be able to look at our budget and reallocate where we saw fit to reflect the learnings of the trial thus far. And so where we've seen that we've been really successful has been where there is a two-worker model, and that's why we've got another three mentors coming on, so those regions where we haven't had a two-worker model, and for very - I guess - human resource reasons, for very basic human resource reasons of leave or sick leave, it's very helpful when you're in a state on your own to be able to have someone that you can work around with that for support. – Brave*

The workload of mentors was also considered high in the early stages of SEPT: "*They seemed so flat out*" (Stakeholder). One specific suggestion is that the management of relations with stakeholders ought to be a central role in Brave, so that the mentor could "*be more focused on the young people rather than having to also do some of that organisational development component of the role as well*" (Stakeholder).

Based on Brave's documentations, the original intention had been that the Chief Mentor and Stakeholder Manager (in conjunction with the Chief Executive Officer and Development Manager and Government Advisor) mainly hold the tasks of developing and maintaining key stakeholder relationships. However, in the early stages of the trial, mentors naturally needed to be included in that relational process.

As a response to mentors' high workload, Brave has hired two team leaders (for the northern and southern SEPT sites) to support the Chief Mentor in work related to the delivery of the SEPT program to participants. These team leaders were previously SEPT mentors who have been promoted.

> The two SEPT Mentor Team Leaders work alongside our mentors to coach, support and develop our team of mentors to maximise the benefit of the pathway program delivery for their respective regions, participants and stakeholders. – Miscellaneous

The team leader becomes the go-to person for the mentors in their region. Any concerns regarding the program are relayed to the team leader as opposed to the Chief Mentor, which was the case prior to the appointment of the team leaders. These appointments are welcomed by mentors: "*I think it will work much better, and definitely in terms of having things more clear and streamlined, it's going to help*" (Mentor).

Another mentor commended their team leader for liaising between mentors and the Brave management team, and achieving improvements.

> *I think that when we give feedback, [the team leader] tries really hard to be our voice. Whereas before we had our own voice without having a spokesperson. She tries really hard if we think that there is something needs to be altered, or we feel that that wasn't handled correctly. We would feed that back to her. And systems do change... [the team leader] gets lots of things changed for us. – Mentor*

However, a solution is rarely perfect, and may have unintended negative consequences. Despite recognising the best efforts of the team leader, this mentor was concerned that the "*tiers of hierarchy*" (from mentor to regional team leader to Chief Mentor to Brave management) created more work and a delay in responsiveness. This may be the next issue requiring an agile resolution—Brave advises they are currently working on this.

Brave and Hub partners relationships

Relationship building with the hub partners was challenging at the beginning of the trial. As noted in section 3.2.1, some stakeholder organisations and Brave were initially competing for the same TTL grant. When stakeholders were not successful with TTL this led, for some, to tensions and questions about what Brave would bring and do at their organisation.

> *We had a lot of push-back at the start, people thinking, 'You're going to take our funding. Your program's similar to our program', and things like that. Whereas we had to explain that it is value adding. We're not here to take over funding. We're here to collaborate and work in conjunction with each other's programs and services. – Brave*

The physical distance between Brave head office in Hobart and most of the hub sites may initially have hampered the development of positive relationships. Some hub partners felt poorly informed, especially in the early stages, and some hub partners would have liked more authority: "*the difference is that people are employed by Brave, and Brave are sitting in Tassie*" (Stakeholder).

The Brave Foundation put considerable effort into developing trust in each hub location and to overcome differences in identity and develop "*more cohesion there and understanding that we can actually be one big team, and let's talk more about how we can sort of make that happen*" (Stakeholder). This was vital work, because successful engagement with SEPT participants relies to a large extent on having:

> *… a good, solid hub site [… as] a space to bounce off people and have other people working in the sector but also a space where the young people can come, and they know that that's where you are, and they can find you. And I think it's important that the hub site embraces that. – Mentor*

There was some tension between hub partners' wish for local control and the fact that SEPT is a Brave initiative and therefore oversight sits centrally within the Brave Foundation. Over time, the various partners and Brave learnt about each other's cultures and ways of working, to find a happy medium.

> *Given that their worker sits with us, we get to know each other very, very well. And I know that I'm not their boss. I understand that. But there are certain ways that we like things done, and that's had to develop over time, and it's gotten better…. And that's taken a while to get up and running. – Stakeholder*

4.2.2 Responding to E&PTs' needs and personal circumstances

By being place-based and emphasising the relationship between a mentor and each individual participant, SEPT responds to the recommendation by Hoffman and Vidal (2017, n.p.) that "programs should seek to cater for the specific strengths and needs of the individuals, and recognise the differences among teenage parents."

Pregnant and parenting young people juggle their need for support with previous experiences of social services, which too often have not been positive. Australian research found that:

> Young women often felt as though they were treated as 'problem cases' by policy makers, service providers and the community, which contributed to feelings of being judged and criticised." (Loxton et al., 2007, p. xiii)

Similarly, young people in the consultations undertaken by the National Children's Commissioner asked for "less judging, stigmatising and stereotyping of them" (AHRC, 2017, p. 18). These insights highlight the importance of building positive relationships (see 2.2.3 about the role of mentors) and genuinely listening and responding to issues raised by young people.

The responsiveness of SEPT to different strengths and needs is illustrated well with Rianna's case study in Table 19.

Table 19. Case study: responsiveness to individual needs

Rianna accessed SEPT as a 'teen parent' because she was the primary carer for her younger brother. This unusual situation highlights the responsiveness of SEPT to personal circumstances.

Both Rianna and her brother had been abused by family members but were forced to continue to live in an overcrowded home with other family members. Despite her housing situation and caring responsibilities, Rianna continued at school and also held down a part-time job. During this time, she did receive useful support from Anglicare and the YWCA.

Rianna accessed SEPT when she was 18 years old (and therefore in the high priority group) as the caregiver to her younger brother. She worked with SEPT to build confidence as well as access a mental health plan. Her specific goals included: seeing a health professional and arranging a mental health plan, learning about nutrition and losing weight, and enrolling in and completing a Certificate III in Community Services. Her ultimate goal was to have a full-time job so she could rent her own house to look after her brother.

The SEPT mentor was able to support Rianna find out more about the Certificate III course, connect her to mental health services, and support her with weight loss by providing vouchers that went towards healthy eating. With this support, Rianna achieved her goals and completed SEPT. A further impressive outcome was that Rianna was accepted into a scholarship program for a university interstate.

Rianna now lives in a different state than her brother. Although she is no longer a SEPT participant, the Brave Foundation stepped up to connect Rianna's brother to a mentoring program in their hometown. Rianna has completed a bridging course and has moved into a degree course at the university. She is continuing counselling in her new city and has strong support through her church. She also has support from extended family, safe housing and access to public transport. Rianna is doing well and says that she is continuing to grow.

Table 20 summarises key issues raised by E&PTs and the ways in which the Brave foundation responded.

Table 20. Summary of Brave Foundation's responsiveness to E&PTs' needs and circumstances

Issues raised by E&PTs	Responses
Number and location of meetings	• Participants can complete SEPT 'early' if they do not need the full 20 meetings to meet their goals • A 'home visit policy and procedure' was developed to enable mentors to meet with participants in the participants' home.
Brave scholarship	• The purposes for which this could be used was expanded to meet participants' needs.

Number and location of meetings

The SEPT program is voluntary and, therefore, participants can leave at any time. However, ideally, the participant leaves when they feel their goals have been achieved and they no longer need the specialised support that Brave offers (Miscellaneous).

The Brave Pathway Plan template has a schedule of 20 meetings. However, feedback from young parents and mentors pointed out that some participants did not require all meetings before being able to complete the SEPT program. As a result, Brave decided:

> There is no set completion date for when goals must be met and Brave support end, this may take the entire 2 years [of the trial] or less depending on each individual participant. (Miscellaneous)

In addition to flexibility around the number of meetings, Brave also responded to participants' circumstances by changing its initial preference that meetings between a mentor and participant should occur at the hub site.

One of the early learnings was that transport was a barrier for some E&PTs. With input from the National Steering Committee and staff, Brave developed a new home visit policy and procedure early in the trial, which was approved by DSS. The process includes a Home Visit Risk Assessment that mentors complete:

> a) Confirm the home location meets the minimum safety requirements; and
> b) Identify key Task, Hazards, Risks, Risks Rating and Controls in the home environment.
>
> A Home Visit can proceed when the location is deemed to be reasonably safe. To be reasonable safe, the home location must meet the minimum safety requirements (Policy: Principal Meeting Places and Home Visit).

The home visit policy seemed to have a positive influence, for example: "Whilst mentor is completing home visits, levels of engagement have increased" (Story Oct 2019). As noted in section 2, anxiety and other mental health challenges may also make it hard for some young people to venture out of the house.

> *And moving towards things like enabling us to do home visits wasn't something that we could do to start with, and now we can because that was the feedback we were given. These young people aren't engaging. They're not going to come out of the house. We need to go to them. So, I think we've learnt to understand our cohort and our region better. – Brave*

Table 21. Story: home visits

I have been supporting a participant who has been inconsistent with engagement. This young mother has previously requested home visits due to her anxiety but has not been agreeable to Brave Mentor visiting with another Mentor, joint visit with her other NGO professional, or Child Safety during their intervention. After 2 meetings with Mentor in a public space, the participant has agreed and consented to the Mentor completing a home visit with her NGO workers. This indicates the level of trust the participant has gained in the 2 meetings, backed by her knowledge of Brave and the positive work done by the program. (Sept 2019).

Brave Scholarship

As part of the SEPT program, participants are eligible to apply for a scholarship which they can put towards their education or other needs. Guidance to access the fund is provided by the teens' mentors. This scholarship is an acknowledgment that many E&PTs may not be able to afford basic life necessities, or costs associated with attending and completing education and/or engaging in workplace participation.

Scholarships can be used for a range of items that support participants to achieve their goals, including:

- Education: School fees and tuition costs for training/courses, textbooks and other course materials
- Transport: To education or workplace provider, and driving lessons
- Computer hardware and software
- Childcare fees

The major impact such financial support can have is reinforced by the Australian National Children's Commissioner's report (AHRC, 2017). Based on submissions for the report "the inability to access affordable 'quality' early childhood education and care is cited as the most significant deterrent for young mothers returning to education" (p.121). Moreover, "not having a driver's licence was a significant barrier to employment and financial stability" (p. 123) for young parents.

Table 22. Story: scholarship support

> *The ability to have strong connections with Stakeholders has been so helpful especially paired with scholarship funds available to really actively assist with barriers that have perhaps held back participants with fear around finance and affordability of things needed to continue studies. (Feb 2019)*

Provision of the scholarship became flexible to fulfil its intended purpose of responding to participants' unique life circumstances and removing fundamental barriers that participants experience. It may, therefore, also be used for more basic needs. For example:

> *One surprise for us from the scholarship applications, were the ones for birth certificates … for the mothers. Looking at the nature of not having this core piece of identification, it could place so many barriers on the young person, not only physically towards education and workforce participation, but also on the value of who you are as a person. …*
> *And so, being able to see our wonderful expecting and parenting teens receive, for the first time in their life, their birth certificate that says their name, that is worth as much as getting a job because it is acknowledging who they are and their evidence of that. Being able to help steward that process has been an incredible privilege, approving $70 for a scholarship application, so a participant can receive their birth certificate. – Brave*

Participants who apply for the scholarship must also demonstrate commitment towards reaching and achieving their goals.

Apart from being an E&PT in the intensive SEPT program and being a permanent Australian resident who lives in Australia, the eligibility criteria for the scholarship[7] include:

- having signed a SEPT Program Commitment Agreement and a SEPT Participant Consent form,
- having completed a minimum of four (4) formal Mentoring sessions,
- able to demonstrate additional socioeconomic disadvantage; such as financial hardship or family challenges,
- nomination by a Brave SEPT Mentor or an authorised person (Stakeholder).

The amount for scholarship applications ranges between $100-1500. Since the scholarship commenced in November 2018, Brave has distributed $134,537 of scholarship funds with 439 applications funded (Miscellaneous). Note that a participant may apply for the scholarship multiple times for different purposes.

4.2.3 Responding to changes in trial end date due to a shifting global context

The Brave Foundation was aware from the start that TTL funding for SEPT would cease at the end of May 2020. It also became clear during the SEPT trial, however, that SEPT was serving a crucial purpose and that there would be significant benefits to young people and society if SEPT could continue.

The Brave Foundation therefore invested in the preparation of a detailed *Interim delivery and impact report* (Brave Foundation, 2020) which set out the evidence base and made the case for continuation and expansion. Specifically, the report recommended:

- Phased expansion of the existing SEPT program footprint to additional locations
- Transitional funding for two years following the end of the TTL grant
- A cashflow structure that aligns with the expansion pan
- Jointly exploring alternative funding models
- Establishing a sustainable funding model, beyond the transitional funding, and
- Long-term commitment.

The proposal was carefully constructed, balancing the obvious need for SEPT with understandings about feasibility and fiscal considerations. The collaborative approach that has characterised SEPT was evident in discussions to consider this proposal in February 2020 between the Brave Foundation, the TTL team in DSS, and Ministerial staff.

No amount of thoughtful planning could, however, prepare for the sudden impact of the COVID-19 pandemic on Australian society and national policy. In particular, the priority for many DSS staff became to support the government's planning for initiatives to steer Australia through this crisis. As a result, for some time the possibilities for continuation of the SEPT program were unclear Brave prepared itself for closure of the SEPT program.

As of mid-2020, the Brave Foundation continues to deliver SEPT for the immediate future. Exploration of sustainability, ongoing government funding and ambiguity continues.

[7] https://bravefoundation.org.au/support/brave-scholarships/

Agility and genuine care for participants, mentors, and stakeholders have been evident in the way the Brave Foundation responded to these changes as they unfolded. This has included:

- Swift and transparent communication, within a day of major changes with the Board and to staff, and—as soon as practicable and permitted—with stakeholders. This was essential for maintaining mental wellbeing and trust.
- Follow up communication to staff with clear and detailed information about what was happening and timelines.
- Advice for staff to access wellbeing support, and about dealing with trauma and grief; and an externally facilitated change workshop for mentors.
- Transition plans and resources for participants, mentors, and Brave operations.
- Direct communication with participants as well as advice for mentors on how to communicate and work with participants through these changes
- Using a variety of communication means to suit different people, including Zoom meetings, personal emails, newsletters, Frequently Asked Questions documents, and phone calls.

Section 5: Documenting progress and outcomes

Section 5 Overview

Key findings

- ***The Brave Pathway Plan is a useful tool not only for supporting participants but also for monitoring purposes.*** *Strengths of the BPP are that:*
  - *it was developed with input from key stakeholders, including young parents;*
  - *it recognises the value of the professional knowledge of mentors;*
  - *it balances consistency with room for mentors to adapt the plan for their context and for different participants.*
- ***Setting up several data management systems at the same as setting up the intervention during the trial has been complex****. This complexity has been exacerbated by the variety of preferences and requirements from different parties involved (e.g. mentors, DSS, TTL evaluators). Concerns include:*
  - *changes in systems and in specific data collected, which has led to some inconsistencies and incompleteness in data.*
  - *complexity and increased workload of data collection and recording, especially for mentors.*
- *Overall, the Brave Foundation has demonstrated a strong commitment to:*
  - *the value of monitoring and evaluation alongside the work of service delivery;*
  - *systematic internal as well as independent external monitoring and measurement; and*
  - *adapting systems and processes in response to feedback.*

Future directions

- ***Balancing clarity and consistency with adaptability and flexibility***
  - *Knowing what information is most valuable and necessary for different stakeholders and purposes.*
  - *Ensuring data collection tools are suited to providing that knowledge.*
  - *Being clear about which aspects of data collection are non-negotiable and which can be adapted.*
- ***Reducing the burden of monitoring and evaluation***
  - *Setting up systems in advance (prior to starting service delivery, where possible) that make data collection and recording easy and streamlined.*
  - *Providing support, professional learning and advice for using these systems.*
  - *Adjusting these systems in response to stakeholder feedback, but taking care not to change too often in order to reduce the risk of frustration and of reduced data quality.*
  - *Distributing the responsibility for data collection and recording based on who holds the relevant information, and providing due recognition for the workload involved.*
  - *Providing insights drawn from the data back to people who collected that data, so they share in the benefit of that work and experience the value of it.*

5.1 Challenges in monitoring and measurement of outcomes

Monitoring progress and measuring outcomes from social interventions is notoriously difficult. Service providers, such as Brave, face a tension between expending effort on monitoring and evaluation versus the more direct requirements of service delivery. Nevertheless, both monitoring and measurement are important for making sure that an intervention is on the right track for delivering the benefits it aims to achieve, whether for young parents or another group. A handbook for monitoring and evaluation by the International Planned Parenthood Federation (IPPF, 2009) argues:

> It is vital that monitoring and evaluation take place in an environment conducive to learning, risk-taking and reflection. It is often heard that "we are all too busy doing, to find time to reflect and learn" but we all need to know if what we are doing is the most effective way of achieving our objectives and meeting the needs of our clients.
> Monitoring, evaluation and learning provide us with the tools needed to help us stay on the right track throughout the project life span, to make informed programme, policy and strategy decisions on the basis of our accumulated learning, and to contribute more broadly to [our] sector. (IPPF, 2009, p. 6).

The Test Try and Learn fund has an explicit framework for monitoring, reporting and evaluation (DSS, 2019a) including Activity Work Plans and the 'DEX' data exchange system (see 5.2.2 below). An independent evaluation of all TTL projects "is using both quantitative and qualitative methods to look at the impact of the TTL Fund" using "from surveys, interviews, project reports and administrative datasets" in order "to look for new insights into what works to reduce welfare dependence" (DSS, 2019b, n.p).

Monitoring the implementation of an intervention is useful for keeping an eye on fidelity and consistency, for adapting along the way when needed, for documenting processes, and for collecting data that supports an assessment of outputs and impacts (Farb et al., 2014; IPPF, 2009; Moore et al. 2015). The IPPF (2009, p. 6) handbook makes clear that monitoring should be "a routine activity" that is built into standard practice. It distinguishes three stages during the life of a project:

- The preparation stage involves needs assessment, planning and budgeting. For SEPT this was conducted in the lead up to gaining the TTL grant.
- The implementation stage involves monitoring, reflecting and learning, and making decisions based on that learning. Often such work is done and shared 'in-house' only. This type of work is addressed in this section (also in section 4 which analyses adjustments made by Brave).
- The final evaluation stage focuses more on evaluation and is often disseminated more widely. The Interim Delivery and Impact Report (Brave, 2020), the TTL overarching evaluation, and this report are all part of the third stage.

Measurement of outcomes is not straightforward. This has long been recognised:

> It would be nice if all of the data which sociologists require could be enumerated because then we could run them through IBM machines and draw charts as the economists do. However, not everything that can be counted counts, and not everything that counts can be counted. (Cameron, 1963, p. 13)

Nevertheless, measurement is increasingly important as a form of accountability for funding received as much as for supporting continuous improvement processes.

> At this time of great financial austerity, all public spending is under scrutiny. Every service funded with public money needs to be able to demonstrate the difference it makes, and its long-term value. As a consequence, there is increasing pressure to assess and articulate the value that services produce, both for the young people who use them and for society as a whole. Individuals and organisations involved in commissioning, organising and delivering such services need to know the outcomes they are looking to achieve and the difference services are making to the lives of young people. (McNeil et al., 2012, p. 6)

The emphasis on financial accountability alongside the desire to 'count what counts' is reflected in the popularity of Social Return on Investment (SROI). This method involves a systematic appraisal not only of economic costs and benefits but also of wider social good. It leads to an expression of value in terms of dollar return for every $1 invested in the intervention that was evaluated—a measure that is powerful in its simplicity. For example, the SROI analysis of the 'New Moms' programs in the USA concluded a return on investment of $3.81 after five years (Kaplan, 2018). The report concludes:

> If as a society we believe in investing in breaking the two-generation cycle of poverty, then this SROI clearly makes the case that investing in holistic, woman-centered wraparound services creates a meaningful return for our city, state, but most importantly for moms and their children. (Kaplan, 2018, p. 29)

Hay (2012) argues that teenage parenthood is often researched in psycho-medical terms that define outcomes too narrowly and tend not to pay sufficient attention to contextual and structural barriers. An example is the meta-analysis by Barlow et al. (2011) which only looked at randomised control trials of parenting programs for teenage parents and only in relation to psycho-social outcomes. Guidance developed for the UK Medical Research Council (Moore et al., 2015, p. 1) recognises that while "[r]andomised controlled trials are regarded as the gold standard for establishing the effectiveness of interventions" they may not be feasible and "do not provide policy makers with information on how an intervention might be replicated in their specific context". In addition, use of control groups may not only be difficult in practice but may in fact be unethical (IPPF, 2009, p. 10).

In the field of education, Biesta (2007) has warned against standardised approaches towards evidence-based practice because they are adopting a false mantle of objectivity. Instead, he advocates for the value of practitioners making "judgments in a way that is sensitive to and relevant for their own contextualized settings" (p. 5). This is reflected in the approach in SEPT of relying on the professional judgement of mentors about progress and outcomes.

Figure 8 outlines common challenges for monitoring and evaluation of social interventions and services (Farb et al., 2014; IPPF, 2009, p. 9-10; Moore et al., 2015).

Farb et al. (2014, p. 18-19) highlight five key lessons learned for fruitful performance measures:

- Engage multiple stakeholders during the development of measures.
- Demonstrate the value of evaluation measures to on-the-ground staff.
- Streamline data collection and recording to ease the burden of this work.
- Make recording of data collected easy and adjust the system to what is possible in a particular context.
- Use systematic mechanisms to check for data accuracy and completeness.

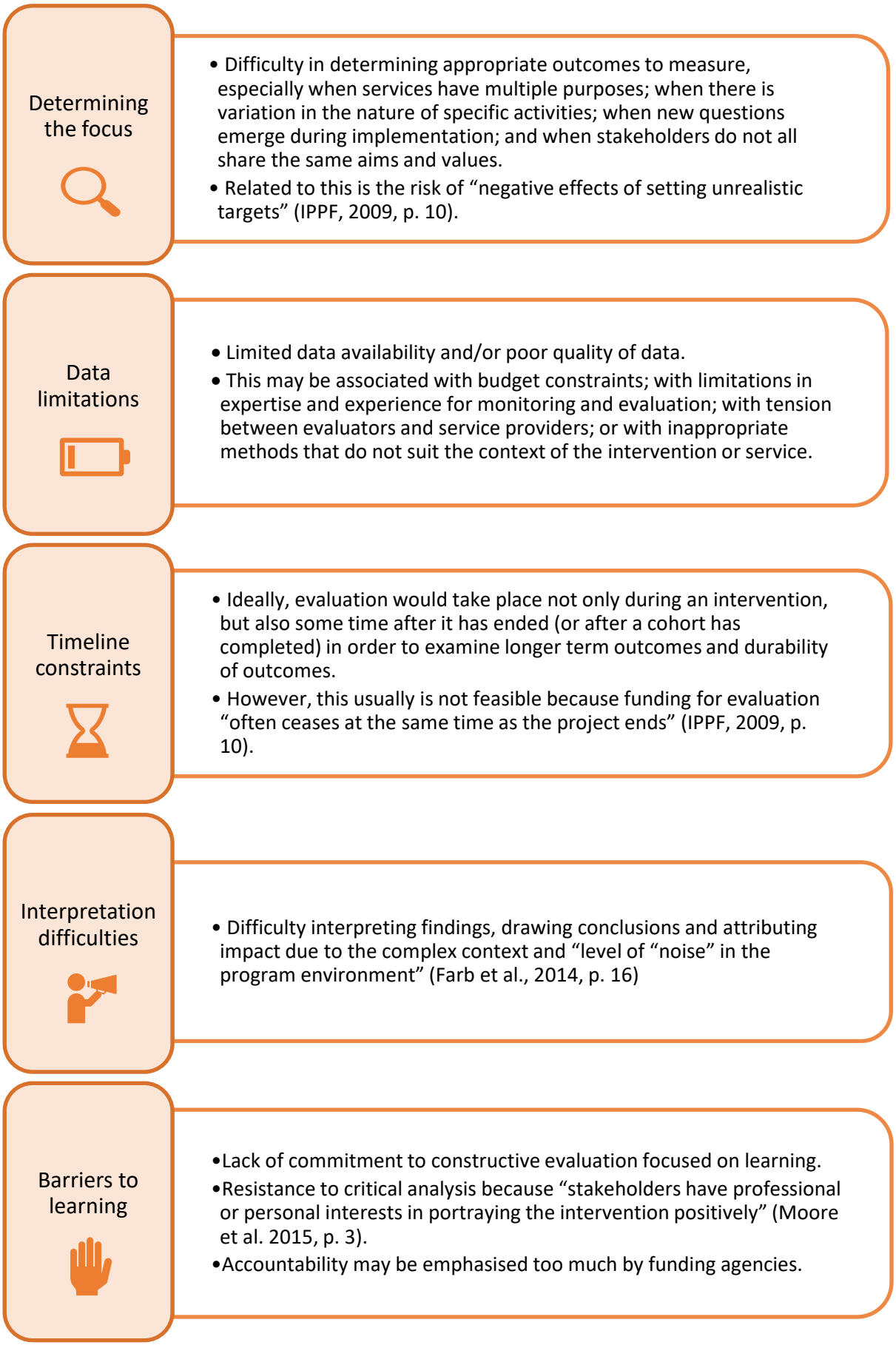


Figure 8. Challenges for monitoring and evaluating social interventions and services.

5.2 Monitoring and measurement in SEPT

For SEPT, the key 'in-house' approaches to monitoring and evaluation (i.e. apart from the external evaluations through TTL and this report) involved the Brave Pathway Plan (discussed in 5.2.1) and data tracking and file management systems (discussed in 5.2.2).

5.2.1 The Brave Pathway Plan

The Brave Pathway Plan (BPP) is a central resource and tool for the implementation of SEPT. It was co-designed by the Brave Foundation with teen parents and key stakeholders in target communities through the Brave Expecting and Parenting Teen Support and Education Work Group in 2015-2016 (SEPT Trial Proposal). The plan reflects anecdotal feedback from the working group that E&PTs have high aspirations, hopes and dreams for their families and careers (Miscellaneous), which is echoed in the National Children's Commissioner's report (AHRC, 2017).

The design of the pathway plan also draws from research that highlights the period from conception to the age two to be the most critical time for children's development (see Section 2.2.2; Moore et al., 2017). The plan provides a checklist for E&PTs and their mentor to consider at specific stages of pregnancy and child development. Items on the checklist may include whether the expecting teen has discussed their pregnancy with a family member and whether the teen has had an appointment with an antenatal nurse (Miscellaneous).

> *For our participants we have a schedule of health checks to ensure attendance at maternal nurse health checks ensuring the development of their baby/child. DSS requested that we report on how many people we're supporting prior to the birth and how many people are we supporting at the time of birth and supported during the first month of the baby's life. As part of the pathway plan there are 19 checks that form the checklist for participants supporting them prior, during and post up till when the child reaches the age of 2. – Brave*

Table 23. BPP Milestones

Milestone	Description
1	Referral, assessment and acceptance into SEPT program
2	Initial engagement, first contact made with participant. Arrange first meeting
3	First meeting between mentor and participant. SEPT explained in more detail. Meeting pattern established.
4	Trust and relationship developed between mentor and participant
5	Identify goals to commence Brave pathway plan
6	Identify opportunities to access flexible funding package (scholarships / brokerage)
7	Identify and refer to relevant services that support attainment of goals
8	Regular review of progress against goals and updates captured in BPPs and Penelope
9	Celebrate successes and wins as goals completed.
10	Graduation from SEPT program when goals have been achieved.

The BPP is an interactive planning tool tailored to each participant's needs and goals. It is built around ten milestones (see Table 23, source: Miscellaneous). These are not necessarily sequential. For example, building trust (Milestone 4) is an ongoing process and Milestones 6-9 are likely to occur iteratively and as needed to support participants to achieve their goals. At the 5th milestone, mentors will prompt participants to think about the goals they want to achieve in several different areas of their lives. The key aims of this process is to assist E&PTs to continue in education, connect them with health services, and access other existing community services. Often, mentors will attempt to address participants' most pressing issues first, which tend to emerge during one-on-one conversations between participants and their mentor.

The BPP is a vital tool both for supporting young parents and for monitoring purposes. It places trust in the professional judgement of the mentors. Referring to the BPP template, some mentors found it very useful and easy to adapt. Others found it less valuable and/or too rigid. This disparity suggests that better communication about the purpose of the BPP and how it ought to be used would be valuable. As discussed in Section 4.2.1, the structure of the BPP has evolved throughout the trial, influenced by feedback from various stakeholders.

> *With the pathway plan obviously, that started as a document that Brave provided to us. And that's evolved throughout the trial through feedback from different mentors. We're able to adapt and I guess refined that document throughout the process. So, it has been a bit of live or changing document in terms of its structure. – Mentor*

The initial BPP template was not able to capture participants' stories of progress in relation to the milestones. The Brave team attempted to address this issue by redesigning the template and changing the reporting requirements. With the current template, mentors must keep up-to-date records of:

- participants' goals,
- their goal action plan,
- date on which specific action is achieved,
- specific services which the participant has successfully been connected to, and
- any relevant information pertaining to the participant's goal progress, challenges, and barriers.

Analysis of the BPPs suggests some variation in how the plans have been completed by mentors: partly because mentors in different locations use different methods of recording and partly because the template of the pathway plan evolved during the implementation of the SEPT program.

The Penelope data management system (introduced in the second year of the trial) and the redesign of the BPP template are aimed at improving the consistency of recording. At the moment, however, there is a double handling of information: mentors have to keep each participant's pathway plan up to date and are expected to enter the same information on Penelope.

> *If there was some way of linking the pathway plan and the case notes [on Penelope], so they are interlinked and when you are updating one, you are updating and managing both or some forms of other tools to be able to track that. I think the initial document is great for setting up… I think, had we have received more funding, I would have like to have seen that taken further and us looking into that pathway plan streamlined into an existing data system. So, a 1-stop shop where we are uploading the information and tracking goals and recording our data in one provider. – Mentor*

Addressing this issue would mean that mentors' workload in terms of reporting can be reduced. Brave advises that this issue is currently being reviewed.

5.2.2 Data tracking and file management

At the beginning of the trial, Brave mainly relied on the OneDrive cloud filing system to store administrative files and participants' pathway plans. Due to the system's inefficiency in pulling together summarised data, Brave moved on to a new data management system called Penelope, which is designed by the Athena Software for managing case files and has the benefit of syncing with the DSS DEX system.

In Penelope, mentors keep records of their meeting sessions with participants by including details about the types of issues discussed during the meeting, location of the meeting, and any relevant case notes taken from the meeting. When needed, the Chief Mentor will pull together information about all cases in a summarised format to include in reports for internal use or submitted to DSS.

The new software has tremendously improved Brave's data tracking capacity (Brave). It enhances transparency and facilitates sharing of information between staff and hand over in case of mentor turnover. It balances valuing the professional judgement of mentors with reducing the risk of single-person-dependency for vital information and data.

On the other hand, the transition between systems may have led to some data being incomplete. For example, data about the types of issues discussed with clients for meetings that occurred before July 2019 were recorded on participant notes (which is useful for mentors themselves) but not centrally (which would help Brave to have an overview). Data, such as participants' family circumstances, originally recorded in the old system may have been changed in the new system due to participants' changing circumstances.

Brave also changed the types of data they wish to collect about participants during the implementation of the trial. For example, data about participants' ethnic or cultural background and history of domestic violence were not collected at the beginning of the trial but now are included. Some of these changes have been in response to requests by the Department of Social Services and other government units. Such changes reflect adaptability (see section 4). However, they also make it challenging to measure outcomes and analyse data gathered from the conception of the trial to more recent times.

As a response to the reporting requirements to DSS, either for the Activity Work Plan[8] (a quarterly report to meet accountability requirements under the TTL grant agreement) or for the data exchange process with the overall TTL evaluators, Brave through their mentors also have to:

- Supply a story each month on a participant. There may be times when the mentor writes about the same participant but, at most times, it is about a different participant each month
- Provide statistics about SEPT participants in their region (e.g., number of fathers, expecting teens, whether supported during pregnancy)
- Conduct SCORE[9] assessments with participants, tracking participants' behavioural, social, and life outcomes as they are engaged in the program (not reviewed for this report).

The amount of data gathering tasks can be overwhelming to mentors, as one mentor describes:

> *So, we get, every month, we have to do a reporting, … so, how many people have partners, how many people are reaching their goals, how many are intensive, how many are connected, how many people are expected to go back to education. So, every month we have to do this reporting. We've got it down quickly now, but it was a lot. – Mentor*

Due to the TTL process as well as due to the scale and innovation of SEPT, there has been significant effort to collect data and track outcomes. There are some indications that setting up data management systems at the same time as setting up the intervention itself has been complex. Understandably, the intervention and the work directly with E&PTs has at times taken priority. For the next phase of SEPT, it will be useful to further address these 'back of house' processes.

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[8] https://www.dss.gov.au/grants/information-for-grant-recipients/activity-work-plan-reports
[9] https://dex.dss.gov.au/sites/default/files/documents/2019-04/data-exchange-task-card-add_1.pdf

Section 6: Achievements

Section 6 Overview

Key findings

- ***SEPT enables participants to set their own goals, which makes the goals meaningful and provides motivation to meet them.*** *Individual goals related to:*
  - *Basic needs and life skills (30% of goals), such as safe housing and access to transport.*
  - *Health, wellbeing and parenting goals (30%), such as their own and their child's health, as well as social connectedness.*
  - *Education, training, or employment goals (40%), such as secondary school, vocational courses, and work experience.*
- ***SEPT participants are successfully meeting their goals****:*
  - *Two-thirds (65%) of the participants in the full SEPT cohort (June 2018-March 2020) have met at least one goal.*
  - *The average time taken to complete a goal is 17 weeks.*
- ***SEPT has proven the success of a voluntary approach:***
  - *It has attracted, retained and supported participants who are experiencing significant challenges, without using coercion.*
  - *Participants are setting and achieving goals of their own choice.*
- ***SEPT is achieving successes in relation its broad aim to work with E&PTs to develop a realistic plan for their future:***
  - *Addressing barriers, such as housing, transport and finance, first helps to provide a foundation for a realistic pathway plan to education or employment.*
- ***SEPT is achieving successes in relation its broad aim to connect E&PTs to appropriate services:***
  - *As part of the Brave collaborative approach (see section 3) SEPT has established a strong mutual referral process: inbound from stakeholders to SEPT as well as outbound from SEPT to stakeholder services.*
  - *Major sources of inbound referrals are health and education providers, and ParentsNext.*
  - *For outbound referrals, mentors connect E&PTs to relevant organisations that can help the young people to achieve their individual goals, including childcare education or training, and allied, mental and nutritional health services.*
  - *At the broader level, SEPT also has a positive influence on local communities' capacity to support expecting and parenting teens in their region.*
- ***SEPT is achieving successes in relation its broad aim to improve the health and well-being of young parents and their children:***
  - *The non-judgmental nature of health and wellbeing support is the key to its success.*
  - *SEPT helps participants to gain benefit from their antenatal and Maternal & Child Health (MCH) appointments and to access mental health support.*
  - *Participants' wellbeing is positively influenced through the social connections made with their mentors and other program participants.*
- ***SEPT is achieving successes in relation its broad aim to, in the longer term, increase young parents' participation in and readiness for employment or education, in order to transition away from welfare:***
  - *Half (51%) of the participants had met their education, training or employment goals.*
  - *Mentors play an important role advocating for E&PTs right to education and for finding suitable education provision.*
  - *SEPT helps to build participants' confidence and self-esteem, which then empowers the participant to pursue employment.*

6.1 Benefits of SEPT for participants

The focus of this independent study is on process evaluation: to examine what can be learnt from the implementation of SEPT to inform future decisions, for SEPT and other social initiatives, especially by the Brave Foundation. In addition, a smaller component has been to analyse the interviews and data for evidence about the benefit of SEPT for participants.

This analysis of outcomes is separate from assessing the overall success of the SEPT program. The latter is outside the scope of this report but is addressed through the broader TTL evaluation.

The interview data indicate that evidence of success of the SEPT program is often seen in terms of participants' meeting their small and big goals set as part of their Brave Pathway Plan. This kind of success within the SEPT program can look different for each participant given that they each set goals that are relevant to their own lives. Such goal relevance is a strength of the program, because it recognises the right of young people to have a say over their own future and enhances their motivation (AHRC, 2017; Bergin, 1999). A mentor described the variety of goals:

> *Success might be getting a house, but until they've got those basics, they're not going to fly. It might be going back to study, and they're now 19 and haven't been to school since they were in Year 8. So, okay, that seems to be a bit of a common theme, and that's been absolutely beautiful to see that, to see the wish to do that and the desire to do that, and then with all the things that come around childcare and studying on top of that and finding the time, it's been amazing to see them push through, to be able to do those goals. For others, it is just simply getting out of the house, and reminding them that a mum with a new bub who suffers from anxiety and bub's five weeks old, I think I said to somebody yesterday, 'But twice you've met me within five weeks, so I saw you and bub'. – Mentor*

For Brave management staff it was especially important to acknowledge the personal circumstances, goals, and aspirations of SEPT participants.

> *It's actually in a way of seeing that what is the true conversation for these young people at that time. … when you speak to them, they have high hopes for their dreams, aspirations, and careers, and that is for the far majority. And so actually being able to look through the prism of lived experience and look through that prism it's, 'Well, great. Well then, how on earth do we get those aspirations, those careers to you? How do we work back and do that?' – Brave*

This section first examines the goals that participants had set for themselves, and evidence for their value and their achievement. It then moves on to outlining key achievements of SEPT against its own broad aims.

6.2 Specific goals set by participants

Analysis of the Brave Pathway Plans of 293 participants identified 686 goals set (in progress and achieved) throughout the program trial. These goals can be organised into three broad categories listed in Table 24. They reflect the focus on individualised goals in the SEPT program.

Table 24. Types of goals set by participants (full SEPT cohort data)

Goal Type	Description	Examples	Total (Out of 686)
Basic needs and life skills 	Obtaining basic life skills such as driving and managing finances, or basic legal support. Securing a more stable, healthy, and comfortable housing.	• BPP-3: Long term affordable housing options for herself and son. • BPP-4: Develop a budget and become better at managing finances.	204 • 67 Housing • 67 Transport • 56 Financial • 8 General life skills • 6 Legal support
Health, wellbeing and parenting 	Positively managing the health and wellbeing of their own and their children. Parenting goals that geared towards effective parenting and supporting the healthy development of their children. Developing positive social relationships and a supportive circle of social network.	• BPP-9: Healthy pregnancy and safe arrival of baby. • BPP-4: Continue to attend [program] to work on empowerment of self which will assist my home stability. • BPP-10: To attend playgroup and meet other mothers with children the same age as child. • BPP-6: Going for walks together, allowing child to stop and explore, being present with child and allowing her to be young.	206 • 107 Health and wellbeing • 71 Parenting or child's development • 28 Relationships or social
Education, training, or employment 	Completing any forms of education such as high school or vocational courses. Obtaining work experience or employment.	• BPP-2: Gain Level 3 qualification in Community Services and further study if required, University goals then follow up with specific career pathway. • BPP-8: Investigate work experience placement options.	276 • 96 Education • 84 Training • 96 Employment

Goals associated with basic needs address the kinds of practical challenges faced by E&PTs outlined in section 2.1. Access to safe housing, in particular, provides an essential foundation from which young parents can achieve more long-term goals (AHRC 2017; Boulden, 2010). A submission for the National Children's Commissioner's inquiry into young parents noted:

> Without the stability of accommodation, the young parent is restricted in addressing any other needs and it is fundamental to their future development and that of their child/children. It has been identified that once accommodation is in place then other issues, concerns or requirements can be addressed. (AHRC, 2017, p.130)

The right to housing "requires governments to develop strategies and policies that prioritise the housing needs of vulnerable groups" such as young parents (AHRC, 2017, p. 90). These goals for basic needs make up about 30% of the total number of goals.

Health, wellbeing and parenting goals make up a further 30%. These are often explicitly focused on benefit for the child as well as for the young parent. The National Children's Commissioner (AHRC, 2017, p. 88) points out that under the Convention of the Rights of the Child (CRC) pregnant girls and young parents as well as their children all "have the right to enjoy the highest attainable standard of health".

An additional CRC comment "has emphasised the importance of providing access to health services that are sensitive to the particular rights and needs of young mothers" (AHRC, 2017, p. 89). However, the National Children's Commissioner also demonstrates that "teenage pregnancy is often connected with poor health outcomes for both mother and child" (AHRC, 2017, p. 100). Goals for social connectedness are important to help overcome the stigma and isolation experienced by many young parents (AHRC, 2017; Boulden, 2010).

Education, training, or employment goals made up about 40% of the number of goals set in the program. The right to education and training is perhaps one of the best-known rights in the Convention on the Rights of the Child.

Both the Committee on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) emphasise the importance of ensuring girls who have left school prematurely, including pregnant and parenting teens, are supported to complete their education (AHRC, 2017, p. 88). As the National Children's Commissioner argues: "Low levels of educational attainment affect long term employment prospects and living standards for young mothers" (AHRC, 2017, p. 88).

Participants' interests in specific vocational programs include nursing, community services, child or youth care. These interests align well with participants' experience and expertise as a parent. Generally, participants need assistance exploring their interests before they could identify specific education and training options.

Participants' goals across these three domains are often interconnected. The National Children's Commissioner's report cites a submission that reinforces this point:

> The psychosocial, economic and familial challenges faced by young parents make it imperative for services to understand the 'multidimensional' nature of young parents' lives in order to improve outcomes for this vulnerable group. (AHRC, 2017, p. 118).

An appendix to the Activity Work Plans provides a detailed story of a participant, assigned the pseudonym Jane. Jane's story (see Table 25) is worth quoting at some length, because it highlights the way basic needs, parenting knowledge, health and wellbeing overlap, as well as the successful outcomes that can be achieved through a holistic and supportive approach by mentors.

Table 25. Jane's story

The [location] Mentors have seen positive changes in her confidence and her progress in parenting. Jane tries very hard to be a good mum, Jane was telling the [location] Mentors that she knew McDonalds was bad, not understanding what was bad about it, bought nuggets and fries from the supermarket for her daughter instead, thinking that would be better. The [location] Mentors suggested she make them for her little girl, but Jane thought she would never be able to make them due to the ingredients inside the nuggets.

The [location] Mentors arranged a little cooking class during a play group session and Jane, not only made chicken nuggets but she made bolognaise, meat balls and steamed five different kind of vegetables. Jane was astounded that chicken nuggets were made using only chicken, egg wash and breadcrumbs, she was so proud of what she had achieved. …

The [location] Mentors have discussed personal hygiene as Jane's daughter had never brushed her teeth. An incident occurred when Jane bit into an apple and broke two of her front teeth. The [location] Mentors have since provided a toothbrush and toothpaste at the centre, so she can brush her teeth. Jane also bought her daughter a toothbrush and toothpaste. …

Jane spoke to the [location] Mentors about the condition of the mattress she was sleeping on. Jane and her daughter slept on a mattress on the floor that was given to them. The mattress was filthy and should have been disposed of, as it stunk of human excretions, milk and animals. Jane saved up for a bunk bed. Even with her minimal income she was able to prioritise what she needs, and, in a few weeks, she had saved up $100 to buy the bed off gumtree. …

The [location] Mentors really want to support Jane in making positive changes to how she is living and role modelling to her daughter. The [location] Mentors spoke to Jane about applying for a scholarship and Brave purchasing two mattress for her and her daughter.

Jane came into [the hub site] the following day very distressed as she thought the mattresses were too good for her, she was crying and saying she just meant the cheap foam mattresses, she was sure they were not for her and they delivered the wrong ones.

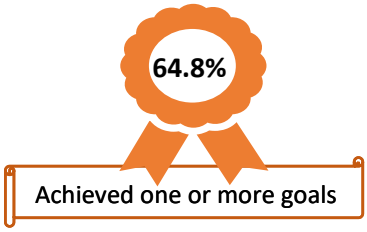
Since the mattress delivery Jane has since taken pride in her hygiene, feeling valued and a sense of belonging, with mentor support Jane is feeling strong enough to start the journey with Centrelink. …

Sleeping on a filthy mattress was degrading and distressing for Jane, she couldn't see a way of replacing them anytime soon. Brave foundation's approval for two mattresses for Jane and her daughter have impacted Jane in so many ways, the [location] Mentors had no idea it would impact her as much as it has. …

The outcomes we are seeing in Jane is quite remarkable in such a short time. Since the mattress delivery Jane said she has never slept or felt so good. (AWP August 2019)

Goal achievement

Based on the full SEPT cohort data, 236 of 364 individuals (64.8%) have achieved at least one of their goals. Eighty-three current participants are still working towards developing pathway goals or meeting their first formal goal, for example because they were a new participant or due to life challenges.



On average, the number of specific goals participants achieved is 2 to 3 (*Minimum* = 1, *Maximum* = 11). The average duration to complete a goal is 17 weeks. Table 26 below provides the breakdown according to the same broad goal types as above. Health, wellbeing and parenting goals took the shortest amount of time to achieve. Not surprisingly, education- or employment-related goals took the longest amount of time to achieve, partly due to participants having to fulfil more basic goals first.

Table 26. Goal achievement data

Goal Type	Number of goals achieved	Average duration for goal completion (in weeks) *
Basic needs and life skills	158	17.6
Health, wellbeing and parenting	175	14.4
Education, training, or employment	207	19.5
Total	**540**	**17.0**

**Note: Some missing data due to dates not being recorded.*

6.3 Key achievements

The broad aims of SEPT are:

- To develop, with the E&PT, a realistic plan for their future, and
- To connect E&PTs to appropriate services,
- To improve the health and well-being of young parents and their children,
- In the longer term, increase young parents' participation in, and readiness for, employment or education, in order to transition away from welfare.

This section outlines key achievements of the SEPT trial in relation to these four aims.

6.3.1 A realistic plan

A realistic plan for participants means their set goals are achievable through their own means or with support from services. Given E&PTs' complex and overlapping challenges, some of the more foundational barriers, such as housing and finance, may need to be addressed first before a realistic pathway plan to education or employment can be put in place.

> *… the complexity that they are arriving with in terms of court orders, housing struggles, drug and alcohol, etc., etc., etc. is so complex. So, anything that a person can do to try to coordinate and link some of those services is of benefit. It's no use trying to get somebody back into education if they've got nowhere to live because it's a very short-term outcome until housing becomes the priority. – Stakeholder*

Participants' challenges related to meeting basic life needs may be directly communicated to their mentor or emerge during a conversation with the mentor. A mentor describes:

> *So, when I'm having an organic conversation, and I catch up with the participants, and obviously we'll chat about goals and about what's been happening, they might not even realise they're telling me in that conversation that this is in the way or that's happened. So, for example, 'Oh my lease is up, and I don't have anywhere to go'. Or 'Payday's not till Monday and I don't have food in the fridge'. So just they might mention bits and pieces and that's where we can kind of come in and alleviate some of that just to sort of get them through bits and pieces until payday or whatever. But typically, the conversations or the time with them, it is quite relational and it's just organic conversation. – Mentor*

Insecure housing is one of the basic life challenges for young parents (AHRC, 2017; Boulden, 2010) and finding safe and stable accommodation is, therefore, a significant successful outcome. The SEPT program can make a major contribution to overcoming barriers to safe housing through advocacy, for example by providing agencies with documentation outlining why the young parent requires accommodation.

Table 27. Story: advocacy for housing

I encouraged 2 participants to attend a meeting with a youth housing service to progress their goals of finding their own stable accommodation. I arranged the appointments and ensured they had all required documentation to make it a seamless process as well as attended the appointment as support. Both participants are now housed in their own properties. (Dec 2018)

The coordination and referral role of SEPT mentors is vital here, connecting participants to assistance for housing and for gaining basic furniture and utilities needed for setting up house.

> *I did a lot of referrals through to our local child and youth service. They have a housing support service within their bigger organisation. So, I would often refer participants there to do stuff around housing. And I have had multiple girls that have linked in with the workers who have secured their own accommodation and are now living with their little ones in their own space. They were helped to get phone lines and ensure that all their applications were done correctly. So, they worked really well with the young people, and they had positive outcomes. They were getting their own spaces. – Mentor*

Another commonly reported success for participants is in relation to transport. Access to transport is essential for the young people to get to the childcare centre, educational institution, workplace and health appointments. Brave mentors support participants to access transport services, negotiate public transport, or obtain their driver's license.

Table 28. Stories: transport options

A participant disclosed she was 14 weeks pregnant, had her first antenatal appointment but was thinking of cancelling due to not knowing how to catch a bus, usually only taxis or walks. Mentor met her outside her home and she, her 2-year-old daughter and mentor caught bus into city & return. Referred to Pregnancy and Care Unit after appointment due to pain and cramping, spending 6 hours there but was sent home after investigation and deemed low risk of miscarriage. The participant was very appreciative of assistance and was confident after a few times she could undertake this journey herself. A Social Worker advised this was a huge step as she had not been able to get the participant to catch a bus in the past two years due to anxiety, etc. (Jan 2019)

One participant was successful in gaining her licence this month. She was able to do this with help from a BRAVE scholarship to help pay her driving lessons and also some of the fees associated with the testing. She wanted to secure her licence to make sure she can try and secure an apprenticeship next year in the building and construction industry and be able to drop her son off at day care. (July 2019)

Where E&PTs experience financial hardship, the Brave scholarship is an effective strategy for helping the young people to alleviate some of the financial stresses. Through networking, collaboration, and the village of support, mentors are also able to connect E&PTs to resources and opportunities they cannot afford. Often, this is about basic material goods such as food and clothing. As a less usual example, a mentor described giving donated tickets to go to the circus to a family who "*would not be able to afford an outing like this"*. These kinds of outings are taken for granted by more well-off families, but are valuable because such activities support family connectedness as well as helping to build cultural capital and school readiness.

Support from mentors may also involve an assistance to negotiate complex paperwork that leads to successfully overcoming financial hardship.

Table 29. Story: negotiating paperwork for financial support

One of the participants has a 4yr old who has been diagnosed as having ASD. The Participant has often spoken about his destructive and difficult behaviour which impacts the entire family. The Mentor and Participant have talked about the fact she has access to funding from NDIS, but she was unsure of how to begin this process. The Participant and Mentor then researched agencies in the area near her that offer NDIS intervention and support. The Participant is now working with the NDIS support team. (July 2019)

Equally important as successfully supporting a realistic plan is doing so in a way that empowers E&PTs. In one participant story, a mentor reflected on the temptation to solve problems for participants—and the value of instead supporting them to work out the solution themselves.

Table 30. Story: empowerment to solve problems

She is slowly getting help with her health problems, and just had approval for a house nearby to the school and still close to the university which she will attend from next year. She is following up on financial assistance with appropriate agencies to assist with bond and other monetary needs to move into their place. I feel really proud of her and grateful I resisted the urge to 'fix' the situation - rather point her in the right direction and encourage her to do it. And she has! (July 2019)

These specific examples together with the large number of goals achieved (see Table 26) indicate successes for Brave in relation to the SEPT aim to work with E&PTs to develop a realistic plan for their future.

6.3.2 Connection to appropriate services

As part of the Brave collaborative approach (see section 3) SEPT has established a strong mutual referral process: inbound from stakeholders to SEPT as well as outbound from SEPT to stakeholder services. This has made it easier for mentors to connect E&PTs to services they need.

Figure 9 below provides an overview of SEPT inbound referrals. Referrals with no identified sources are not included in this figure (n=67 out of 481 referrals). Focusing on referrals with identified sources, 21% of referrals came from health providers such as hospitals or maternity clinics. The referral process with hospitals is particularly successful in the Darwin and Ipswich regions (AWPs). In Darwin, the arrival of the SEPT trial led to a new referral process involving about 20 services in the region convening in a monthly meeting and discussing potential clients' needs and connecting them to appropriate services (Mentor).

Other significant sources of referrals into SEPT are education providers, ParentsNext, Not-for-Profit organisations, and hub partners. These all, in turn, offer valuable networks for outbound referrals by mentors. There is anecdotal evidence of increasing word-of-mouth referral by participants (Brave).

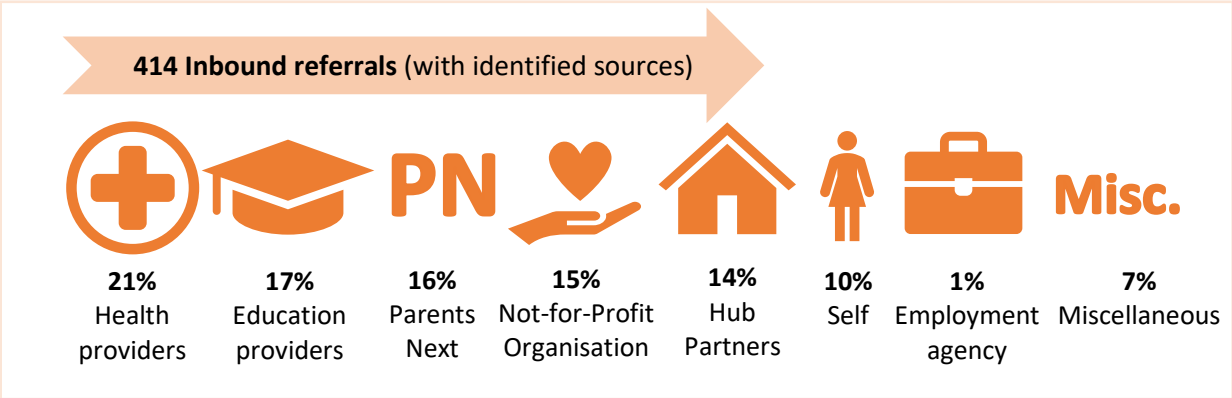


Figure 9. Inbound referrals with identified sources

In terms of outbound referrals, mentors connect E&PTs to specific organisations that can help the young people to achieve their individual goals. In addition, referrals are made to address any emerging needs which may not be directly related to the young person's main pathway goals.

Based on mentor's work with the full SEPT cohort, 659 outbound referrals have successfully been made, which means SEPT facilitated, on average, about 2 additional services per participant in the full cohort. Services that mentors have connected E&PTs with are summarised in Figure 10 below.

The highest number of outbound referrals made by the SEPT mentors are to childcare services or parenting resources (27%) and to education or training providers (19%). In terms of childcare and parenting resources, participants are supported through the provision of childcare, parenting support groups, resilience and parenting training, and parenting payments including ParentsNext. Rather than judging E&PTs for making 'bad' decisions, mentors empower them to be the best parents they can be. A key strategy is to act as an advocate for the young parent and negotiate paperwork and/or bureaucracies, for example to access early childhood education.

Table 31. Story: accessing early childhood education

One of our [location] participants has recently moved to a new area and decided that her 3.5yr old would not being attending any type of kinder/day care etc. This was because she had accrued a very large debt from her previous childcare centre. Our Mentor felt this may be detrimental to both her and her child and felt it was important to try and source early childhood education for him. Our mentor was able to access Early Start Kindergarten and the child has been approved for 15 hours a week of free kinder. (Feb 2019)

The specific types of education or training providers participants are connected to include schools, universities, registered training organisations such as TAFE, work experience opportunities, and employment services such as Skills Invest.

Given the complex health needs of E&PTs, health-related services are divided into three: allied health, mental health, and physical health and nutrition. Health-related referrals account for about 32% of the referrals, specifically 13% for allied health, 11% for mental health, and 8% for physical health and nutrition.

Allied health services include organisations and community centres that provide integrated health care support, such as the Catholic Care or Child and Family Services. Through those organisations, E&PTs and their children may be getting support from a social worker, a disability support worker, or a speech therapist.

Mental health refers to access to mental health professionals such as a counsellor, psychologist, or psychiatrist. Finally, in the physical health and nutrition category, E&PTs are connected to a maternal health nurse or a midwife, a fitness provider, or an organisation that supports nutritional needs such as a food bank.

Outbound referrals that help address E&PTs basic needs and life skills include financial counsellor or support (7%), crisis support services (7%), housing support (5%), and driving lessons (1%).

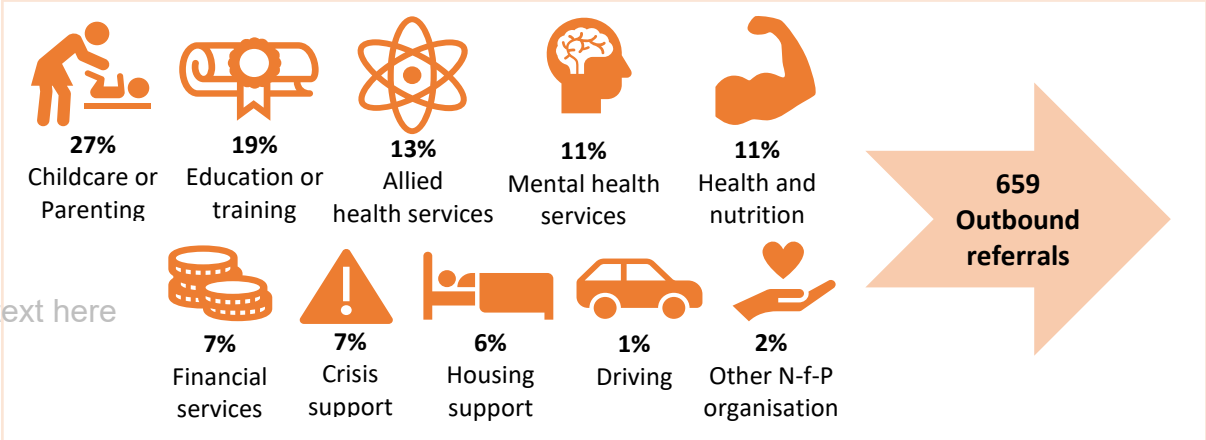


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Figure 10. Outbound referrals made by SEPT mentors

Building local community capacity

At a broad level, the referral process between Brave and other services has a positive impact on building local community capacity to support E&PTs in their local area. The community organisations that are connected to the local SEPT hub seemed to become more aware of the services available and have been able to learn from one another about the specific needs of E&PTs in their area.

> *The ability to have strong connections with Stakeholders has been so helpful especially paired with scholarship funds available to really actively assist with barriers that have perhaps held back participants with fear around finance and affordability of things needed to continue studies. – Stakeholder*

As a result, the referral process between organisations has become more efficient, and this indirectly benefits the SEPT participants now as well as E&PTs in the future. In their collaboration with other services, Brave was able to leverage the capacity of existing community organisations and strengthen some of the organisations' capacity to provide their own service.

> *And she [person from a hub site] was just saying, 'we didn't know there were all these teen parents out there. They've never come into the centre'. This is in one of the centres that we operate. And we operate within four, because they couldn't get them there and they said, 'Because of your mentor, now we're operating with them in other organisations and they're starting to come to the centre'. – Brave*

The experience of Claire (see case study in Table 32) highlights the benefits of the mutual inbound and outbound referral processes and illustrates the way in which Brave meets the SEPT aim of connecting E&PTs to appropriate services.

Table 32. Case study: inbound and outbound referral

Claire was in her early twenties and was parenting a toddler. She was referred to SEPT by a ParentsNext mentor, who realised Claire would benefit from additional support. Claire was diagnosed with depression and anxiety which she had battled since her early teens. She had a strained relationship with her family and was not in contact with her parents. Claire wanted to prove her parents wrong for telling her she would not be able to make it in life.

Moreover, Claire was also not in a good relationship with her child's father who was abusive towards them, and her relationship with her next partner was not healthy either. Claire and her child were fleeing an abusive relationship and did not have a stable accommodation or safe housing when they were referred to SEPT.

Claire's goals in SEPT included moving to a safe home, gaining a qualification in Civil Construction, and getting on top of debt and bills. The SEPT mentor connected Claire to property managers of community housing and assisted her in finding a private rental.

Claire had dropped out of school in Year 10, but with the help of her SEPT mentor and ParentsNext coach, Claire was connected to a vocational course including a work placement.

Claire's SEPT mentor also enabled her to access services that provided financial assistance and basic necessities for her daughter. Although Claire initially refused to get counselling for her mental health, with encouragement from her SEPT mentor she started seeing a counsellor. Claire stayed in SEPT for a year and a half before meeting her goals and completing.

6.3.3 Health and well-being of young parents and their children

Good health and wellbeing of the participants and their children is both a valuable outcome and an enabler of other outcomes, such as education and employment. Participants' stories, such as Jane (Table 25), demonstrate how young parents wish to do the best for their child's health and wellbeing but may not have the knowledge needed to enable them to fulfil that wish. The kind of non-judgemental support that was offered to Jane (around nutrition and hygiene) is vital because:

> … young parents often resist asking for help because they feel they will be judged as failing parents. Such fear of stigmatisation and discriminatory treatment discourages access to services, resulting in poor access to early intervention services, and exacerbates social isolation for vulnerable young parents. (AHRC, 2017, p. 118)

This fear is well-founded: 57% of young mothers surveyed by the National Children's Commissioner's inquiry (AHRC, 2017, p. 143) indicated they were treated differently because they were a young parent and that they faced prejudice from service providers, from family and friends, and also at a general level in public (for example in shops or on public transport).

SEPT mentors exemplify the strengths-based approach recommended by the National Children's Commissioner's inquiry into young parents (AHRC, 2017). This is of particular importance for accessing essential health care, including antenatal and Maternal & Child Health (MCH) appointments. These are an integral part of the SEPT approach and built into participants' BPPs. Young parents in her inquiry told the National Children's Commissioner they experienced a lack of respect from medical professionals" and "that, at times, doctors and nurses ignored their questions at regular appointments or the birth of their children" (AHRC, 2017, p. 144).

In contrast, the trusting relationship between SEPT participants and their mentor supports the participants' access to health services by building confidence and enabling participants to make good use of their antenatal and Maternal & Child Health (MCH) appointments.

Table 33. Story: accessing health care

I attended an antenatal appointment with a participant for their 36-week check-up. The participant spent a lot of time with me in the waiting room expressing concerns but stating she was too shy to ask to doctor as she didn't want to look stupid. I reinforced that there is no stupid question, and this is all new for her. When we were in the clinic room the doctor asks if she had any questions or concerns and the participant said no but then looked at me. I prompted and encouraged the participant to ask the questions she had. The participant thanked me after the appointment for helping her put her concerns into words that 'made sense' so she could get the answers she needed to reduce some of her anxiety. (Oct 2018)

The stresses placed on young parents living in challenging circumstances may occasionally lead them to act in ways that result in a criminal charge. Support both with the criminal court process and with addressing underlying wellbeing issues are then essential for helping participants to be able to keep working towards their pathway goals.

Table 34. Story: support with criminal charge

Participant who self-referred into the program a year ago wants a career in community services ideally supporting teen parents. Participant unfortunately had an assault charge against her due to her son being placed in a compromising situation while on an access visit. Participant had previously volunteered with Brave Foundation at an event as did the participant's mother. The Mentor explained the importance of the participant ensuring she did not get a conviction for this offence as it would forever be on her record and hamper prospects in her desired career. *The Mentor and Participant engaged in legal representation and the Mentor attended meetings and court appearance, advocating for a non-conviction and her character. The Participant took on board all advice from legal representative and undertook anger management counselling. The Participant was successful in not having her conviction recorded with a 2-year good behaviour bond. Legal representative congratulated us for doing all the work and the Participant is back on track for her dream job. (July 2019)*

Mentors also recognised the importance of participants' mental health. Mentors have provided examples of how they were able to support participants' mental health by connecting them to organisations that provide mental health care such as Headspace[10] or by encouraging the participants to make an appointment with a health practitioner.

[10] https://www.headspace.com/

Table 35. Story: mental health

One participant reached out to mentor to express that she felt she wasn't coping emotionally. Long discussion around reasons for increased anxiety and symptoms experienced. Participant had appointment with psychologist in a few weeks' time, but mentor encouraged participant to try and get an earlier appointment which she did. Participant now is having more regular appointments to help which will hopefully assist with not letting her emotional state impact her parenting or attendance at school. (Feb 2019)

Participants' wellbeing is positively influenced through the social connections made with their mentors and other program participants. Instead of feeling judged about expecting and parenting at a young age, the program provides a place for the participants to feel valued and supported (see excerpts below). Non-judgemental youth-friendly programs have been shown to work well with pregnant and parenting young people (AHRC, 2017; Boulden, 2010).

> *I think that's part of the reason why people connect up with [the mentor] and part of the reason why people come back to the program every day - because they are valued, they're respected, they're supported, and they're not judged. – Stakeholder*

> *Because often, they don't trust many people; they haven't got a lot of friends as well, and family, so they have this respect for being in the program, which is that beautiful, extra addition, I suppose, that they're in a safe place, and they do respect each other. And I know that some have met up and visited each other's homes and things since they've been introduced, so I think that's just a lovely little by-product. – Mentor*

The non-judgemental and strengths-based approach adopted within the SEPT trial underpins its achievement in terms of improving the health and well-being of young parents and their children.

6.3.4 Pathway to education or employment

The final key aim of the SEPT program is to increase young parents' participation in and readiness for employment or education. This aligns with the TTL objectives of "trialling new or innovative approaches to assist some of the most vulnerable in society onto a path towards stable, sustainable independence" (DSS, 2019c, n.p.) and with the ParentsNext aim to help parents and carers "plan your next steps towards study or work" (DESE, 2020, n.p.).

Based on the Brave Pathway Plan of 293 individuals in the full SEPT cohort, 198 participants aspire to succeed in their education, training, or employment during or by the end of the SEPT program. Success in this area may mean completion of currently enrolled education or training, securing a new education or work placement, or taking measurable steps toward those types of goals such as building a resume or finding a training course that they are interested in.

> *We do want to be a good parent and give the best to our children, and to re-connect to education or employment and improve our lives. – Participant, as told to Mentor*

Of the same 293 participants, about half of them have already achieved their education, training, or employment goals (Miscellaneous; see Figure 11). For some participants, because they are new to the SEPT program or are still enrolled in an education or training program, goals about completing their education or training may take some time to complete.

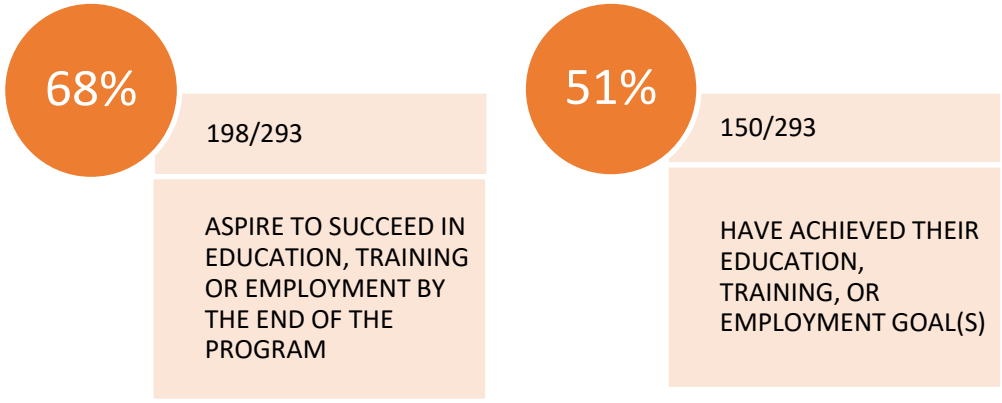

Figure 11. Education and employment outcomes

Young parents receiving welfare payments are relatively likely to require long-term income support (DSS, 2018). The fact that 150 SEPT participants already have achieved one or more education, training or employment goals is a testimony to the potential of SEPT to help set participants up for a pathway out of welfare.

When beginning the development of the Brave Pathway Plan and goals with a new participant, the mentor will determine if support is required immediately for the participant's education and, if relevant, will ensure that the participant's secondary education provider has addressed its responsibilities.

> Anti-discrimination and human rights legislation in most states and territories provides a framework which makes it illegal to deny access to education services on the basis of pregnancy or parental status. It is clear, however, that this is a protection poorly understood by many pregnant and parenting young people and their families. The result is that many either self-select out of school believing they have no right to stay, or are unaware of their right to challenge overt or covert suggestions by schools that they should leave due to their pregnancy or parenting responsibilities. On the basis of considerable anecdotal evidence, it would also appear that many schools are unaware that they are in breach of the law in demanding or coercing pregnant and parenting young people to leave. The rights of students and the responsibilities of schools in this regard need to be much more forcefully promoted than is currently the case. (Boulden, 2010, p. 14-15)

SEPT mentors can explain these rights and responsibilities and act as an advocate for the young parent. The mentor, alongside identified stakeholders, will explore and create opportunities for participants to remain engaged in education until 34 weeks of pregnancy and/or to be able to return to school after the baby has been born. This may be in a traditional school or out-of-school setting. Alternative or flexible learning programs can be successful because they tend to be welcoming and have targeted support for young parents (Plows et al., 2014; Te Riele et al., 2014; Vincent, 2016). Participants at times feel some apprehension about enrolling in education and benefit from having the mentor there to help navigate the system and advocate for them (Stories).

Brave documentation also reports examples of participants who are well on their way to completing their education and starting to think ahead about further education, with the support of the SEPT mentor and, as in the example below, the SEPT scholarship.

> Our [location] Mentor met with a participant to establish goals and pathway plans for 2019. Our [location] participant is completing her schooling at an alternative education facility and committed to this study. While completing Year 11 and 12 she also wanted to complete three certificate courses that will help her accomplish her future career goals. Our [location]

> Mentor was able to discuss the scholarship applications with her and she was excited to be able to use these funds to pay for the out of pocket expenses of the certificate courses. The [location] participant later sent our [location] Mentor a message saying how thankful she was to be part of the program and that just talking had lessened her stress so much, she wrote that 'being part of the program is a great opportunity for me and 'baby''. – AWP (Feb 2019)

There also is evidence of participants' success in relation to their pathway to employment or a traineeship, through building both confidence and skills.

Table 36. Story: confidence and skills for employment

Participant meets with mentors weekly through work placement at Hub. Participant has been commended by office staff valuing the contribution she plays in the workplace. This is growing her capacity, self-worth, and self-esteem. With minimal support from mentors the participant is continuing to apply for traineeships and move through the assessment and interview process gaining experience and growing in confidence each time. The participant is starting to expand her traineeship options by exploring more fields now that she has more confidence and self-belief. The participant has progressed to face to face interviews for several applications and now has options for further training and work. (June 2019)

A mentor highlighted the importance of building participants' confidence and self-esteem, which then empowers the participant to pursue employment.

> *For me I see success as someone I started working with 18 months ago that just seemed to, just not feel like they knew what they were going to be good at, or not know what direction, and panicking about that, to now having a peace around 'okay, so I can try different things, and if it doesn't perhaps work out'. Give it a really good go, but if it really doesn't fit right with you and your values, then we can try something else. And that particular lady that I'm talking about, that was her 18 months ago, and this morning I sent her off to a job interview and she looked amazing. And I 100% feel like she'll get the job. – Mentor*

These kinds of experiences provide positive signs in terms of how well the SEPT program has been supporting E&PTs in their pathway to, and current experience in, education and employment.

Section 7: Future focus

This final section sums up strengths and opportunities for SEPT, as well as opportunities to build on SEPT for other initiatives aimed at supporting young people on a pathway out of long-term disadvantage and welfare dependency.

7.1 Strengths of SEPT

The Supporting Expecting and Parenting Teens trial is a much-needed, well-developed, and successful innovation. This study has found significant and robust evidence of success in implementation processes and in achievements against the program's broad aims. In less than two years since its inception, SEPT has already proven to be a highly valued part of the support landscape for young parents across five jurisdictions in Australia.

The Supporting Expecting and Parenting Teens trial is a testimony both to the solid foundation laid through previous work by the Brave Foundation, and to the willingness of the Department of Social Services to fund and support this model. Making the trial work has relied on the significant efforts and goodwill of people in both organisations, as well as in hub partners and stakeholder organisations, and, of course, by the young people themselves.

The executive summary provides all the key findings from the study in relation to sections 2-6 in this report, and they are also included at the beginning of those sections. The findings highlight many specific positive features of the SEPT trial. Overall, they point to three core strengths in the SEPT model (Figure 12). These are addressed in more detail below.

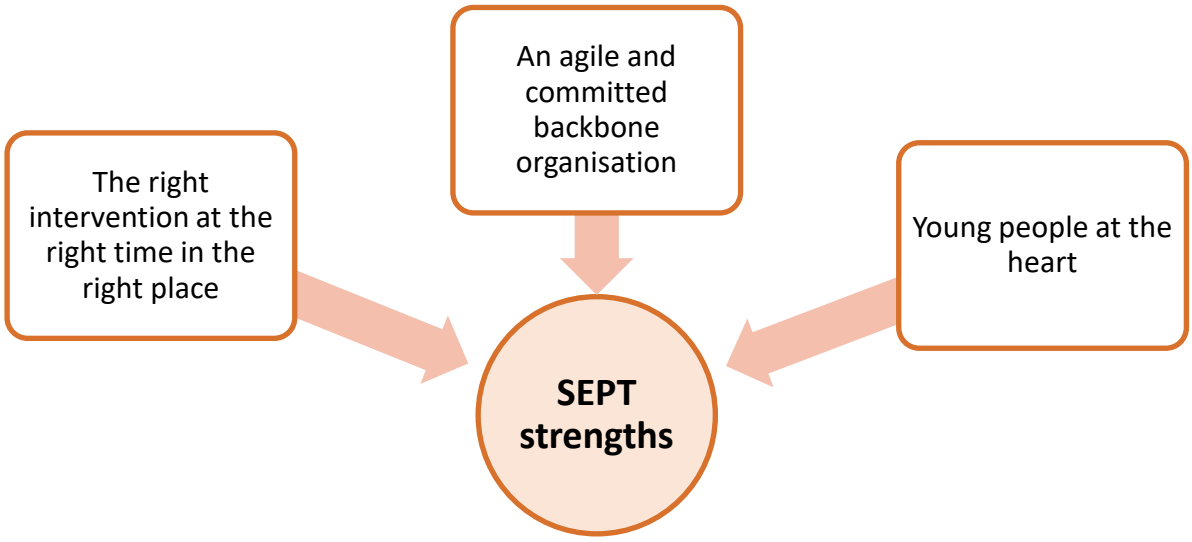

Figure 12. SEPT strengths

The right intervention at the right time in the right place

SEPT is necessary. Almost 40,000 children were born to teenage mothers in Australia between 2014-2018. These young parents have aspirations, hopes, and dreams for their children and for their own lives. Yet, most of them face significant social, economic, and educational challenges.

SEPT provides support at the right time by commencing much earlier than ParentsNext; often, as early as during pregnancy. This early intervention is essential for the first 1000 days of the child, as well as for addressing the specific challenges faced by young parents.

SEPT also provides support in the right place. By collaborating closely with hub partners and stakeholder organisation in the young parents' communities, SEPT values existing services and local knowledge, avoids duplication and reduces costs, and enhances accessibility for participants. This model strengthens existing infrastructure and prior investment by the government, and helps build local community capacity.

The intensive collaboration model that characterises all work by the Brave Foundation is essential to address the needs of these vulnerable young people who experience multiple and complex challenges. The SEPT brokerage model combines the benefit of being a nationally coordinated initiative with locally tailored approaches.

An agile and committed backbone organisation

The Brave Foundation is highly responsive to feedback and emerging conditions.

This is supported by the relatively small size of the organisation, and by its willingness to invite, hear and take seriously feedback from staff, stakeholders and participants. The implementation of SEPT has not always been smooth. The way the Brave Foundation quickly responded to the implementation challenges is a testimony to its agility.

The Brave Foundation has demonstrated its commitment to the value of monitoring and evaluation, alongside the work of service delivery. It is continually improving its systems and processes.

Moreover, the Brave Foundation's commitment to the local communities and partners it collaborates with is a testimony to its strong moral purpose.

The Brave Foundation not only developed SEPT, but has also proven to be the right organisation to host this crucial initiative.

Young people at the heart

Most importantly, SEPT and the Brave Foundation place the young people at the heart of everything they do.

SEPT respects the different lived experiences of each individual pregnant or parenting young person.

SEPT recognises that young parents want the best for their children, and therefore operates on a voluntary basis.

SEPT gives credit to the aspirations of young parents by enabling them to drive their own goals and pathway plans.

SEPT values the strengths of each pregnant and parenting young person, involving them in decision-making for themselves and—where possible—for the program itself.

SEPT understands the challenges faced by young parents, provides scaffolds to move from meeting basic needs to higher-level goals, and advocates for the young parents' rights.

SEPT supports participants to achieve small and large successes, and celebrates these with them.

7.2 Opportunities for SEPT

SEPT is a significant new initiative across four states and the Northern Territory, with opportunities for ongoing development. This kind of social intervention is not set in stone and will always need adjustments as circumstances change. The research has established specific suggestions for future directions (provided in the executive summary and at the start of sections 2-6). Overall, they point to three main future opportunities for the SEPT model.

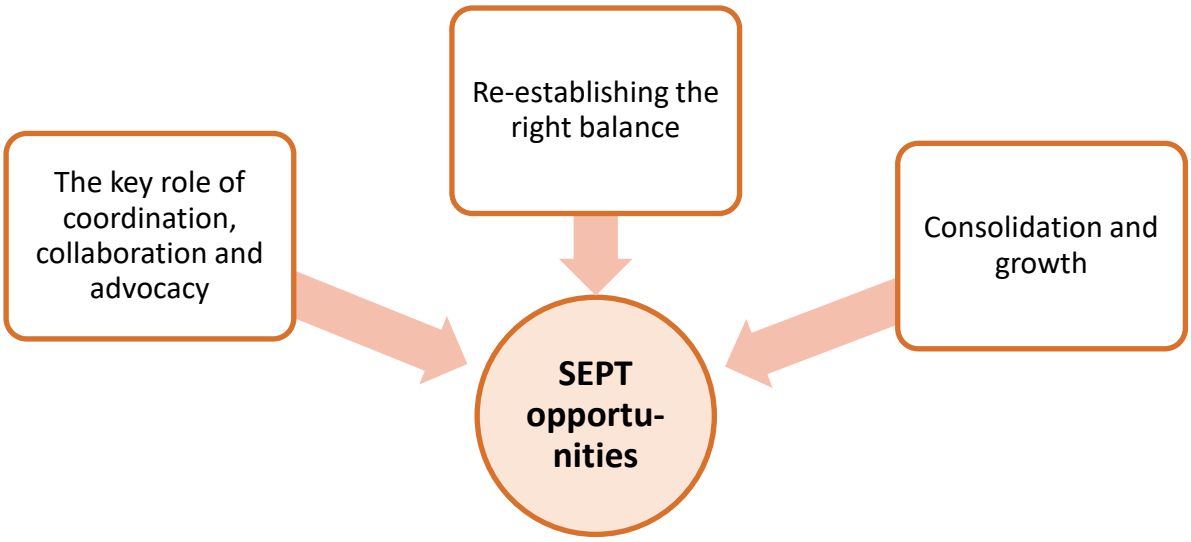

Figure 13. Opportunities for SEPT

The key role of coordination, collaboration and advocacy

SEPT acts as a hub, connecting expecting and parenting young people with a wide range of services, and, in the process, also strengthening connections between various local organisations. Such coordination, collaboration and advocacy have proven to be a vital complement to existing service delivery. In particular, as a stable (i.e. long-term) coordination hub, SEPT can help overcome the disruption caused by changes in services and providers due to ad hoc funding and staffing turnover, which are common concerns in the community services sector.

For the young people, this role helps them navigate a complex landscape, access suitable services, and have their rights respected.

For services, this role helps them connect with 'hard-to-reach' young people, avoid duplication, and share expertise with like-minded organisations.

There are opportunities for:

- Greater recognition of the role of coordination, collaboration, and advocacy by funders and partner organisations
- Continuing to enhance processes for interagency collaboration by the Brave Foundation as the SEPT program evolves, new staff are appointed, and partner organisations change.

Re-establishing the right balance

The complexities of operating a national program in diverse local communities, of interagency collaboration, and of the ever-changing landscape of service provision mean that SEPT will frequently need to re-consider and renew the right balance for its work.
There are opportunities for:

- Observing—and renewing when required—the balance between the need for consistency and reliability (of a shared core vision for the program purposes, ways of working, and data collection), and the need for responsiveness (to different locations and contexts, feedback, and changing circumstances).
- Further reducing the burden of monitoring and evaluation, through streamlined 'back of house' systems, to ensure the balance of frontline work remains weighted towards supporting participants.

Consolidation and growth

During the two years of operation, from mid-2018 to mid-2020, SEPT has proven a valuable and much-needed program. The Try, Test and Learn funding has enabled SEPT to be established, initial teething issues to be resolved, and evidence for its processes and achievements to be collated.

SEPT is now ready not only for consolidation in the existing locations, but for extending the benefits (for young people, their community, and Australian society) it enables to additional locations.

There are opportunities for:

- Providing certainty and stability through longer-term funding for SEPT as the stable coordination link between (a) pregnant and parenting young people and (b) local services and support in existing locations.
- Extending the reach and benefit of SEPT into more regions across Australia that have high teenage fertility rates.

7.3 Opportunities for other initiatives

The strengths and opportunities outlined above are not restricted to work with pregnant and parenting young people; they can be transferred to support other vulnerable groups. This would be of most benefit for contexts where:

- The service landscape as well as people's lives are complex; therefore, a coordination function is valuable both to help people navigate and access services, and to facilitate interagency collaboration.
- Young people are experiencing intergenerational disadvantage; therefore, an advocacy and service-connection function has the potential to act as a circuit breaker, and support these young people onto a pathway out of welfare dependency.
- Vulnerable adults are relatively isolated (e.g., due to significant caring responsibilities, anxiety, or loneliness); therefore, support for setting and achieving one's own goals over a sustained period is likely to create long-lasting benefits.

Just like for pregnant and parenting young people, investment in an intervention modelled on SEPT is likely to have a significant pay-off, not only for the wellbeing and life chances of each individual person supported through such a program, but also for enhanced community cohesion, reduced social and health costs, and increased productivity.

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Appendices

These appendices were added to the original June 2020 report in July 2021, providing additional findings based on SEPT data from July 2018 – February 2021 at the level of the five jurisdictions in which SEPT operates.

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Appendix A: Regional comparison summary

In June 2020 the Peter Underwood Centre at the University of Tasmania delivered the final report about its independent process evaluation of SEPT, commissioned by the Brave Foundation.

In March 2021 the Brave Foundation requested additional analysis, including SEPT participant data to the end of February 2021, and broken down by region where possible.

The follow-up analysis was conducted in May-June 2021 and provides findings on data for the period July 2018 – February 2021 at the level of the five jurisdictions in which SEPT operates:

- NT: Northern Territory (Darwin)
- QLD: Queensland (Ipswich & Logan)
- NSW: New South Wales (Newcastle & Wyong)
- VIC: Victoria (Melbourne & Geelong)
- TAS: Tasmania (Hobart)

Participant background

- Data-analysis is for 385 participants whose participation commenced any time after the start of SEPT in July 2018 and exited any time before the end of February 2021.
- Participant demographics varied between the five jurisdictions:
  - Forty-one percent of the participants were in Victoria (VIC), 17% each in New South Wales (NSW) and Queensland (QLD), 14% in Tasmania (TAS), and 11% in the Northern Territory (NT).
  - The proportion of male and female participants were relatively similar in all jurisdictions (94 to 99% female), with the exception of the NT which had slightly higher proportion of male participants (19% male).
  - Most of the participants identified as Indigenous were in the NT, and most of the participants identified as being from a cultural and linguistically diverse background were in VIC.
  - Over 50% of participants in NSW and in TAS had a psychiatric diagnosis, whereas under 10% of participants in the NT had the same diagnosis. Given that the statistics were based on formal diagnoses, it may be possible that there were other participants who may have experienced serious mental health challenges but has not had access to a formal diagnosis at the time of enrolment.
  - QLD participants tended to be younger, with an average of 17.5 years. The rest of the jurisdictions had participants with an average of about 20 years. The proportion of priority (under aged 20) and non-priority (aged 20 and above) participants was about equivalent across jurisdictions except QLD.
  - Intensive participants made up a little over two-thirds of the participants enrolled in each jurisdiction, excluding TAS and QLD who had more than 80% of their participants supported intensively.

Participants' children

- At enrolment, participants brought with them a total of 403 children.
  - In NSW, TAS, and VIC participants had, on average, one child. Participants in the NT and QLD, on average, had about two children.
- After accounting for the number of children at enrolment and the number of expecting parents, the Brave Foundation has indirectly supported 520 children.
- A total of 320 participants (83%) fell within the first 1,000 days period; that is, they were either pregnant or parenting child(ren) aged 2 years and/or younger.

Exiting SEPT

- The Brave Foundation identified several reasons for participants exiting the program. Broadly speaking:
  - 45% finished participating because they had achieved one or more of their goals and did not require further support through SEPT to achieve any other goals (i.e. they had completed SEPT),
  - 37% had started but then informally stopped before completing (referred to as drop off in engagement), and
  - 18% officially left for a variety of other reasons.
- The most common exit reason varied between jurisdictions:
  - Having met goals was the top reason in VIC (54%) and NSW (51%).
  - Participation was more commonly closed due to a drop off in engagement in the NT (61%) and in TAS (47%).
  - The proportion of QLD participants whose cases were closed due to successful completion or to engagement drop off was about the same.
- Duration in the program was 420 days or about 13 months on average across all participants.
  - In NSW, on average participants stayed longer in the program (469 days or 15.4 months) than participants in the NT (345 days or 10.8 months) and QLD (352 days or 11.6 months).

Referrals into and from SEPT

- The Brave Foundation received 481 referrals into SEPT. The referral-to-enrolment conversion rate was 80%.
  - NT and QLD had a high proportion of referrals coming from hospitals and other health services, but the referral-to-enrolment conversion rate for this referral source was higher in QLD (91%) than in NT (68%).
  - NSW had most of the referrals coming from education providers, particularly from the college for young parents where the SEPT hubs in the region are currently located. About 80% of the referrals from those education providers in NSW successfully enrolled as SEPT participants.
  - TAS collaborated well with ParentsNext, with 40% of the region's referrals coming from ParentsNext; 80% of those referrals converted into enrolment.
  - QLD and VIC received the most referrals from their local community services agencies with the referral-to-enrolment conversation for this source being over 80% in both jurisdictions.

- Through SEPT, 932 outbound referrals were made across all jurisdictions. The average number of services participants were linked into was about two per person.
  - On average, participants in VIC and TAS were linked into more services, with an average of 3 referrals for VIC and 4 referrals for TAS.
  - TAS and QLD mentors made more outbound referrals than expected (based on the proportion of participants enrolled in those jurisdictions). The NT made lower than expected outbound referrals, likely due to the territory's unique way of connecting vulnerable young people.
  - Overall, the top three outbound referrals were to childcare providers and parenting services (23%), to education and training providers (16%), and to services providing housing and safety support (14%). Referrals to mental health and allied health services were also relatively common across the jurisdictions, at 13% and 10% respectively.

Goals set by participants

- Data included a total of 1,326 pathway goals. Overall, the average number of goals each participant set was between 3 and 4 goals.
  - QLD participants set fewer goals (about 2 goals per person on average), whereas TAS participants set more goals (about 4 to 5 goals per person on average).
- One of the SEPT program aims was to increase young parents' participation in and readiness for employment or education. Findings indicate that 72% of the total participants were already engaging in or aspired to obtain education, training, or employment.
  - The proportion of participants with at least one of such goals in NSW was, however, lower. This may be due to the participants already being enrolled in the local young parents' college.
- About a-third of the total goals related to obtaining basic needs and life skills.
  - In the NT, 32% of Basic needs goals related to obtaining legal aid or paperwork help, particularly for obtaining birth certificates or identifications.
  - Perhaps due to a higher cost of living, a high proportion of basic needs goals in VIC (32%) and NSW (30%) were about gaining financial support or financial management skills.
  - Obtaining housing and physical safety seemed to be a more prominent issue in three jurisdictions: TAS (36%), QLD (35%) and NSW (32%).
  - Over 40% of the basic need goals in TAS, QLD, and the NT were focused on addressing transportation barriers through obtaining a driver's licence or purchasing a vehicle.
- The next highest type of goal was related to education and training, making up to 27.7% of the total goals.
  - In all jurisdictions, most of these goals were aimed at either enrolling into or completing an education or training program.
- Health and wellbeing goals made up of about a-fifth of the total goals.
  - Of these goals, a focus on mental health support was more prominent in TAS (56.9%) and VIC (44.1%). With QLD participants being mostly young an expecting at enrolment, a distinct proportion of their health goals were related specifically to achieving a healthy pregnancy.
  - The sub-goal for building positive social circles and relationships was relatively frequent in QLD and the NT.

- Employment goals and parenting goals each made up of 9.7% of the total goals.
  - Employment goals were typically focused on getting hired.
  - Related to parenting, goals that address child rearing practices or focused on developing positive parenting strategies were more common in the NT and TAS.
  - In QLD, with most parents being young, parenting goals focused on obtaining financial support for getting baby supplies.
  - Mostly in VIC and TAS, parenting goals focused on children's learning and social developmental needs, such as enrolment in childcare or school.

Goals participants achieved

- Of the total 385 participants, 79% achieved at least one goal while in SEPT. This is high given that only 45% of participants finished with SEPT because they had completed the program.
  - The proportion of participants with at least one goal achieved was relatively similar across all jurisdictions.
- Of the participants with education, training, or employment goal(s), 72% achieved at least one goal in that category.
  - The proportion of TAS participants who achieved their education, training, or employment goal(s) was lower (57%), particularly when compared with the NT (81%), NSW (73%), and VIC (79%).
- The average number of goals participants achieved was about two goals.
  - Participants in VIC achieved slightly more goals: about 3 goals per participant on average.
- Overall, almost two-thirds of the total number of goals set were achieved (63% or 831 goals).
  - VIC had a higher proportion of achieved goals than the overall percentage, at 71%.
  - The proportion of achieved goals were relatively similar to the overall percentage in QLD (65%) and the NT (63%).
  - The proportions of achieved goals in NSW (58%) and TAS (44%) were lower than the overall percentage. In TAS this may be due to the relatively higher number of goals set by each participant.
- Some jurisdictions had more success with specific goal types (achieving more than 70% of the goals in the category) than others.
  - The NT had more success obtaining education and training, and employment goals.
  - QLD had more success obtaining parenting, health and wellbeing, and basic needs and life skills goals.
  - VIC seemed to have more success achieving employment, parenting, and health and wellbeing goals.
  - In NSW and TAS, all of the percentages of goal achieved were under 65%.
- Findings related to the amount of time taken to complete a goal should be treated with caution because data was often missing about either the set date or the achieved date of goals. With that in mind, education and training goals seemed to take the longest to complete, averaging at 172.3 days or 5 to 6 months to complete.

Appendix B: Participants' background

The follow-up analysis was conducted in May-June 2021 and provides findings on data for the period July 2018 – February 2021 at the level of the five jurisdictions in which SEPT has operated:

- NT: Northern Territory (Darwin)
- QLD: Queensland (Ipswich & Logan)
- NSW: New South Wales (Newcastle & Wyong)
- VIC: Victoria (Melbourne & Geelong)
- TAS: Tasmania (Hobart)

Not included in the current data were 4 participants supported via the Digital Delivery mode[1] and 11 participants at Caboolture (QLD), which had operated only briefly as a hub site.

Number of participants and demographic information

Figure B1 provides an overview of participants' demographic information by jurisdictions and overall. A total of 385 participants had exited SEPT and their cases were closed. The vast majority (94.3%) were mothers. Excluding the Northern Territory, the proportion of female participants in other states was relatively similar to the overall proportion. The NT had a higher proportion of male participants (18.6%) compared to other jurisdictions; the actual number was, however, small (n= 8).

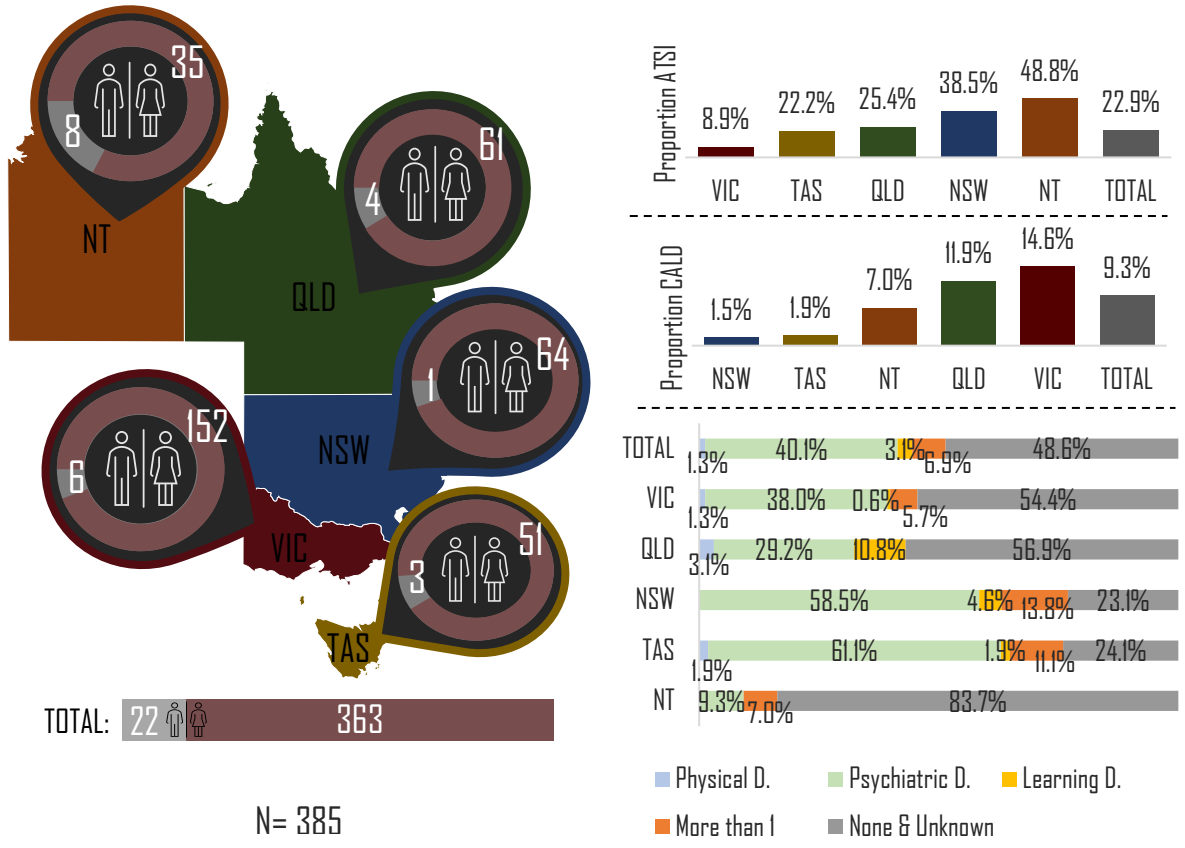


Figure B1. Demographic information of participants in each jurisdiction.

[1] Digital delivery was initiated in November 2020 as a response to increasing demand as well as the challenges posed by the COVID-19 pandemic.

At the start of the SEPT trial, referral forms did not collect data on various background factors such as whether the young person identified as Indigenous, had a disability, or was of culturally or linguistically diverse (CALD) background. There was also a small number of participants who chose not to report this information. Consequently, this additional background information was unknown for some participants. The same set of background information was later collected in the Brave Foundation's case management system (Penelope) for the purpose of the larger TTL evaluation.

Based on the data, the Northern Territory had the highest proportion of Indigenous participants (48.8%), followed by New South Wales (38.5%). This partly reflects the overall Australian population, with a high proportion of Indigenous people residing in the Northern Territory (Australian Bureau of Statistics, 2016). In terms of culturally or linguistically diverse participants, Victoria's SEPT hubs together enrolled the highest proportion of participants from this background (14.6% of Victorian participants).

In terms of disabilities, about half (51.4%) of SEPT participants were diagnosed with one or more forms of disability. Most of the reported disabilities were psychiatric in nature including trauma, anxiety, and depression (40%). A high proportion of participants in New South Wales (58.5%) and Tasmania (61.1%) reported a diagnosis of a psychiatric disability, whereas a much smaller proportion in the Northern Territory reported the same type of disability (9.3%). However, information regarding disabilities was based on formal diagnoses. It is possible that some participants may have experienced mental health challenges that were not formally diagnosed, for example due to reduced access to medical personnel in the NT.

Intensive versus Connected Participants

SEPT participants were grouped into two types: Intensive and Connected (see 2.1.2 in the main report). Intensive participants met with their mentor more frequently compared to Connected participants. The current data shows that 78.9% of participants in the full cohort were intensively supported by mentors (Figure B2). New South Wales and the Northern Territory had the highest proportions of Connected participants (29.2% and 27.9% respectively), whereas Tasmania and Queensland had the lowest proportion of Connected participants (13.0% and 12.3% respectively).

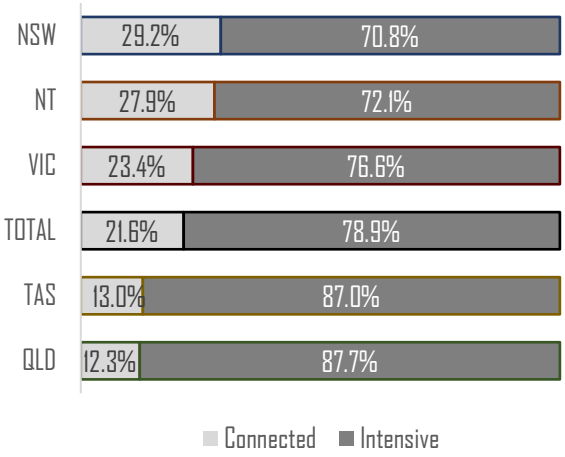


Figure B2. Proportion of connected and intensive participants.

Average age of participants

Participants under 20 years were the priority (see 2.1.2), with the intention that these individuals get connected to services as soon as possible to maximize the likelihood of better life outcomes for both the parents and their children. Overall, the proportion of participants in the priority and non-priority group were almost equivalent, with 54% participants being under 20 years old and 46% of participants being 20 years and above at the time of enrolment (Figure B3).

Interview data included in the full report (see 2.1.2) indicate that older participants aged were receiving welfare benefits (and involved in ParentsNext) but had not had the opportunity to receive the types of support SEPT offers in the first years of being a teenage parent.

Figure B3 also shows participants' average age in each jurisdiction and overall. The proportion of participants under 20 years was highest in QLD, possibly due to the SEPT hub location in Ipswich, Queensland being located at a high school. Similarly, participants' average age in Queensland was significantly [2] lower compared to the other jurisdictions. For the other jurisdictions, the average participants' age was not significantly different from each other.

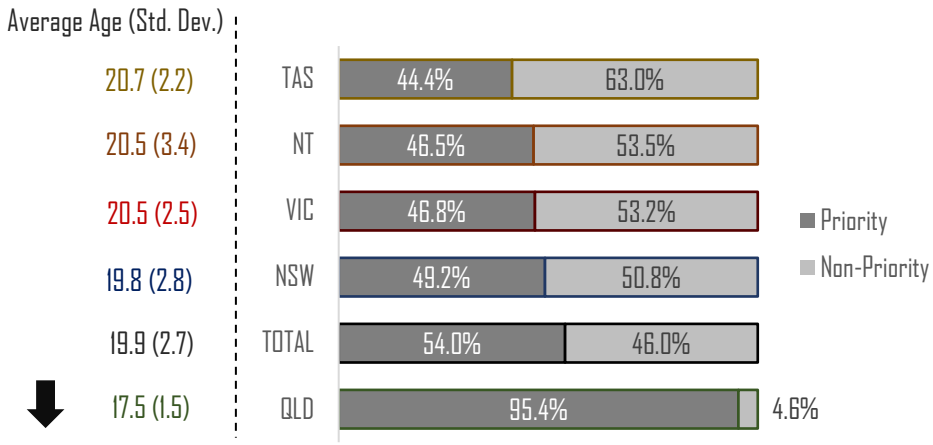


Figure B3. Participants' average age and proportion of priority versus non-priority group.

[2] Post-hoc comparisons were performed using the Games-Howell test, which accounted for the non-homogenous variance between comparison groups.

Appendix C: Participants' children

Informed by the research on the importance of early years, the Brave Foundation recognises that the first 1,000 days from pregnancy to the child's second birthday to be an important stage for children's health, development, and wellbeing (see 2.2.2). Accordingly, the SEPT program aims to, primarily, connect with expecting young people, after they have decided to proceed with the pregnancy. By doing so, SEPT intends to help set up a more positive pathway for the young people to transition into their parenting responsibilities, as well as increase the likelihood of positive outcomes for the young parents' children.

Number of children and their age

The Brave Foundation collected information about participants' children at the time of SEPT enrolment. A total of 403 children were indirectly supported by the Brave Foundation through the SEPT program (Figure C1). Note that this total number was slightly overestimated given that a few participants shared the same children in cases where both mother and father were SEPT participants. Regardless, off that total number, 237 children (59.0%) were 2 years old and below.

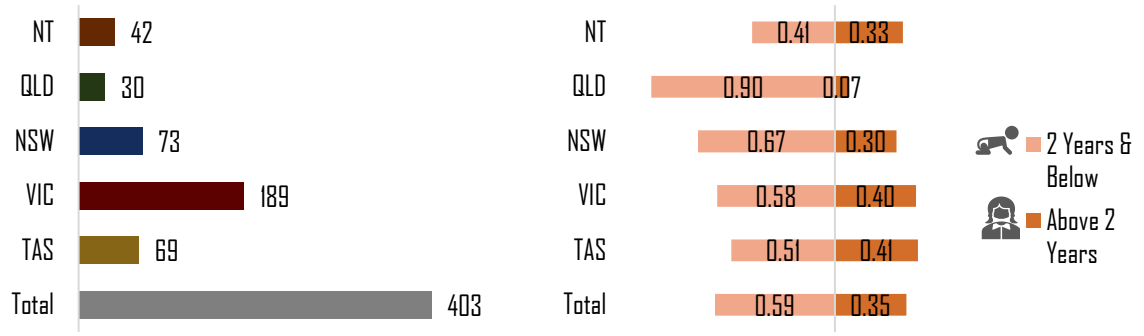


Figure C1. Number of children and their age group in each jurisdiction.

Children in Queensland were younger compared to the other jurisdictions, with an average age of 0.7 years or about 8 months old (see Table C1). As discussed earlier, parents in Queensland were younger compared to the other jurisdictions; hence, it is not surprising that their children were also younger. The age range was relatively larger in the Northern Territory and Victoria, mainly due to one participant in NT and one person in Victoria who cared for their teenage sibling.

Table C1. Children's Average Age in Each Jurisdiction and Proportion with Unknown Age

	Age Unknown	Average Age* (Std. Dev.)
NT	11 (26.2%)	3.1 (2.7)
QLD	1 (3.3%)	0.7 (.82)
NSW	2 (2.7%)	2.0 (1.6)
VIC	5 (2.6%)	2.5 (2.2)
TAS	6 (8.7%)	2.5 (1.6)
Total	25 (6.2%)	2.3 (2.0)

*Note that some children's age is unknown or not reported and one person in NT and one in VIC was caring for a teenage sibling.

On average, at enrolment, parenting participants brought one child (*Mean* = 1.3) with them into the program.

Rounding to the nearest whole number, the average number of children per parent was similar across all jurisdictions as shown in Figure C2. Parents in the Northern Territory and New South Wales brought slightly more children into SEPT: about two children.

After accounting for the number of children at enrolment, the number of expecting parents, and the number of parents who became pregnant while in SEPT, the Brave Foundation has indirectly supported 520 children as at the end of March 2021 (based on closed cases only, not counting children of active participants).

Figure C2. Average number of children per parent in each jurisdiction and overall.

Within the First 1,000 Days

Focusing on data relating to children's first 1,000 days, Table C2 below indicates the total number of expecting parents in each jurisdiction, and the total number of participants in the region whose children were 2 years and younger at enrolment. There was an overlap between categories; that is, a participant may be expecting and parenting a young child or children at the same time. However, when the overlap was considered, a total of 320[3] participants were in the first 1,000 days period.

A large proportion of participants in Queensland were expecting mothers or fathers (63.1%). This is not surprising given their younger age. The next highest proportion was the Northern Territory with about a third of their participants (34.9%) expecting a child at enrolment. Very few participants in Tasmania were expecting at enrolment, but a little more than half of them (55.6%) were parenting children 2 years and younger.

Table C2. Number of Expecting Participants and Parents with Young Children in Each Jurisdiction

	Expecting	Number of Parents Parenting Children 2 Years and Below	Total Participants in the Region
NT	15 (34.9%)	16 (37.2%)	43
QLD	41 (63.1%)	25 (38.4%)	65
NSW	19 (29.2%)	40 (61.5%)	65
VIC	28 (17.7%)	105 (66.5%)	158
TAS	4 (7.4%)	30 (55.6%)	54
Total	107 (27.8%)	215 (55.8%)	385

[3] A total of 22 participants had missing information regarding their parenting status or regarding their children's age

Number of parents with older children only

A smaller number of participants had older children: i.e. they enrolled in the SEPT program with child(ren) above 2 years of age.

As shown in Figure C3, Tasmania enrolled the highest proportion of the participants parenting older children (20.4%), suggesting that there may be a larger backlog of older parents who were needing support in the region. In terms of the actual number, Victoria recorded the highest number of participants belonging in this category, which amounts to 15.8% of participants in the region.

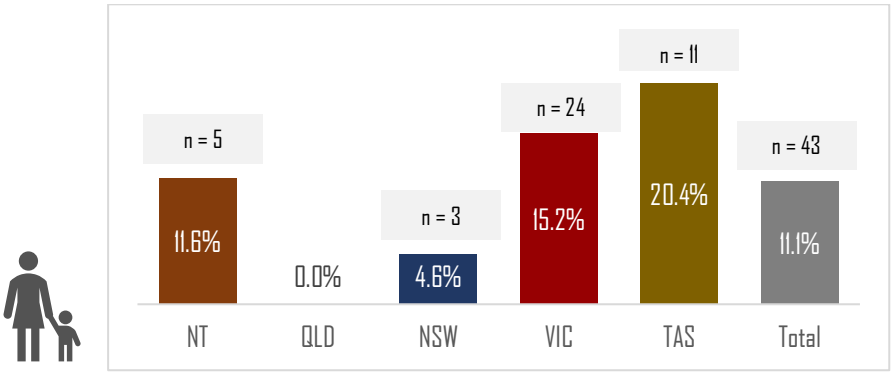


Figure C3. Number of parents parenting children over 2 years of age only and not expecting a child.

Appendix D: Exiting SEPT

The findings presented in these appendices are based on analysis of SEPT data only for those participants who had exited SEPT by the end of February 2021. It therefore is important to understand the various reasons for closing their case.

Reason for closure

Participants' cases were closed formally when young people successfully completed SEPT, or for a variety of other (less common) reasons: being in crisis, moving out of the SEPT trial region, aging out, becoming ineligible, or wanting to leave the program. In addition, some participants slipped away rather than explicitly leaving – this is called engagement drop-off in Table D1.

Table D1. Reasons for Case Closure

Reason for Closure	Definition of Closure	Code
Core component completed	Participants have met one or more goals that they have nominated to achieve whilst in the program, and decide they do not need further support through SEPT.	Completed
Engagement drop-off	Participants were engaged and attended meetings, engagement dropped off over time, multiple attempts were made to re-engage participants over the duration of about 3 months, but these were unsuccessful.	Disengaged
In crisis	Participants who were unable to engage in the program due to immediate crisis needs. They were connected to support services and invited to come back in future.	Crisis
Moved out of region	Participants moved out of trial regions. In this case participants were connected to support services in new regions in order to assist with transition.	Moved
Aged out	Reached 26 years of age and therefore no longer eligible*.	Aged
Become ineligible	Participant terminated pregnancy or had a stillbirth and therefore became ineligible.	Ineligible
Asked to close	Participants requested to close their case and decided to leave the program, because either that they (a) felt that they do not need the support, (b) are on a different pathway, (c) connected to too many services, or (d) deemed that it was not the right time to engage in SEPT.	Requested
Funding ceasing	Cases were closed due to funding ceasing in mid-2020	Funding

*Correspondence between the Brave Foundation and DSS led to advice that from 13 November 2019 existing participants were eligible to remain in the program when they turned 26. Therefore, cases were no longer closed based on this age criterion after that date.

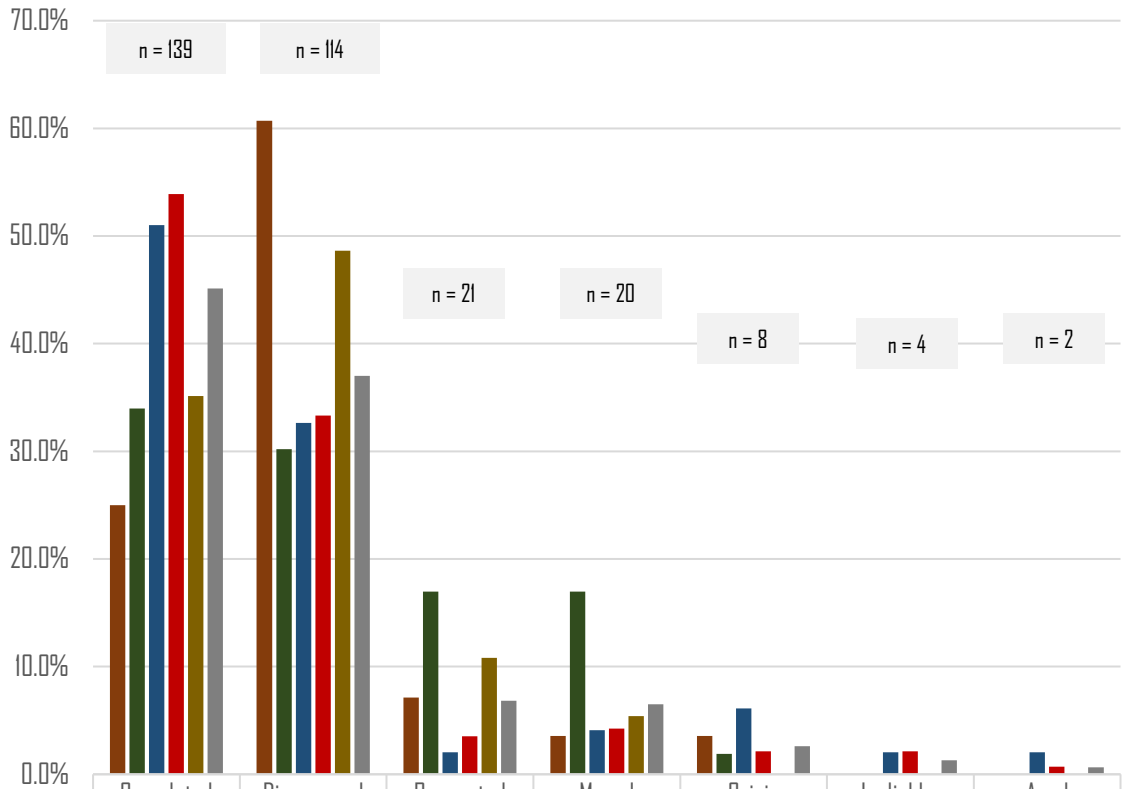
A further reason for case closure was to do with the time-bound nature of SEPT funding. Ahead of the official end point of May 2020 the Brave Foundation engaged pro-actively with staff in the Department of Social Services to examine options for extension. However, the COVID-19 crisis in early 2020 meant that DSS priorities changed. Participants therefore had to exit the program. When funding became available again, some of these participants resumed. Counting only those who did not resume SEPT, 77 (or 20% of 385 participants) cases were closed because of a lack of funding.

Closure due to funding has been excluded from the analysis below (Figure D1) because this reason was not directly related to the nature of the SEPT program. Percentages were calculated based on 308 participants whose cases were closed due to other reasons than funding.

As shown in Figure D1, for 45.1% of the participants whose cases were closed, this was for a positive reason: they had achieved one or more of their goals and felt they did not require further support through SEPT to achieve any other goals. The next top reason for closure was engagement drop-off (37.0%).

Comparisons between the jurisdictions revealed that having met goals was the top reason for case closure in Victoria (53.9%) and New South Wales (51.0%). In contrast, informal engagement drop-off was more prevalent in the Northern Territory (60.7%) and in Tasmania (48.6%).

The proportion of Queensland participants who cases were closed due to successful completion and engagement drop off was about the same, 34.0% and 30.2% respectively. Also, for Queensland, participants appear to more likely to request to have their case closed (17.0%) and to move out of region (17.0%) than in other jurisdictions.



	Completed	Disengaged	Requested	Moved	Crisis	Ineligible	Aged
NT	25.0%	60.7%	7.1%	3.6%	3.6%	0.0%	0.0%
QLD	34.0%	30.2%	17.0%	17.0%	1.9%	0.0%	0.0%
NSW	51.0%	32.7%	2.0%	4.1%	6.1%	2.0%	2.0%
VIC	53.9%	33.3%	3.5%	4.3%	2.1%	2.1%	0.7%
TAS	35.1%	48.6%	10.8%	5.4%	0.0%	0.0%	0.0%
TOTAL	45.1%	37.0%	6.8%	6.5%	2.6%	1.3%	0.6%

Figure D1. Proportion of cases closed according to their reason for closure in each jurisdiction.

Length in program

Overall, the average length participants stayed in the program was 419.7 days or about 13 months. Figure D2 provides a snapshot of where each jurisdiction stands in comparison to the overall average length in program. Comparison between jurisdictions revealed that, on average, participants in New South Wales stayed in the SEPT program longer (469.3 days or 15.4 months) compared to participants in the Northern Territory (345.3 days or 10.8 months) and Queensland (352.0 days or 11.6 months).

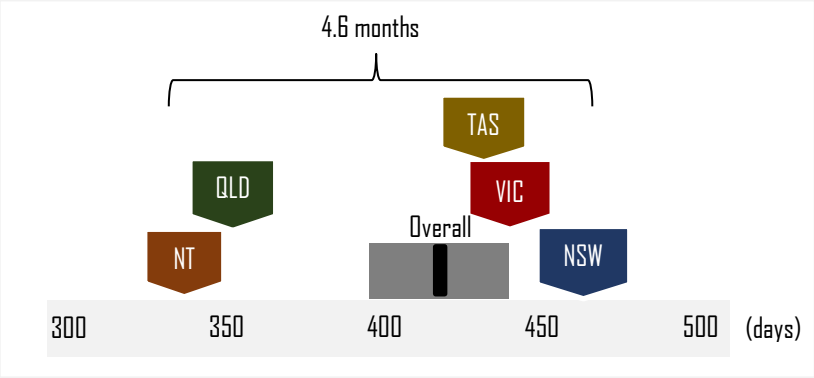


Figure D2. Average length (in days) participants in each jurisdiction stayed in the SEPT program.

*Note: The grey bar around the overall average refers to the 95% confidence interval around the mean.

Appendix E: Referrals into and from SEPT

As part of the Brave Foundation collaborative approach (see 3.2), SEPT has established a strong mutual referral process: inbound from stakeholders to SEPT as well as outbound from SEPT to stakeholder services. This has enabled expecting and parenting young parent to access SEPT, and enabled mentors to connect participants with services they need to meet their goals.

Number and nature of inbound referrals

The current data shows that, in total, the Brave Foundation received 481 inbound referrals. Of that total, 96 (20.0%) referrals did not lead to the young person starting the SEPT program. In other words, the SEPT conversion rate from referral to enrolment was 80%, which is very high.

Figure E1 shows the proportion of referrals that did led to enrolment in the SEPT program in each jurisdiction, from highest to lowest.

Tasmania had a particularly high conversion rate. Similar to the national proportion, about a fifth of the referrals in Queensland, Victoria, and New South Wales did not become SEPT participants.

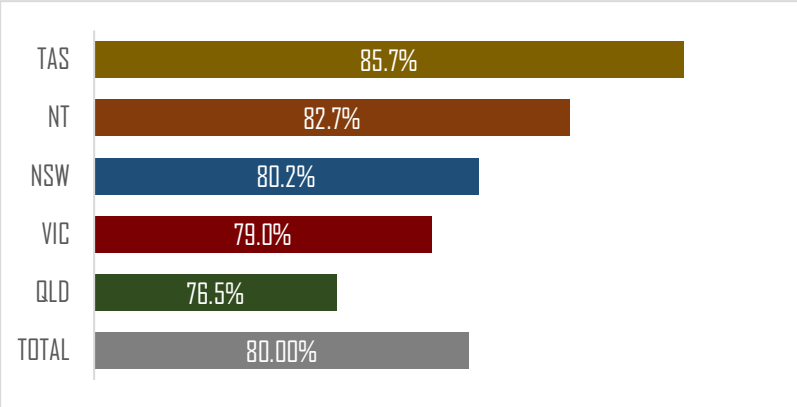


Figure E1. Proportion of successful referrals in each jurisdiction.

Accounting for all inbound referrals, Figure E2 below provides a breakdown of the referral sources in each jurisdiction. As shown, referrals from hospitals and other health service providers were particularly common in the Northern Territory (36.5%) and Queensland (24.7%). New South Wales had a high number of referrals coming from education providers (42%), particularly from the college for young parents where the SEPT hubs in the region are located. Tasmania collaborated well with ParentsNext, with 39.7% of the region's referrals coming from the local ParentsNext's coaches. Queensland and Victoria received the most referrals from their local community services agencies, 32.9% and 27.0% respectively. Miscellaneous and unknown referral sources included individuals who were not connected to a specific organisation (n=12), organisations that cannot be classified under the other categories such a government department (n=18), and unspecified or unidentified sources (n=9).

In addition, the proportions of referrals that converted into enrolment for each referral source in each region were examined (Figure E3). In the Northern Territory, while hospital or health providers was the number one referral source, only about two thirds of them (68.4%) converted into enrolment. Queensland surpassed the NT in terms of having a high number of referrals from health providers that converted into successful enrolment (90.5%). In New South Wales, 64.7% of the referrals from education providers (the top referral source) converted into enrolment. In the same region, none of the referrals from ParentsNext converted into enrolment. In Tasmania, 80% of ParentsNext referrals converted into enrolment. Most of the referrals that were not successful in Tasmania (50.0%) and Queensland (57.0%) came from either unknown or miscellaneous sources. In Victoria, community services agencies were the top referral source and 90.7% of the referrals from that source converted into enrolment.

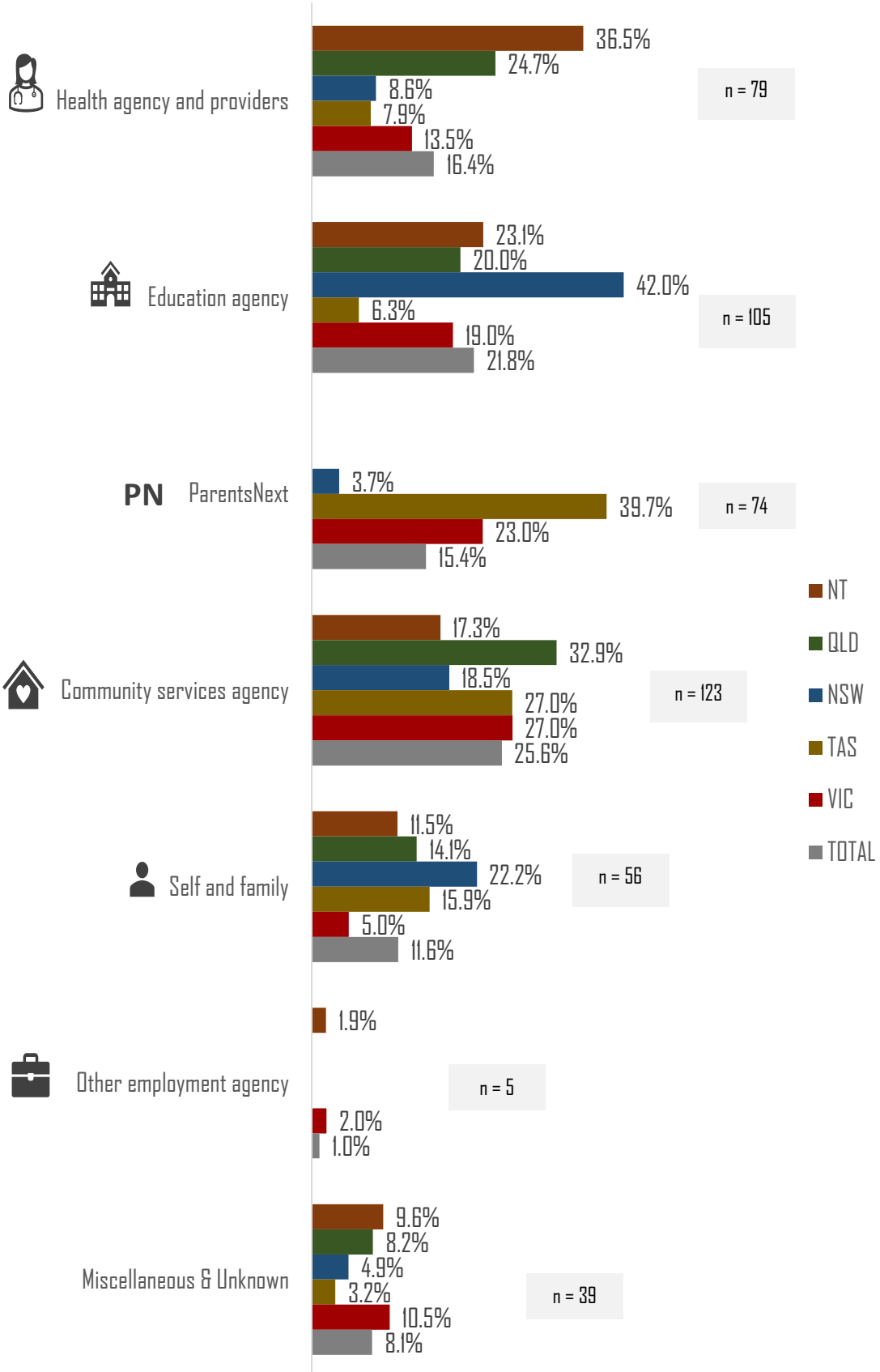


Figure E2. Proportion of inbound referrals (including referral-only participants) by type and jurisdiction.

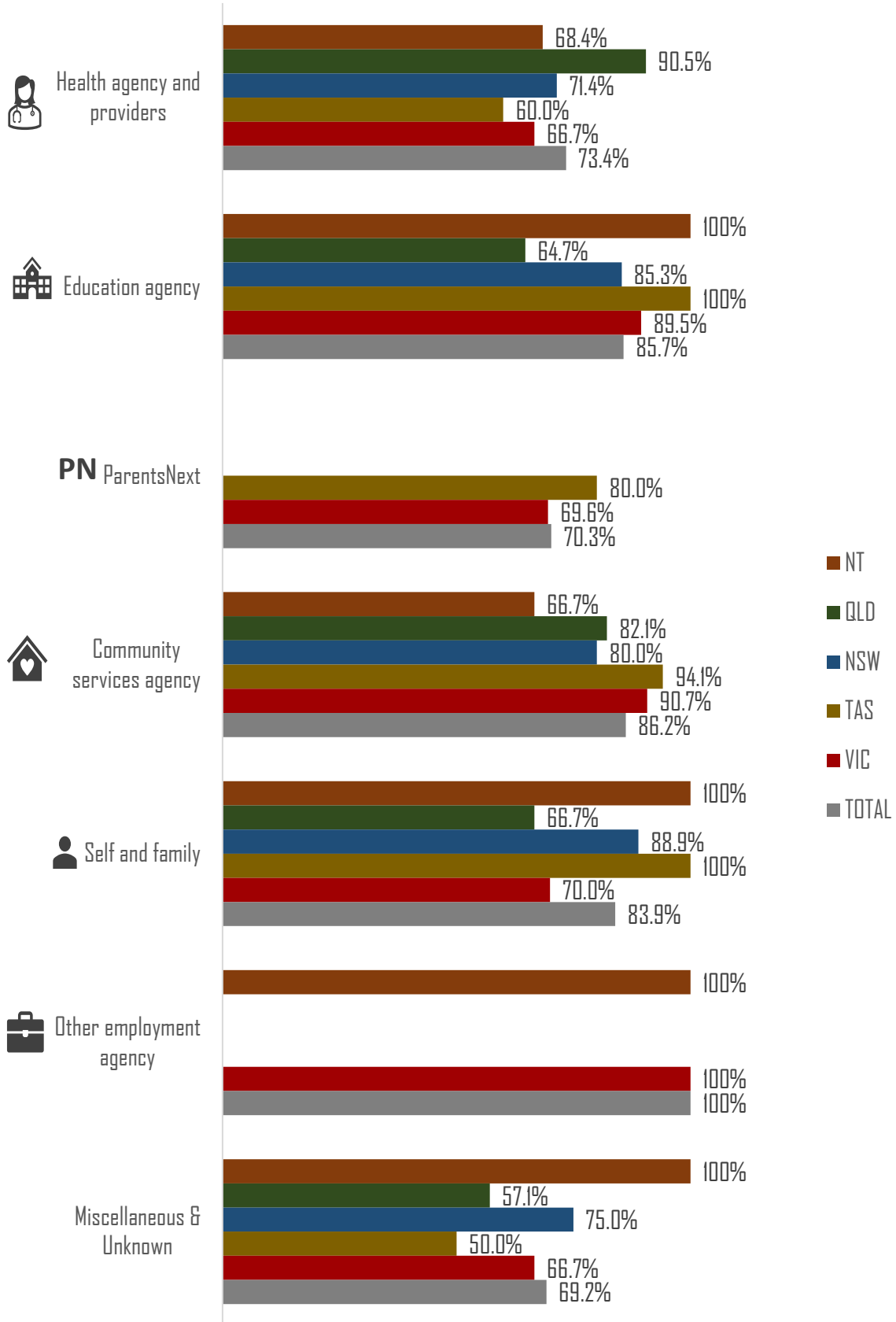


Figure E3. Percentage of referrals that converted into enrolment by each referral source in each jurisdiction.

Number and nature of outbound referrals

Where appropriate mentors connected SEPT participants to specific organisations that could help the young people to achieve their individual goals. The outbound referrals were also made to address any emerging needs which may not be directly related to the young person's main pathway goals.

Table E1 is a list and description of referral types which SEPT mentors have made for participants.

Table E1. Referral type and its description

Referral Type (Code)	Description
Child-care and parenting support services (CC&Parenting)	Participants are supported through the provision of childcare, parenting support groups, and resilience and parenting training.
Education and training providers (Edu)	Participants are referred to either schools, universities, registered training organisations, accredited TAFE courses such as the Bump program from the Raise Foundation, or work experience opportunities.
Allied health services (Allied HLT)	Participants are connected to organisations and community centres that provide integrated health care support, such as the Catholic Care or Child and Family Services. Participants and their children may be getting support from a social worker, a disability support worker, a community nurse, or a speech therapist.
Mental health services (Mental HLT)	Participants are supported to gain access to mental health professionals such as a counsellor, psychologist, or psychiatrist. This connection is often done to either address mental health challenges and illnesses, or counselling support related to domestic violence experience.
Physical health and nutrition support (Phys HLT)	Participants are connected to a maternal health nurse or a midwife, a fitness provider, or an organisation that supports nutritional needs such as a food bank.
Financial help (Finances)	Participants are connected to Centrelink to explore their options around welfare payments. Participants may also be linked to services that offer financial help and financial counselling such as Bill assistance.
Crisis support (Crisis)	Participants are connected to services that offer crisis support or emergency reliefs such as the Western Emergency relief Network or the Good Shepherd.
Housing and safety support (Housing&Safety)	Participants are connected to services that can provide help to obtain a home or a place to live. Other services in this category include those that relate to providing shelters to participants who are escaping domestic violence or to protecting the safety of children.
Driving services (Driving)	Participants are connected to driving instructors or services that offer driving lessons.

Other Non-for-Profit Organisations (Other NfP)	Services under this category include charity organisations; minority group services such as for refugees or people belonging to the LBGTQ+ group; or religious institutions or organisations.
Employment support (Employment)	Participants are connected to services that can provide help to obtain employment or provide advice around employability, such as Skills Invest
Legal aid (Legal)	Participants are connected to services that can provide legal aid or advice.

The average number of outbound referrals or services participants were linked into was about two services per person (*Mean* = 2.4).

Rounded to the nearest whole number, Figure E4 shows the average number of outbound referrals per person in each jurisdiction. On average, participants in Victoria and Tasmania were linked into more services, with an average of 3 referrals for Victoria and 4 referrals for Tasmania.

At the end of March 2021, 932 outbound referrals were made across all jurisdictions (Table E2). Given that Victoria had the greatest number of participants (41.0% of total participants), it is not surprising that mentors in that state made the greatest number of outbound referrals (45.5% of the total referrals).

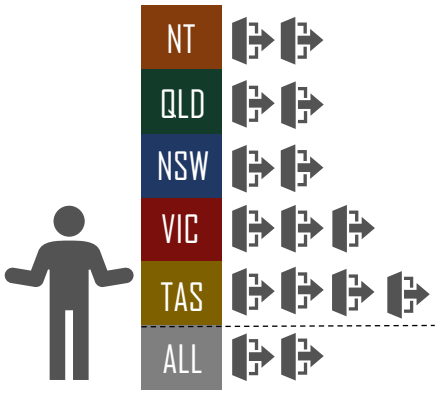


Figure E4. Average number of outbound referrals per person in each jurisdiction.

In line with the earlier finding, Tasmanian mentors made more referrals than what can be expected given the proportion of participants in the jurisdiction, making up to 20% of the total referrals versus 14% of particpants. The Northern Territory made fewer outbound referrals (8.0%), possibly because the Territory had a unique referral pathway, where participants may have already been connected to several services:

> *So since Brave has begun, we have now, every month we meet, all the services got together, this was over 20 people, and this has never happened before in a hospital in Darwin. Over 20 different services gather together, and we have a list of names, and then we go through the people, what their needs are, and then we will say… someone will say… "I think that is you" or someone else would say, "I can actually provide this" and someone would say, "Brave, I think that is something you could do. If you do that, we can provide this. Let's work together". Our referral process has changed dramatically. – Darwin mentor*

Table E2. Number of Outbound Referrals in Each Jurisdiction

	Number of outbound referrals	Percent (from overall total)	Comparison to proportion of participants in each jurisdiction
NT	75	8.0%	11.2%
QLD	102	10.9%	16.9%
NSW	145	15.6%	16.9%
VIC	424	45.5%	41.0%
TAS	186	20.0%	14.0%
Total	932	100%	100%

Next, Figure E5 provides an overview of the proportions of outbound referrals by referral type in each jurisdiction. Overall, the top three outbound referrals were to:

- childcare providers and parenting services (22.9%),
- education and training providers (15.9%), and
- services providing housing and safety support (14.2%).

Referrals to mental health and allied health services were also relatively common across the jurisdictions, at 13.2% and 10.3% respectively.

In Queensland, over 40% of the referrals were made to childcare providers and parenting services (42.4%). As for the Northern Territory, a high proportion of referrals were made to education and training providers (40.0%).

Importantly, the next top referrals in both Queensland and the Northern Territory were to services providing housing and safety support, at 12.7% in QLD and 17.3% in the NT.

Other referrals in Queensland that made up of more than 10% included to mental health support services (11.8%) and financial support services (10.8%). As for the Northern Territory, referrals made to childcare and parenting services totalled to 10.7% of the referrals, and the remainder of the outbound referral types were under 9%.

In New South Wales, referrals made to childcare and parenting services as well as to education or training providers were the most common, and each made up of 19.3% of the referrals. Referrals made to allied health and mental health services were relatively similar in New South Wales, at 15.2% and 12.4% respectively.

In Tasmania, the highest proportion of referrals was to childcare and parenting services, which took close to a quarter of the referrals (23.7%). The next top referrals in Tasmania were to health-related services, particularly to mental health and allied health services, with each making up 18.3% of the referrals. Other types of referrals that were commonly made by Tasmanian mentors included to housing and safety support services (14.0%) and to financial help services (10.8%)

Finally, top referrals in Victoria were similar to the overall percentages. Specifically, participants in Victoria were most commonly referred to childcare and parenting services (21.2%), education and training providers (16.7%), and housing and safety support services (16.3%). Unlike the overall percentages however, Victorian mentors also commonly made referrals to financial support services (10.1%). Mental health support was another common outbound referral in the state, making up 12.7% of the referrals.

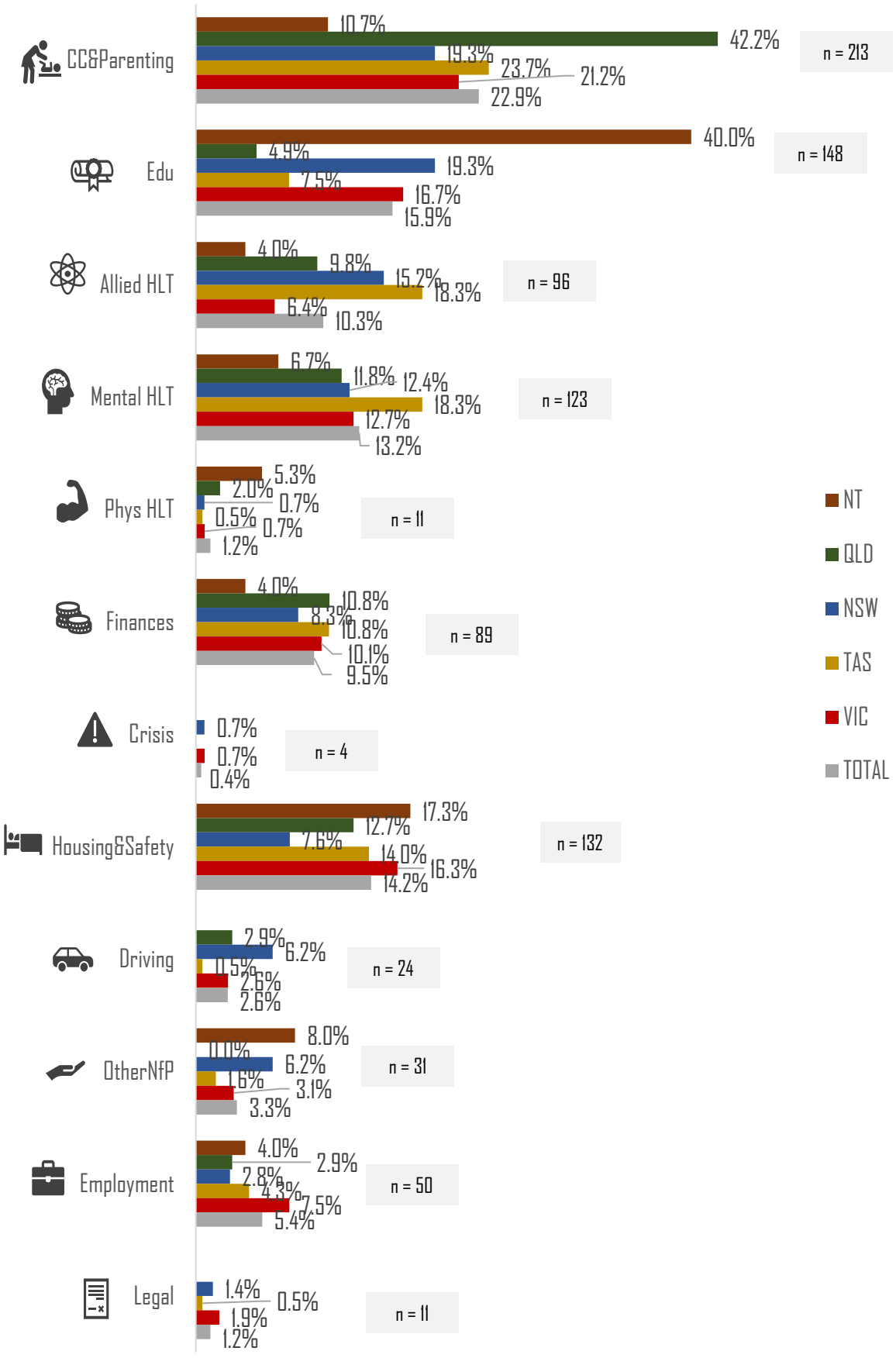


Figure E5. Proportions of outbound referrals by referral type in each jurisdiction.

Appendix F: Goals set by participants

The SEPT program gives credit to the aspirations of young parents by enabling them to drive their own goals and plans. Participants set goals for themselves, in collaboration with their mentor, in their Brave Pathway Plan (see 2.2.3).

Findings demonstrate that the nature of participants' goals, particularly goals related to obtaining basic needs and life skills, provide insight into the challenges and barriers faced by participants (see 2.1.3).

This Appendix outlines the number and nature of the goals that participants set, and differences between the jurisdictions.

Number and types of goals by main category

Previously, we categorised the goals participants set into three types: (a) Basic needs and life skills, (b) Health, wellbeing, and parenting, and (c) Education, training and employment. In this follow-up analysis, upon examining the specific goals further, it became apparent that the goal categories should be refined to account for the differences in goal characteristics.

The types of goals participants set are now categorised into five:

(a) Basic needs and life skills
(b) Health and wellbeing
(c) Parenting
(d) Education and training, and
(e) Employment.

In each category, several sub-types are specified. Examining the goal sub-types allows us to gain a better sense on the specific barriers or life challenges that participants in each jurisdiction experienced.

Goals set by participants overall

A total of 1,326 goals were set by the 385 participants in the full cohort (see Table F1).

Overall, about one-third of the goals (34.1%) related to obtaining basic needs and life skills. At the top of the list, the young parents wanted to address their barriers to transport. Participants aimed to obtain a driver's license to make it easier for them to engage in work and education, and to enable their child to attend childcare and appointments. Other important goals to do with basic needs were securing housing and ensuring physical safety (9.7%), as well as gaining financial stability (8.4%).

The next top goal was education and training (27.7%). This type of goal included completion of an education or training program, or successful enrolment into a form of education or training.

Health and wellbeing made up of close to a fifth of the goals (18.9%). A priority in this area seemed to be about addressing mental health concerns (7.8%). Often, participants aimed to obtain a mental health plan, to access support around mental health, and consequently to improve their mental health outcomes.

Table F1. Number and types of goals set by participants across all SEPT locations

Goal Categories Sub-Types	**Description** Specific Examples	**Number (%)**
Basic needs and Life skills 	**Associated with basic needs that address practical challenges faced by participants including financial difficulties, insecure housing and protection, needing legal support, and lack of access to transport.**	**452 (34.1%)**
Financial support, stability and management	"Develop a budget and become better at managing finances."	111 (8.4%)
General life skills	"Complete a weekly menu plan to assist with doing a weekly shop and organise for my family's busy week"	17 (1.3%)
Housing and safety	"To gain accommodation and feel safe and settled"	128 (9.7%)
Legal aid and paperwork	"Obtain personal identification"	40 (3.0%)
Transport	"Obtain driving licence"	156 (11.8%)
Health and Wellbeing 	**Managing the health and wellbeing of themselves, including developing positive social relationships and a supportive circle of social network.**	**251 (18.9%)**
General wellbeing	"Improve wellbeing, healthy eating, exercise for mental health and fitness"	26 (2.0%)
Mental health	"To access mental health supports"	104 (7.8%)
Physical health	"Learning about nutrition and losing weight"	72 (5.4%)
Socialisation and relationships	"Better relationship with partner"	49 (3.7%)
Parenting 	**Parenting goals that geared towards effective parenting, covering the needs of their children, and supporting healthy child development.**	**128 (9.7%)**
Child rearing practices	"To develop positive parenting strategies"	47 (3.5%)
Financial needs	"Requires clothing for child"	7 (0.5%)
Learning and social developmental needs	"Children engaged in their own schooling happily and successfully"	56 (4.2%)
Physical health needs	"To have youngest son needing to have less surgery and less visits to doctors, by getting accurate medical attention to avoid all the run around"	18 (1.4%)
Education and Training 	**Completing or enrolling in any forms of education such as high school or vocational courses. Goals may also relate to help with exploring study areas of interests, specific study skills, and obtaining supplies.**	**367 (27.7%)**
Completion	"Finish high school"	187 (14.1%)
Enrolment	"Enrol back into school"	140 (10.6%)
Exploring interests and help with study skills	"Explore options for Certificate courses to complete" "Assistance setting up study schedule"	36 (2.7%)
Study and training supplies	"Purchase a laptop to complete studies"	4 (0.3%)
Employment 	**Goals relate to preparing job applications and successfully securing work experience or employment.**	**128 (9.7%)**
Application preparations	"Assistance with Resume and Cover Letter"	36 (2.7%)
Getting hired	"Gain part time employment"	84 (6.3%)
Self-employment	"Explore setting up my own cleaning business"	8 (0.6%)
Total		**1,326**

Parenting goals make up about a tenth of the goals (9.7%). Most of these goals refer to positive child rearing practices and children's learning and social development. Health related goals were only included here if they explicitly referred to the child's health – although of course addressing parents' health and wellbeing will, ultimately, also influence the wellbeing of the children. Employment goals also make up about a tenth of the goals (9.7%). Participants may not necessarily set employment goals considering their current life stage or challenges, such as focusing on caring for a newborn or completing an education.

Goals set by participants in each jurisdiction

Figure F1 provides the number and types of goals participants set in each jurisdiction. Across all jurisdictions, basic needs and life skills, as well as education and training goals were the top two goals. Participants in Queensland seemed to prioritise these two goal types more so than the other types of goals. In New South Wales and Tasmania, Health and wellbeing goals made up of about a quarter of the set goals, at 27.0% and 22.7% respectively. The prevalence of such goals in the regions was consistent with their disability information, which shows a high proportion of their participants having a psychiatric diagnosis.

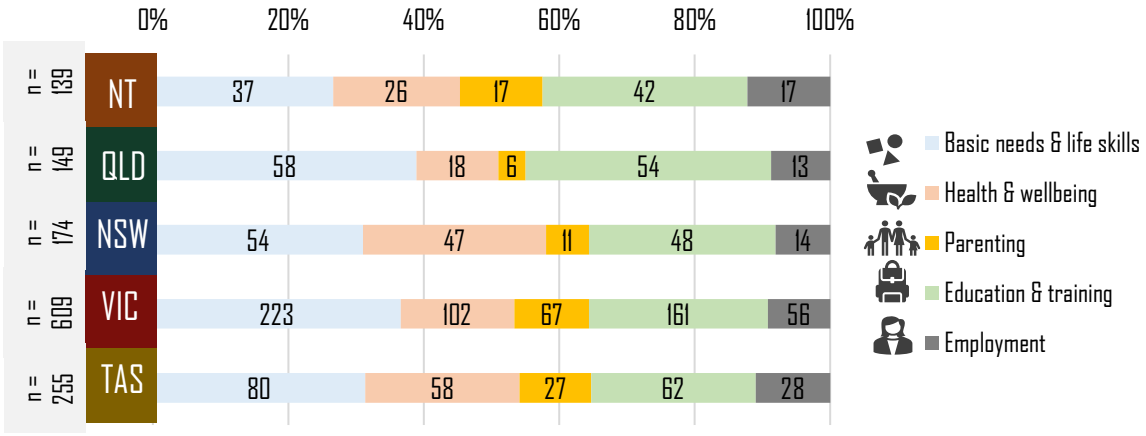


Figure F1. Number and types of goals participants set in each jurisdiction.

Average number of goals per person

To provide findings at the person level, the average number of goals each participant set was calculated for each jurisdiction and for the full SEPT cohort (see Figure F2). Overall, the average number of goals each participant set was between 3 and 4 goals. In Queensland, the average was lower: participants in the region set about 2 goals per person. The region with the highest average was Tasmania, with each participant setting on average of 4 to 5 goals.

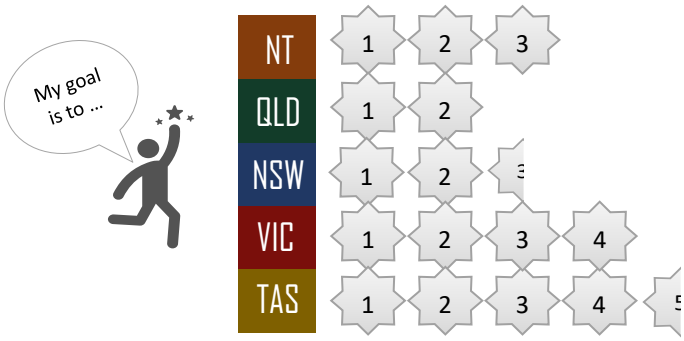


Figure F2. Average number of goals participants in each jurisdiction set.

Participants with education, training, or employment goal

Similar to ParentsNext, the SEPT program aims to increase young parents' participation in and readiness for employment or education (see 2.2.1). The number of participants with at least one education, training, or employment goal was, therefore, examined. Figure F3 demonstrates that 71.9% of the total participants (or 277 participants) aspired to obtain education, training, or employment.

The proportion of participants with at least one such goals in New South Wales was 10.4% lower, at 61.4%. The SEPT Hub in NSW was at the St Philip's Christian College DALE Young Parents. Many participants were already enrolled in education, and moreover this education program was specifically set up to support young parents. It therefore is likely that these participants did not set education or training goals because they did not need help from SEPT mentors for this.

The rest of the jurisdictions have a proportion that fell within 0.1 to 5.8% difference from the overall proportion, suggesting relatively similar proportions.

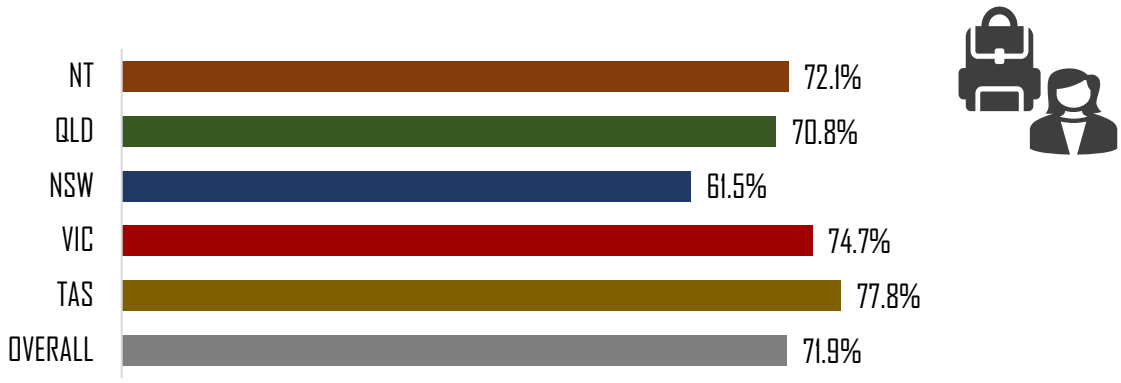


Figure F3. Proportion of each location's participants with at least one education, training, or employment goal.

Number and types of goals at the sub-category level

Participants' goals were further scrutinised at the sub-category level to gain an understanding of the specific areas of concerns in each jurisdiction. This approach was based on the assumption that when participants needed support in specific areas, their mentor will encourage them to pursue that concern and document plans for achieving the needed support as goals.

Basic needs and life skills

Figure F4 provides an overview of the breakdown of basic needs and life skills goals in each jurisdiction.

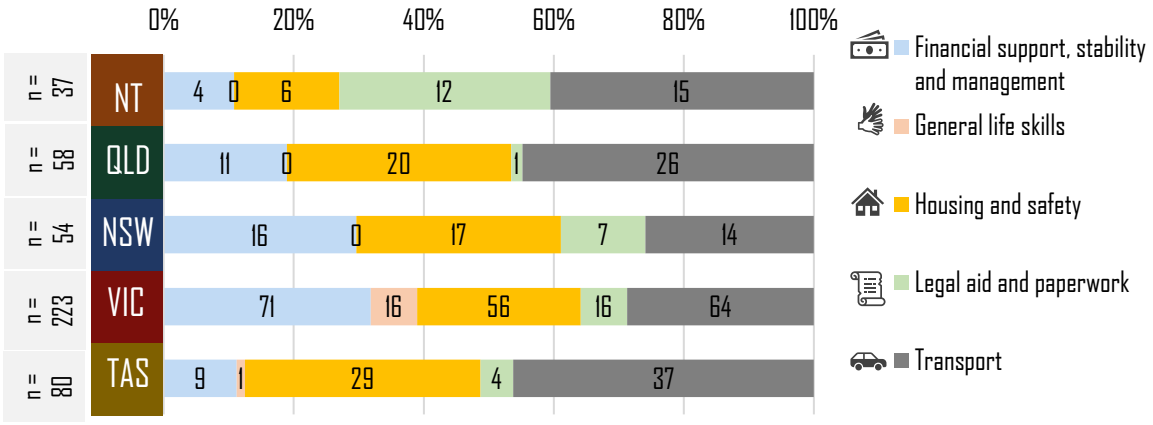


Figure F4. Types of basic needs and life skills goals participants in each jurisdiction set

In the Northern Territory, 32.4% of basic needs goals related to obtaining support around legal issues and paperwork. When the content of these goals was examined, most participants needed help to obtain birth certificates or other identification. Remoteness and lack of access to government agencies in the Northern Territory may make it more challenging for participants to establish identification, which is needed to receive the support they need. The excerpts below provide examples of this challenge.

> *[Dar027] has no identification. At this stage there is no evidence of birth, death and marriage she has on record (Dar027 Pathway Plan).*
>
> *[Dar037] is living between family members. The complexities of family money create challenges to receive payments. [Dar037] is required to have a legal guardian verify where and who she is living with. For [Dar037] to receive payments before her baby is born, Centrelink can offer special circumstances payments. For this to be possible Centrelink will need to prove [Dar037] is unsafe or family is not supporting her. [Dar037] refused for Centrelink to progress with the claim due to the trouble it would cause for her (Dar037 Pathway Plan).*

Perhaps due to a higher cost of living in the state, a high proportion of goals in Victoria (31.8%) and New South Wales (29.6%) were about gaining financial support or stability, or financial management skills. Learning budgeting skills was one of the common goals pursued by participants.

> *[Gee018] with support of Mentor, to develop a fortnightly budget, understanding outstanding bills/debts, review what is needed to set up direct debits, explore utility grant, discuss opportunities for more budget friendly bills e.g., phone bill, internet etc. (Gee018 Pathway Plan)*

Obtaining housing and physical safety made up of over 30% of the goals in three jurisdictions: Tasmania recorded the greatest number of goals in this sub-category (36.3%), followed by Queensland (34.5%) and New South Wales (31.5%).

> *[Hob039] Is on public housing register. She was offered a place but when she advised she was pregnant, she was told the house was not suitable. LOS [Letter of Support] to be written and look if priority waitlisted. Currently living downstairs in ex-boyfriend/ father of baby mother's place and has no kitchen facilities (Hob039 Pathway Plan).*

In terms of addressing transportation barriers, jurisdictions that recorded over 40% of goals related to either obtaining a driver's licence or purchasing a vehicle included Tasmania (46.3%), Queensland (44.8%), and the Northern Territory (40.5%). Considering the average age of participants, the numbers suggest that transportation issues may not be exclusive to the younger participants because the average age of participants in Tasmania and Northern Territory were the highest. The next excerpt demonstrates a Tasmanian participant's struggle with transportation.

> *[Hob005] finds catching public transport intimidating due to not knowing how and where to catch buses. She also finds it very difficult with getting on and off with a pram and children and feels judged. She has had bad experiences when having to catch buses and was followed by father of first born which has made this situation worse. Mentor has caught bus with her to assist. [Hob005] has had a bad experience with taxi also when refusing to take her with an infant although it is not against the law in Tasmania. She has also had her baby's capsule not strapped in and broken by a taxi driver. (Hob005 Pathway Plan).*

Health and wellbeing

Figure F5 provides an overview of the breakdown of health and wellbeing goals in each jurisdiction.

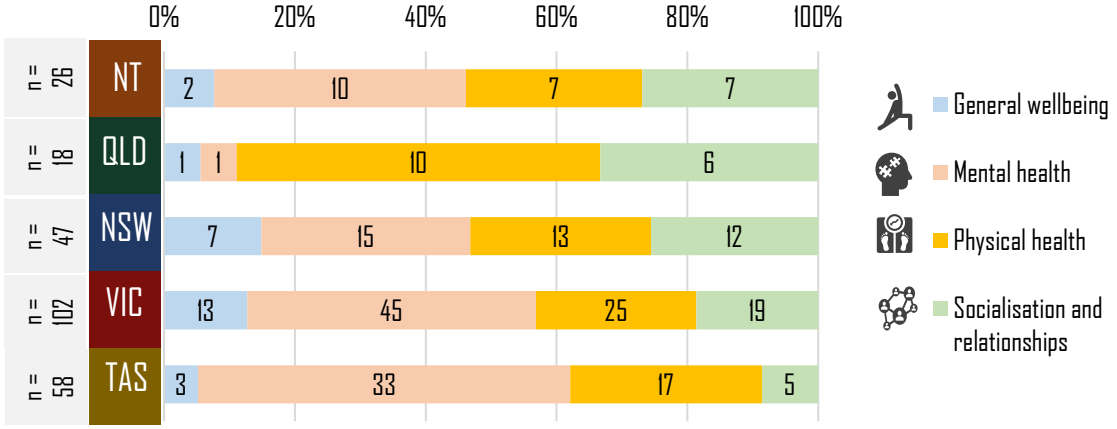


Figure F5. Types of health and wellbeing goals participants in each jurisdiction set.

In two jurisdictions over 40% of the health and wellbeing goals focusing on mental health: Tasmania (56.9%) and Victoria (44.1%). Most of the mental health goals related to accessing professional help around counselling, diagnosis, and creating a mental health plan. Fulfilling this goal may be a challenge when participants were already finding it difficult to cope with their daily mental health issues. This is highlighted by the excerpt below.

[Hob019] has wanted to address her social anxiety, anxiety and mental health but has been putting this off. She had a referral for a mental health care plan and Mentor set up [X] Clinic trauma counsellor appointment. However, she could not attend (Hob019 Pathway Plan).

Given that many participants in Queensland were expecting, it is not surprising that their health-related goals often pertain to physical health or on ensuring healthy pregnancy and birth (55.6%). In the example below, together with the support of mentor, the participant was set on regularly attending antenatal appointments and taking vitamins during her pregnancy.

[Ips021] to attend antenatal health appointments. She is to engage with social worker and midwife at the hospital. She is taking pre-natal vitamins as recommended by nurse (Ips021 Pathway Plan).

Socialisation and relationships goals were relatively frequent in Queensland (33.3%) and the Northern Territory (26.9%). Analysis of the content of the goals indicate that, in Queensland, most of these goals were geared toward making friends or joining a mothers' group. In the Northern Territory, addressing relationship issues also involve leaving a problematic relationship or mending relationships with their partner or family members.

[[Dar030] To find a network of people to connect with a community to belong to (Dar030 Pathway Plan).

[Dar023] To leave a domestic violence relationship (Dar023 Pathway Plan).

Parenting

Figure F6 provides an overview of the breakdown of parenting goals in each jurisdiction.

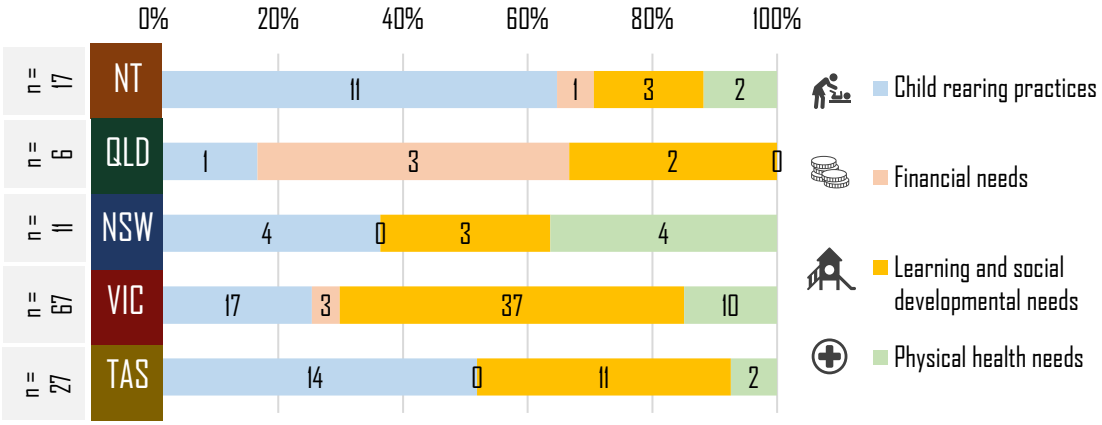


Figure F6. Types of parenting goals participants in each jurisdiction set

Goals that addressed child rearing practices or focused on developing positive parenting strategies were more common in the Northern Territory (64.7%) and Tasmania (51.9%). Some of these goals can be quite complex due to living arrangement histories between a parent and a child, such as shown in the excerpt below.

> *[Dar012] spent some time in prison during the early stages of her daughter's life. She has expressed this has not been helpful in developing strong secure parent/child attachment and she is experiencing some challenges in parenting since. [Dar012]'s mother cared for her daughter during this period and they are both adjusting to this change (Dar012 Pathway Plan)*

In Queensland, with most parents being young, 3 out of 6 parenting goals (50.0%) focused on obtaining financial support for getting baby supplies.

> *[Ips023] To be organised for baby's arrival with baby goods. Baby good have been donated but due to Covid-19 restrictions mentor unable to drop off. Mentor is organising courier to deliver goods (Ips023 Pathway Plan).*

Parenting goals that addressed the learning and social developmental needs of a child involved those that focused on obtaining childcare, enrolling in school, and achieving an overall positive learning and social outcomes for the child. In Victoria, 55.2% of parenting goals fell within this category. Among them, childcare issues were commonly raised (see example below). Addressing children's learning and social developmental needs was also common in Tasmania, making up to 40.7% of the parenting goals in the state.

> *[Gee064] advised that her child is currently on a waitlist for day-care and only attends if there is room available. She hoped that in 2021 she can have more consistent days for her child to attend day-care (Gee064 Pathway Plan).*

Education and training

Figure F7 provides an overview of the breakdown of education and training goals in each jurisdiction.

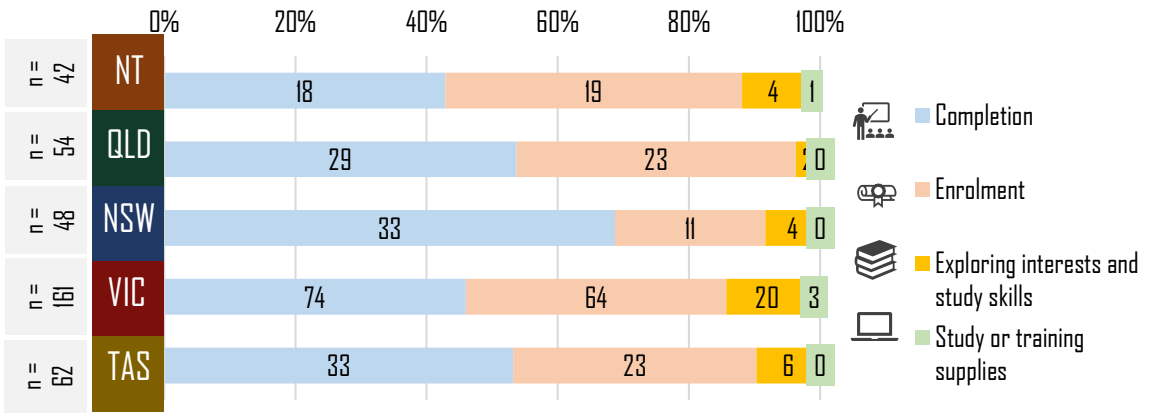


Figure F7. Types of education or training goals participants in each jurisdiction set

Across all jurisdictions, when an education or training goal was set, participants most often focused on either completing or enrolling in an education program. Systematic barriers to participation in education for young parents can make enrolling into an education program challenging. The example below demonstrates a participant's struggle to proceed with enrolment, despite having received an offer to enrol.

> *[Hob015] was accepted into the course but was unable to complete the required Literacy/ Numeracy assessment, as she doesn't have access to a computer and [the institution] was not allowing use of their facilities for this. Mentor set up use of computer at [X] Neighbourhood Centre, but [Hob015] said she did not have transport (Hob015 Pathway Plan).*

Even after successfully enrolling into an education or training program, young parents may experience challenges to complete their education. These challenges can be related to disabilities or being in crisis, or to reasons that are based on prejudice against expecting and parenting young parents. The next example shows a participant being threatened by fellow students in her school.

> *[Ips021] has been attending school but had some issues with male students threatening her. School is aware and dealing with the issue (Ips021 Pathway Plan).*

A small proportion of the education and training goals involved participants seeking mentor's support to explore interests or study options, or improve study skills. Most of these goals (12.4%) were set by participants in Victoria.

Employment

Figure F8 provides an overview of the breakdown of employment goals in each jurisdiction.

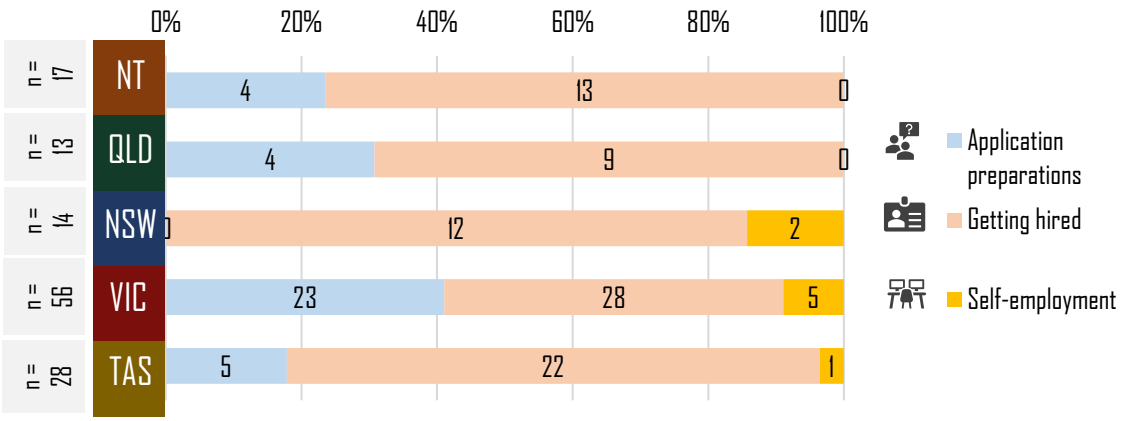


Figure F8. Types of employment goals participants in each jurisdiction set

In all jurisdictions, most of the employment goals that participants set related to being successfully hired. Based on mentors' notes on the pathway plans, participants' barriers to employment may be related to caring responsibilities or to learning difficulties. Below is an example of a participant whose intellectual delays influenced his capacity to find employment.

> *[Wyo003] has intellectual delays and has trouble reading and writing. He will hopefully agree to some of the assistance offered to help him overcome such barriers to obtain work. Mentor working with [Wyo003] to encourage motivation (Wyo003 Pathway Plan).*

In several cases, particularly in Victoria, mentors supported participants with putting together a resume or practising for a job interview (41.1% of employment goals focused on job application preparations).

Establishing a pathway towards self-employment was not a common goal amongst participants. However, a few participants considered this option, particularly in Victoria (8.9% of the employment goals) and New South Wales (14.2% of the employment goals). Examples include participants looking into developing a portfolio for a freelancing work (e.g., photography).

Appendix G: Goals achieved by participants

The follow-up analysis presented in these appendices is an extension to the process evaluation of the SEPT program, which aimed to examine the implementation process of the SEPT program, including the benefit of SEPT to the expecting and parenting teen parents involved (see 6.1 and 6.2) and evidence of the program benefit against the program's broad aims (see 6.3). Here, findings on goal achievements are presented at the participant level (for the 385 participants) and at the goal type level (for the 1,326 goals set).

Number and proportion of participants who have met at least one goal

Of the total 385 participants, almost four-fifths (n=304, 78.9%) achieved at least one goal while in the program. This is high given that only 45% of participants exited SEPT because they had completed the program.

The proportion of participants with this achievement in each jurisdiction was relatively equivalent to the overall proportion, with only minor variations (see Figure G1).

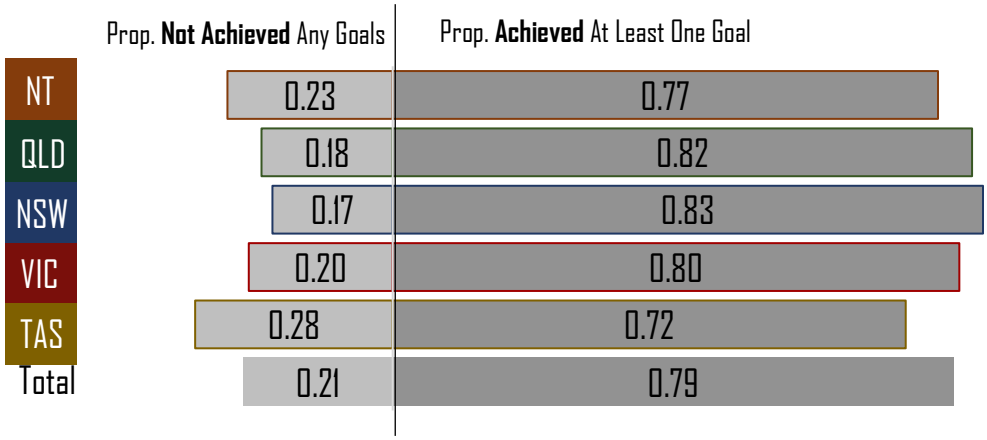


Figure G1. Proportion of participants who did not achieve and who did achieve at least a goal by jurisdiction.

The average number of goals participants achieved was about two goals (*Mean* = 2.30, *Standard deviation = 1.98*).

Rounding to the nearest whole number, Figure G2 provides an average number of goals participants achieved in each jurisdiction.

In most jurisdictions, except Victoria, participants achieved about two goals while in the program. Participants in Victoria achieved slightly more goals with an average of about 3 goals per participant.

Figure G2. Average number of goals each participant achieved in each jurisdiction

Of the participants with education, training, or employment goals (see Figure F3), 71.8 % or 199 out of 277 participants achieved at least one of their goals in that category. Figure G3 shows that the proportion of participants in Tasmania who achieved their education, training, or employment goal(s) was lower (57.1%), particularly when compared with the Northern Territory (80.6%), New South Wales (72.5%), and Victoria (78.8%).

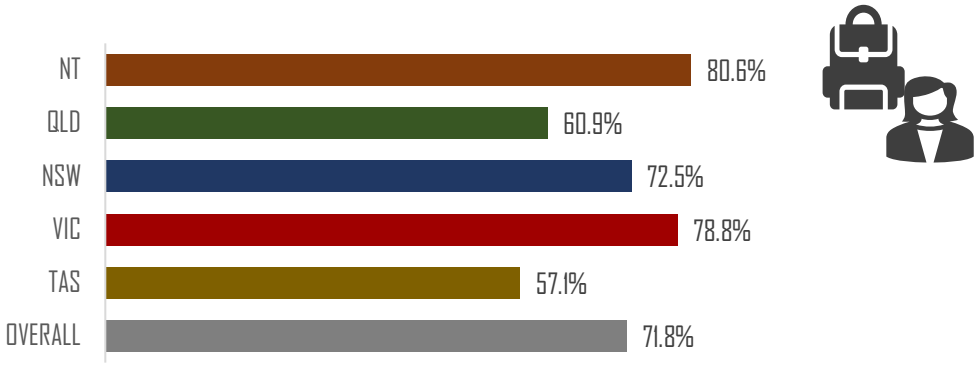


Figure G3. Proportion of participants in each jurisdiction who achieved at least one education, training, or employment goal (based on participants who had set at least one such goal).

Number and type of goals that were met

With the goal types arranged in alphabetical order for each jurisdiction, Table G1 provides information on the proportion of goals that were achieved in each category. Based on the information collected from the pathway plans, goal achievement data were categorised into the following:

(a) achieved,
(b) not *yet* achieved,
(c) not achieved, or
(d) not indicated.

Goals that were categories as "not yet achieved" included goals that participants had begun pursuing while in the program, but did not complete during their enrolment in SEPT. Some of these goals may be an ongoing pursuit, such as maintaining positive mental health or developing positive parenting strategies. Some goals such as completing a course or obtaining a full driver's licence may take longer to complete than participants' time in the SEPT program, and therefore were still in progress. Tasmania had a higher proportion of goals that were indicated as being in progress or not yet achieved (36.4% or about a third).

Related to data management issue, there was no information recorded to enable an assessment of achievement for 9.6% of goals. In New South Wales, the proportion of goals without the necessary information was 25.2% or about a quarter. Hence, the following findings should be treated with some caution.

Overall, over half of the set goals were achieved (62.7% or 831 out of 1,326 goals). Victoria had a higher proportion of achieved goals than the overall percentage (70.9%). The proportion of achieved goals was relatively similar to the overall percentage in Queensland (65.1%) and the Northern Territory (63.3%). The proportions of achieved goals in New South Wales (58.0%) and Tasmania (43.5%) were lower than the overall percentage. This may be associated with a higher proportion of missing data ('not indicated', 25.2%) in New South Wales and of goals in progress (not yet achieved, 36.4%) in Tasmania.

Table G1. Number (and proportion by row total) of goals and their achievement in each jurisdiction, overall and for goal categories

	Achieved	Not YET achieved	Not achieved	Not indicated	Total
NT	**88 (.63)**	**26 (.19)**	**19 (.14)**	**6 (.04)**	**139**
Basic needs & life skills	19 (.51)	11 (.30)	7 (.19)	0 (.00)	37
Education & training	30 (.71)	5 (.12)	5 (.12)	2 (.05)	42
Employment	12 (.71)	2 (.12)	2 (.12)	1 (.06)	17
Health & wellbeing	16 (.62)	5 (.19)	4 (.15)	1 (.04)	26
Parenting	11 (.65)	3 (.18)	1 (.06)	2 (.12)	17
QLD	**97 (.65)**	**27 (.18)**	**12 (.08)**	**13 (.09)**	**149**
Basic needs & life skills	41 (.71)	8 (.14)	4 (.07)	5 (.09)	58
Education & training	30 (.56)	14 (.26)	7 (.13)	3 (.06)	54
Employment	6 (.46)	3 (.23)	1 (.08)	3 (.23)	13
Health & wellbeing	15 (.83)	2 (.11)	0 (.00)	1 (.06)	18
Parenting	5 (.83)	0 (.00)	0 (.00)	1 (.06)	6
NSW	**101 (.58)**	**19 (.11)**	**10 (.06)**	**44 (.25)**	**174**
Basic needs & life skills	32 (.59)	8 (.15)	4 (.07)	10 (.19)	54
Education & training	26 (.54)	4 (.08)	3 (.06)	15 (.31)	48
Employment	7 (.50)	0 (.00)	2 (.14)	5 (.36)	14
Health & wellbeing	29 (.62)	7 (.15)	1 (.02)	10 (.21)	47
Parenting	7 (.64)	0 (.00)	0 (.00)	4 (.36)	11
VIC	**432 (.71)**	**82 (.13)**	**51 (.08)**	**44 (.07)**	**609**
Basic needs & life skills	148 (.66)	44 (.20)	18 (.08)	13 (.06)	223
Education & training	107 (.66)	20 (.12)	18 (.11)	16 (.10)	161
Employment	45 (.80)	5 (.09)	4 (.07)	2 (.04)	56
Health & wellbeing	79 (.77)	10 (.10)	6 (.06)	7 (.07)	102
Parenting	53 (.79)	3 (.04)	5 (.07)	6 (.09)	67
TAS	**111 (.44)**	**93 (.36)**	**29 (.11)**	**22 (.09)**	**255**
Basic needs & life skills	42 (.53)	27 (.34)	6 (.08)	5 (.06)	80
Education & training	26 (.42)	20 (.32)	11 (.18)	5 (.08)	62
Employment	7 (.25)	10 (.36)	9 (.32)	2 (.07)	28
Health & wellbeing	21 (.36)	26 (.45)	5 (.09)	6 (.10)	58
Parenting	17 (.63)	6 (.22)	2 (.07)	2 (.07)	27
OVERALL	**831 (.63)**	**242 (.18)**	**125 (.09)**	**127 (.10)**	**1326**
Basic needs & life skills	282 (.62)	98 (.22)	39 (.09)	33 (.07)	452
Education & training	219 (.60)	62 (.17)	44 (.12)	41 (.11)	367
Employment	77 (.60)	20 (.16)	18 (.14)	13 (.10)	128
Health & wellbeing	160 (.64)	50 (.20)	16 (.06)	25 (.10)	251
Parenting	93 (.73)	12 (.09)	8 (.06)	15 (.12)	128

Comparing between goal types, the data indicate that a higher proportion of basic needs and life skills were achieved in Queensland (70.6%), Victoria (66.3%), and New South Wales (59.2%) compared to the Northern Territory (51.3%) and Tasmania (51.3%).

The Northern Territory had more success obtaining education and training goals (71.4%), employment goals (70.6%), parenting goals (64.7%), and health and wellbeing goals (61.5%).

Queensland and New South Wales seemed to face more challenges for obtaining education or training (55.6% and 54.1% achieved respectively) and employment (46.1% and 50.0% achieved respectively) goals but were more successful at achieving the other types of goals.

Victoria seemed to have more success in achieving all types of goals, particularly employment (80.4%), parenting (79.1%), and health and wellbeing (77.5%).

In Tasmania, with the exception of parenting goals (63% of these goals were achieved), participants seemed to have difficulties obtaining the other types of goals, particularly employment (25.0%) and health and wellbeing (36.2%) goals. Again, this may be associated with a higher proportion of goals in progress (not yet achieved, 36.4%) in Tasmania.

Time taken to complete a goal

Figure G4 provides an overview of the average length of time (in days) participants in each jurisdiction took to complete each goal type.

This finding must be treated with caution, because the date for when a goal was set or for when a goal was achieved was not always provided in participants' pathway plans.

Overall, education and training goals took the longest time to achieve with an average time taken being 172.3 days or 5 to 6 months. Compared to the overall average, participants in the Northern Territory spent an additional month (6 to 7 months) on education and training goals. In contrast, Tasmanian participants took about a month less than the average to complete education and training goals, with an average of 147 days or 4 to 5 months.

Parenting goals had a larger time range in terms of completion length. Queensland participants took an average of 86.3 days or 2 to 3 months, whereas Tasmanian participants took an average of 9 months (or about three times longer) to achieve their parenting goals. Queensland participants also took the shortest amount of time to obtain their employments goals with an average of 86 days or 2 to 3 months. Tasmanian participants took the longest time to complete employment goals with average of 184.6 days or an additional 4 months compared to Queensland. These differences could be associated with participants' age (Queensland 17.5 years old, on average; Tasmania 20.7 years old, on average; see Figure B3); or with the age of the participants' children (Queensland 0.7 years old, on average; Tasmania 2.5 years old, on average; see Table C1).

In terms of obtaining basic needs and life skills goals, participants in the Northern Territory took the shortest amount of time (86.3 days or 2 to 3 months), whereas participants in New South Wales and Tasmania took longer to achieve these goals (173.4 days and 177.7 days respectively or 5 to 6 months).

New South Wales participants took the shortest amount of time to complete their health and wellbeing goals, with an average of 103.3 days or 3 months. In contrast, Victoria took the longest amount of time to complete the same type of goal, with an average of 176.3 days or an additional 2 to 3 months compared to New South Wales.

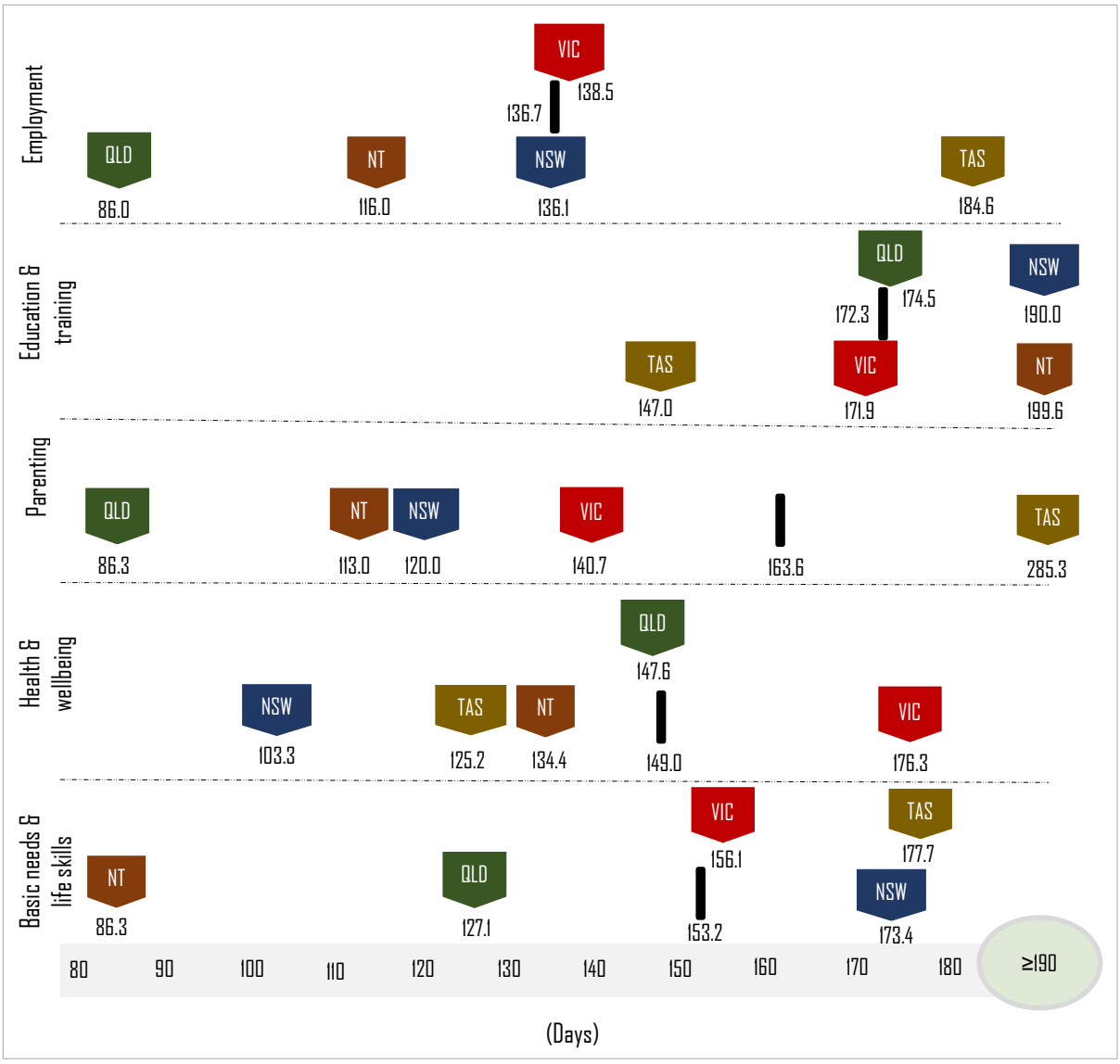


Figure G4. The average time (in days) participants in each jurisdiction took to achieve a goal by category.

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Peter Underwood Centre

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