Supporting young parents

Rhys Price-Robertson

Young parents face the challenge of meeting not only their own developmental needs at a time of significant growth, but also the needs of their children. The challenge for practitioners and policy makers is to create a range of supports that respond to the needs of both young parents and their children. If this is achieved, then teenage parenthood need not be a negative experience; rather, it can become a catalyst for growth and positive life outcomes.

Adolescence and young adulthood are periods of rapid biological, psychological, and social change (Arnett, 2006; Viner, 2005). Despite the popular idea that these phases of life are inevitably associated with “storm and stress”, evidence suggests that the majority of young people progress through adolescence and young adulthood with few major difficulties (Daniel, Wassell, & Gilligan, 1999; Schulenberg & Zarrett, 2006). A proportion of young people, however, do experience significant life challenges that threaten their ability to achieve their full potential.

Teenage parenthood is one challenge that can have a considerable impact on a young person’s life and is associated with a number of adversities. For example, it is more likely to occur for young people from a low socio-economic background, who are under-achieving in their education, who misuse drugs and/or alcohol, or who engage in antisocial behaviours (Woodward, Horwood, & Fergusson, 2001). In turn, young parenthood can act to further entrench some of these problems and perpetuate a cycle of disadvantage for both the young parent and their child (e.g., by limiting the young parent’s ability to engage in education, it can lead to further underachievement in education) (Fergusson & Woodward, 2000; Jaffee, 2002). Additionally, young parents often face substantial social stigma. For example, many young mothers report experiences of judgment or even hostility in their dealings with social service institutions, education providers, and health care facilities (McDermott & Graham, 2005).

The difficulties of teenage parenthood, however, are not the whole story. The challenges of being a young parent are often accompanied by significant personal growth and satisfaction. Many young parents indicate that having a child motivated them to cease risky or antisocial behaviours and lifestyles, and imbued their lives with a newfound sense of purpose, maturity, and responsibility (Mendes, 2009).

PRACTICE CONSIDERATIONS

Practice considerations are general principles based upon lessons from research and practice designed to provide additional guidance to service providers about specific issues relating to children and families.
What methods can child and family services use to support young parents?

Young parents face many of the same challenges as other parents. Thus, the childrearing supports and strategies recommended will often be the same for all; a teething infant, for example, requires the same intervention regardless of the parent’s age.

However, young parents are not only undergoing major developmental changes themselves, but may also face stressors that are not experienced to the same extent by other parents (e.g., social stigma). This necessitates that support for young parents is delivered in a manner that is sensitive to their particular experiences and needs. Additionally, each young parent will present with individual needs arising from their personal history and current life context. The role of the service provider, then, is to understand the shared and individual needs of young parents and to develop services that respond to these needs.

Develop a holistic understanding of the young parents’ lives and their developmental phase

The first step towards providing appropriate care for young parents is to develop a general understanding of adolescent biological, psychological and social development. This provides a framework with which to understand the elements underlying a young person’s current presentations and behaviours. If possible and appropriate to obtain, comprehensive individual case histories can further enhance the quality of an intervention.

Biological

- Adolescence is a time of rapid brain and cognitive development. Knowledge of brain development (and particularly of those brain systems that are relatively late to develop) may help service providers to better understand some of the attitudes and behaviours of young parents (see text box below).

- Some teenage mothers have a limited understanding of sexual health, effective contraceptive methods, and/or the reproductive process (Moore & Rosenthal, 2006).

- Proper nutrition is important for all pregnant women and mothers with young children. However, it can be particularly important for young mothers; early pregnancy exposes both

---

The adolescent brain

Over the past 15 years, technologies such as Magnetic Resonance Imaging (MRI) have allowed a major expansion in the understanding of brain and cognitive development during adolescence and young adulthood. An overarching message of this research is that teenagers and young adults are not as neurobiologically mature as was once believed (Paus, 2005; Steinberg, 2009).

The areas of the brain associated with everyday skills and basic information processing reach adult levels of maturity by mid-adolescence. However, this does not mean the brain is fully mature at this point. The brain systems involved in evaluating risks, delaying gratification, and controlling behaviour do not mature until late adolescence or early adulthood (Steinberg, 2009).

Young adulthood marks the beginning of more nuanced ways of thinking, especially in regard to complex social and ethical issues (Bennett & Baird, 2006; Labouvie-Vief, 2006).
mother and child to risk due to a potential competition for energy and nutrients between the
still-developing mother and her in-utero child (World Health Organization, 2005).1

Psychological

- Postpartum (or postnatal) depression is very common among young mothers. Research
  indicates that over half of adolescent mothers exhibit depressive symptoms within the first
  3 months of motherhood (Hudson, Elek, & Campbell-Grossman, 2000; Logsdon, Birkimer,
  Simpson, & Looney, 2005).
- Low self-esteem and feelings of loneliness are also common problems for young parents,
  especially for those who have limited social support (Hudson et al., 2000).

Social

- For young mothers, parents (and especially mothers) often provide invaluable emotional,
  financial, and practical support for childrearing (McDermott & Graham, 2005).
- When working with young families, it is not enough to simply understand the structure of
  the family (e.g., the number, gender, and co-habitation status of parents). Family processes
  (e.g., parenting practices, parental relationships) are more powerful determinants of child
  wellbeing and long-term outcomes than family structure (Amato & Fowler, 2002; McIntosh,
  Burke, Dour, & Gridley, 2009).
- Many young mothers strive to provide a “traditional” or nuclear family structure, even in the
  absence of the child’s father. This can involve the promotion of attachment and the delegation
  of disciplinary power to other caregivers (such as their own mother, a sibling, or other family
  members) (Nelson, 2006).

Questions to consider in planning and delivery of services

- How would finding out from individual young parents about their family of origin, their major life experiences,
  and their use of social supports and health services (i.e., undertaking a comprehensive case history) assist with
  planning the services you are able to provide?
- Due to natural developmental processes, adolescents may have trouble evaluating risks, delaying gratification,
  and controlling behaviour; does your program take into account the changes that occur in the brain throughout
  adolescence and young adulthood?
- Do the young parents in your program have a good understanding of sexual and reproductive processes? Does
  your service provide advice or outside referral to those who have a limited understanding?
- Are the participants of your service aware of the nutritional needs of themselves and their baby? Does your
  service provide diet or lifestyle advice (e.g., literature on good eating habits)? If necessary, does your service
  provide referral to dieticians or general physicians?
- Are your staff aware of the signs and symptoms of postpartum depression? Do staff understand the ways in
  which low self-esteem and loneliness can manifest in a young parent’s life? Does your service provide referral
  to appropriate mental health specialists?
- Does your program make efforts to understand both the family processes and the family structure of young
  parents? Are there family members or other individuals who play important roles in the lives of the young
  parents engaged in your program? If appropriate, is there an option to include family members or other
  important people in any of your program’s activities?

---

1 For a detailed guide to nutrition for young people, see: Victorian Government Department of Human Services (2005).
Be sensitive to the needs of young parents when delivering services

Working with young parents requires sensitivity to a number of unique factors that may influence their ability or willingness to participate in programs.

- Due to the social stigma surrounding young parenthood, young parents tend to respond more positively to practitioners who are non-judgmental, and who understand and accept the realities of young parenthood (Malin & Morrow, 2009; Soriano, Clark, & Wise, 2008).

- As there are connections between young parenthood and factors such as low levels of educational attainment and antisocial behaviour, it is possible that young parents will have had negative experiences with school teachers or other authority figures. People who have had such experiences often do not respond well to unidirectional or excessively authoritarian teaching styles (Baker, Clark, Crowl, & Carlson, 2009).

- Very few school-aged mothers complete secondary school. For many of these mothers, this is because a number of preventable barriers to continued schooling are not addressed. These barriers include inflexible school policies and procedures, a lack of adequate child care and transportation, and other practical difficulties that make continuing education very difficult (Barling, 2007).

- Education with young parents works well when it is conducted in a reasonably relaxed and unstructured way, and when the young parents are allowed to have input into the content of the program (Malin & Morrow, 2009; Soriano et al., 2008). Many young parents find it particularly important that they are not “told what to do”, but rather “treated as an adult” or “like an equal” (Malin & Morrow, 2009, p. 499).

- Crucial to the success of many programs for young parents is the provision of free childcare (which is often undertaken through a collaboration with a child care service). This not only “frees up” the parent to focus on the program, but it also provides the child with a positive socialising experience (Soriano et al., 2008).

- Accessibility is an important consideration for many young parents. They are more likely to participate in programs or activities that are accessible by public transport, or that provide transport to participants (Soriano et al., 2008).

Questions to consider in planning and delivery of services

- If young parents are eligible to use your service, are they attending the service? If not, what might be the reasons for their lack of engagement?

- Is your service “youth friendly”? Does it provide activities that would be appealing to young people (i.e., informal and largely unstructured)?

- Does your service provide encouragement and support for young mothers to complete their secondary education? Have you considered working with local schools to provide flexible, parent-friendly policies and procedures?

- Is your service able to provide childcare?

- Is your program easily accessible by public transport? Can the young parents afford the costs of transport? Is the provision of transport (e.g., a mini-bus) to and from activities a viable option?

---

2 The Association of Women Educators has produced a number of excellent documents (e.g., Boulden, 2000; 2003) that showcase the models and practices of parent-friendly secondary schools, and that are designed to “help school staff, parents and communities work towards making their school a welcoming and supportive place for pregnant and parenting students”. These documents can be accessed at <www.awe.asn.au/publications.php>.
Remember young fathers

Contrary to the stereotype of the irresponsible and disinterested adolescent father, many young fathers seek to remain actively involved with their child (Duncan, 2007).3

- Financial insecurity or confusion about child care are the factors most likely to lead to a father’s disinterest in or non-involvement with a child (Rhein et al., 1997).
- Many services for young parents fail to provide environments that are appropriate and engaging for young fathers (Osborn, 2006). For example, young fathers may feel uncomfortable attending a playgroup where they are the only male parent.
- Separate male-only services may offer an alternative, as might services that offer a degree of anonymity as an antidote to embarrassment (e.g., an internet chat-site for young fathers).

Questions to consider in planning and delivery of services

- If your program works predominantly or solely with young mothers, are attempts made to understand the position of the father?
- Does your service encourage the involvement of fathers?
- Can you offer alternate activities or services that will engage young fathers (e.g., male-only activities, a young fathers internet forum)?

Adopt a strengths-based approach

In the past, many child and family welfare service providers subscribed to what has been called the “at-risk paradigm”. That is, they focused almost exclusively on the problems and vulnerabilities of their target group. There has been a considerable recent shift towards providing services that use a “strengths-based approach”.

- In relation to young parents, a strengths-based approach involves a shift in perception, from seeing young parents solely as people who are at risk, to seeing them as people who are experiencing challenging circumstances but who, with the right support, can achieve positive age-appropriate outcomes. Put simply, this approach involves helping young parents to thrive, rather than simply to survive (Wolin, 1999).
- Practitioners and policy makers who adopt a strengths-based approach will work on two fronts. Firstly, they will help young parents to minimise both existent problems, as well as the risk factors for future adverse outcomes. Secondly, they will support young parents to identify their own strengths and to work towards positive personal and interpersonal outcomes that involve more than simply the absence of risk.

Questions to consider in planning and delivery of services

- How does your service utilise a strength-based approach in its work with young parents? Do your staff understand the difference between the “at-risk paradigm” and a strengths-based approach?
- In what ways does your service help young parents to identify their own skills and strengths?
- Does your service encourage young parents to set positive, age-appropriate goals that involve more than simply the absence of risk?
- Does your service actively challenge the stereotypes of young parenthood?

3 For more information on engaging fathers in child and family services, see: Berlyn, Wise, & Soriano (2008); Tehan & McDonald (2010).
Collaborate with other local community groups and services

Collaboration between social service providers and other local community groups and services is often beneficial for all involved.

- Collaboration is especially useful when working with the complex issues around vulnerable and at-risk families (e.g., young parent families). Programs that form partnerships and collaborations with other local community services are better able to handle the diversity and complexity of young parent’s needs (Soriano et al., 2008).

- Some examples of organizations and services that existing parenting programs have collaborated with are: child care centers, health care and sexual health clinics, mental health services, schools, TAFE and other education providers, cultural centers and organisations, government sectors (e.g., housing, family services), book libraries, and toy libraries (Soriano et al., 2008).

- Specific examples of a successful collaboration between a social service provider and other organisations come from the Strong Young Mums program (profiled in the case study), a
program in which many of the participants are Aboriginal women. As well as regularly consulting with the local TAFE Aboriginal unit for cultural guidance, the program has created relationships with Aboriginal support workers, Aboriginal health workers, and the Aboriginal Family Support workers. Perhaps most innovatively, a partnership has been formed with National Parks and Wildlife. Under guidance of the Aboriginal wildlife ranger, the women engage in activities that connect them with the history, rock art, and ceremonial practices of the local Ngemba people.

The Australian Young Pregnant and Parenting Network (AYPPN) was recently established to “connect all those working to improve outcomes for pregnant and parenting young people and their children, and to advocate for better policy and program support”. Their website may be a good place to start to find similar groups and service providers with which to share information and collaborate.

Questions to consider in planning and delivery of services

- What services and community groups are available in the local community for young people? How might your service develop a collaborative relationship with these organisations? Are there local networks or partnerships of service providers that your service can join?
- Are other local groups or service providers aware of your service?
- Are young parents presenting to your service with needs and problems that your service is unable to meet (e.g., complex mental health problems, lack of adequate housing). Can your service target your collaborative efforts to local services that provide support for these particular needs and problems? And are those services sensitive to the needs of young people?

Author

Rhys Price-Robertson is a Research Officer at the Australian Institute of Family Studies.

Acknowledgements

The author acknowledges the valuable contributions of Myfanwy McDonald, Elly Robinson, and Leah Bromfield in the preparation of this practice sheet. Thanks to Daryl Higgins for comments and feedback.

References


