

***Talking Realities.....young parenting:
A peer education program***

***An evaluation of three years of implementation
in Victoria
2005-2008***

An initiative of the Kingston Bayside Primary Care Partnership and
the Central Bayside Community Health Services

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Executive Summary

Background

In 2005, *Talking Realities – young parenting peer education program* was established in the Southern Metropolitan Region of Melbourne in the Kingston Bayside Primary Care Partnership catchment area under the auspices of the Central Bayside Community Health Services. It is based on a South Australian model and was purchased with funds of \$26,000 from the Victorian Department of Human Services School Focused Youth Services Grants. The following year the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs made a grant of \$188,247 allocated over three years to June 2009.

The goals of the program are firstly “*to improve the social health outcomes for young parents (peer educators) and their children living in Kingston and Bayside*” by means of:

1. increasing the ability of young parents to take on a peer educators’ role
2. increasing peer educators’ access to formal and informal education and employment opportunities
3. building resilience, self confidence and self esteem in peer educators
4. increasing peer educators’ access to education on nurturing, child development and behaviour and health needs of children, and
5. increasing peer educators’ knowledge and use of community services.

And secondly “*to improve the ability of young people in Kingston and Bayside to make informed choices about parenting and their health*” by means of:

6. increasing young people’s knowledge and realistic awareness of the potential short and long term consequences of early parenting
7. increasing young people’s understanding of sexual health issues, and
8. increasing young people’s knowledge of local community based support services.

Implementation

Thirty two young mothers have been recruited and trained to be peer educators over three training programs in 2005, 2007 and 2008. They ranged in age at recruitment from 19 to 24 years having had their first child between the ages of 15 and 21. The majority left school before completion of Year 12, with one third leaving after year 10 or below. The training consists of a weekly commitment of 4 to 5 hours over 26 weeks, free child care is provided on site at the accessible training venue in a local neighbourhood house/adult education centre. Successful completion of the training results in 6 of the 13 units required for a Certificate 3 in Community Services Work. The trained peer educators are then offered casual part time employment making presentations in schools. They can continue to do this until they reach 25 years, at which time they are “retired”.

To maintain engagement and support of the trained peer educators, the program provides a weekly playgroup, a regular newsletter, invitations to various events and celebrations such as occasional update training sessions, peer educator graduations, media opportunities, and the launch of the *Dads’ DVD* that was completed in mid 2008 to complement the school presentations. Where necessary, intensive case management support is offered to the young parents as many of them encounter a variety of challenging issues such as homelessness, violence, family breakdown and mental health issues.

The first cohort of trained peer educators graduated in late 2005 and since then 102 *Talking Realities* presentations have been made in ten local secondary schools and two adult education centres, reaching over 2000 young people in Years 9, 10 and 11.

The evaluation

With the relatively limited resources available, the evaluation concentrated on the impact of the program via an analysis of program documentation, telephone and face to face interviews with peer educators, school liaison staff, program staff and steering committee members and other stakeholders (55) in auspice and funding bodies, and analysis of 1500 feedback questionnaires completed by school students and 86 questionnaire responses from their teachers.

The impact of the program on the young parents

Confidence self esteem, psychological well-being, optimism social connection and friendships
For the 32 young women who have trained as peer educators, there has been a significant increase in their confidence and self esteem. They now have a network of friends and supporters, as well as connections with supportive staff in community health, children's services and education. They also have increased communication and relationship skills and a sense of self worth, they feel they are doing something worthwhile that is valued by the community by sharing their experiences to help others. Also evident is their optimism and their newfound capacity to challenge negative stereotypes of single or youthful mothers and not least, their increased parenting capacity. The friendship networks that have developed between the young peer educators have been extremely valuable aspect of the program. These together with participation in the training, and the presentations have brought about a decrease in loneliness, isolation and depression and a significant increase in the social connectedness and the psychological wellbeing of these young women even for those who actually delivered very few sessions in schools.

Participation in training, education and employment. With the improved self esteem, confidence, wellbeing and sense of inclusion, these young parents have been able to make (and activate) plans for the future and specifically to make education, training and employment plans which over time seem likely to provide the route away from any disadvantage early parenting may have brought. Half of the 2005 and 2007 trained peer educators are now in permanent full or part time work. The 2008 cohort were still in training at the time of the evaluation. Two thirds of the young parents trained as peer educators in 2005 and 2007, are engaged in further training of any kind. And of the eight who are not in further training, three are in full time work, three are parenting full time and two are in part time work. All peer educators report plans for the future that involve further training and labour market participation, when prior to participation, many had felt that mothering was going to be a full time job for many years to come.

Increased parenting skills and knowledge. Through participation in the program, the young parents gained support, understanding and skills that they feel have improved their capacity as parents and role models to their children. They also gained a mutually supportive network of other young mothers with whom to share their concerns, and from whom to get advice and practical and emotional support in their parenting role.

Increased knowledge of community services. Most of the young women report that they had learnt about available community services through their participation in *Talking Realities*, and some had used these services especially when they themselves faced a crisis. However, many said that they used this new knowledge to advise others rather than for themselves.

Other benefits of program participation include improved relationships with their partner, their parents and their children due to their involvement in something 'worthwhile', their clearer communication and relationships skills and their increased confidence as mothers. . Quite a number of the young women, especially those who have limited family support or who have faced challenges in terms of homelessness, family violence, mental health and parenting, have received strong and intensive support and advice from the program staff and managed to weather storms that may have had much more serious consequences without the program support. .

Impact of the program on the students

The students in the twelve educational settings where Talking Realities presentations have been made have significantly increased their knowledge and realistic awareness of the potential short and long term consequences of early parenting. In addition, their school based learning about sexual health issues has been reinforced and extended and its relevance to their own lives and experiences has been sharpened. To some extent they have also increased their knowledge of local community based support services, particularly in relation to youth specific contraceptive and sexual health advice and support.

Whilst it was never a goal of the program to reduce the rate of teenage pregnancy in the area, it seems highly likely that with greater knowledge and awareness and an increased capacity to make considered, informed and supported decisions about sexual behaviour and sexual health, then unplanned pregnancies may be less likely to occur, and if the young people proceed with an unplanned pregnancy then this is likely to be within a supportive and considered environment. There are indications that the young people are translating the increased knowledge and awareness from the Talking Realities presentations into behaviour change as evidenced by reports of increased visits to school nurses and community health services for support in sexual health issues and contraception.

Teachers gave overwhelming support to the program with over 90% reporting that it was beneficial to the students, the students understood the issues and the material was relevant. They commented that the presentations reinforced and extended messages they had been teaching in sexual health and relationships courses, really brought home the consequences and realities of early parenting and in most cases gave students the motivation and skills to make more informed choices about sexual behaviour.

The program has also had an impact on the participating agencies and their staff

The program has built up cross agency collaboration especially between community health and schools, the local TAFE college and the adult community learning centre which has been the site for training and for child care.

The program has also provided positive modeling of health promotion. Workers in various agencies, but particularly in community health, mentioned the benefit Talking Realities gives in that it models successful health promotion activity and inspires others to see health promotion and prevention activities as possible. This modeling is reported to result in a greater appreciation of what working with a health promotion/prevention focus can achieve and gives community health staff the motivation to move beyond a clinical approach.

The achievements of the program has also been a source of agency pride and public recognition. Talking Realities has been a program that agencies and agency staff are proud of and that they

feel can be promoted to and supported by the community health centre and the community. Management and other staff report positive media attention and overall good publicity for the organisation around the achievements of the Talking Realities program, as well as significant support from local community stakeholders.

The achievements of the peer educators have challenged negative attitudes to young parents. The personal growth and the many achievements of the young parents have shifted many people's thinking and the program now presents a real challenge to stereotyped views about young parents. In addition, many agency and school staff have seen the value of a peer education approach especially when working with teenagers. Talking Realities has also given workers (and others) a sense of hope about the future for young parents and their children.

Key factors contributing to the success of the program

A number of factors have contributed to the achievements of the program, including:

- Well researched foundations and reflective implementation combined with integrated process evaluation strategies
- High quality program management by the program co-ordinators, the peer leaders and the health centre management
- Continuity of staffing and effort enabling the retention of expertise and program knowledge
- The provision of child care, intensive casework and long term engagement strategies to support the young parents
- Qualifications, remuneration and leadership opportunities for peer educators leading directly on to further education
- Networking and partnerships with local organisations especially across health and education.

Challenges faced by the program

The program has faced a few challenges over the years, many of which have been overcome.

- Building supportive child care arrangements took time and care to meet the needs of young parents and to build their confidence to use child care.
- Maintaining peer educator involvement over time, a number of strategies do this very effectively now.
- Capturing and presenting young fathers' point of view remains a challenge but the *Dads' DVD* goes some way to overcoming this.
- Engaging schools and maintaining that engagement in the face of high staff turnover and the very busy school environment.
- Broadening local support and involvement in the program across agencies beyond the key players.
- Establishing and maintaining an effective data collection and analysis system and building in ongoing impact evaluation strategies to complement the excellent process evaluation work already done.
- Securing on-going funding to sustain the program to ensure existing gains for young people are maintained and built upon.

Conclusion

The *Talking Realities* program run through Central Bayside Community Health Services has been a model of successful health promotion in action. It has developed effective management and peer leader facilitation strategies, peer educator training, intensive case management for

those young parents who need it, child care arrangements, long term engagement strategies and school presentation approaches. The impact on the young parents is significant and life changing, leading to high rates of participation in training, education, and employment, and perhaps more importantly significant gains in confidence, self esteem, social connection and parenting, communication and relationship skills.

Finally, whilst this evaluation was not designed to be a cost effectiveness study, it is suggested that should a study of this nature be carried out in the future, it may well conclude that the investment of resources to engage, support and train young parents to run peer education sessions in schools is more than repaid by the resources saved in the long term as a result by improved mental health of the young parents, their participation in the labour market and the improved long term life chances of their children.

As Shaw et al (2006) concluded in their longitudinal study of teenage parents and their children, maternal age is not associated with the health outcomes of their children, rather indicators of low socio-economic position and maternal depression are associated with poorer psychological, cognitive and behavioural outcomes in their offspring at 14 years of age. They conclude that

interventions aimed at reducing maternal poverty and increasing support among those from the most deprived backgrounds may be more effective ways of improving childhood psychological, cognitive, behavioural and health outcomes than would interventions aimed solely at reducing rates of teenage pregnancy and parenthood.

1. Background

1.1 Introduction

The *Talking Realities – young parenting peer education project* has been operating in the Kingston Bayside Primary Care Partnership (KBPCP) catchment area¹ under the auspices of the Central Bayside Community Health Services since 2005. It is based on a South Australian model that has been extensively evaluated and commented on (Jolley 2001; Jolley and Masters 2004; Kovatseff & Power 2005, Lawless 2007) and was purchased from South Australia in late 2004 by the KBPCP with initial funding of \$26,000 provided by the Victorian Department of Human Services School Focused Youth Services Grants. The following year this funding was greatly enhanced by a successful submission to the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaCHSIA) which saw funding of \$188,247 allocated over three years to June 2009.

The program was established to improve the social health outcomes for young parents and their children living in Kingston and Bayside and to improve the ability of young people in Kingston and Bayside to make informed choices about parenting and their health. This has been achieved by providing peer educator training and support to young parents who are then employed by the program to make *Talking Realities* presentations to adolescents in local secondary schools. Since establishment in late 2005, 32 young parents have been trained as peer educators, and by the end of 2008, 102 presentations had been made in ten local secondary schools and two adult education centres, reaching over 2000 young people. From late 2005, peer educators have been employed as peer leaders to run the program on a day to day level. In mid-2008, a *Dad's DVD* was made to complement and accompany the school presentations to put across the perspective of young fathers.

The program catchment area of the Cities of Kingston and Bayside lies some 20 kilometres to the South East of the centre of Melbourne and has a population in excess of 218,000. The Australian Bureau of Statistics (ABS) data show both of these areas have higher levels of income, home ownership and employment than many other local government areas in metropolitan Melbourne. There are, however, specific communities within the catchment area that experience significant disadvantage.

1.2 Young parenting

Talking Realities was not established specifically to reduce teen pregnancies and young parenthood, but rather as an early intervention and prevention program to support young people in their parenting and to facilitate their return to education and entry or re-entry to the paid labour force. In many industrialised countries including Australia, teenage pregnancy and teenage parenthood (regardless of marital status) have been considered as social and public health concerns and a number of studies

¹ KBPCP is one of 31 PCPs in Victoria which form part of the Victorian Government's strategy to enhance the capacity of human services to provide an effective, integrated service system. The KBPCP is an alliance of over 40 organisations including community and women's health services, local councils, migrant resource centres and specialist services. It also includes Divisions of General Practice and other service providers, consumers, carer and community groups.

have looked at outcomes for teenage mothers and their children and many report associations for poverty both before and after having a child. (Shaw et al 2006). Many young parents experience interrupted education, late entry into the labour force and consequent poverty.

The rate of teenage pregnancies in Australia has declined significantly since the 1980s and has been stable in recent years. Five per cent of children are now born to women aged 19 years and under. Estimates vary, but it is believed that around one in four sexually active teenage women may become pregnant by mistake. About half of these unwanted pregnancies are terminated. One in six women aged 20 to 29, who are asked about pregnancy, will have experienced a pregnancy as a teenager (Better Health Channel Victorian government 2008).

In Victoria, the proportion of all births to mothers younger than 20 has dropped from 4.4% in 1986 to 3.1% in 2002, and has remained steady at between 3.1 % and 3.3% of all births in since the mid 1990s. There is however, considerable variation between regions and in the Southern Metropolitan region where the *Talking Realities* program is sited, 2.5% of all births (or 773 babies) were born to mothers aged 20 or under in 2002 (AIHW 2005: 188).

1.3 The evaluation

In mid 2008, funds were set aside to contract an external evaluation that would focus on the impact of the program. Since inception, the program has actively engaged in process evaluation activities, the results of which have been integrated into a continuous process of program improvement and modification. The evaluation reported here focuses on an assessment of the impact of the program on the young mothers who were recruited and trained to be peer educators, and on the students who attended the education sessions. As such the evaluation is guided by the stated goals and objectives of the program.

The first goal was “*to improve the social health outcomes for young parents (peer educators) and their children living in Kingston and Bayside*” this being defined by five objectives:

9. To increase the ability of young parents to take on a peer educators’ role
10. To increase peer educators’ access to formal and informal education and employment opportunities
11. To build resilience, self confidence and self esteem in peer educators
12. To increase peer educators’ access to education on nurturing, child development and behaviour and health needs of children
13. To increase peer educators’ knowledge and use of community services.

The second goal was “*to improve the ability of young people in Kingston and Bayside to make informed choices about parenting and their health*” has three objectives:

14. To increase young people’s knowledge and realistic awareness of the potential short and long term consequences of early parenting
15. To increase young people’s understanding of sexual health issues
16. To increase young people’s knowledge of local community based support services.

The methodology was designed within the limited timelines and resources available and involved:

1. Document and data scrutiny, including
 - Project records regarding recruitment, screening and on-going assessment of peer educators, the delivery of training and subsequent peer education sessions
 - Process evaluation data collected over the past three years including
 - Feedback questionnaires from students
 - Feedback questionnaires from the teachers present at the school presentations
 - Project reports to the Department of Families, Housing, Community Services and Indigenous Affairs
 - Other documents prepared for reporting on the progress of the program, for example, the National Evaluation of Stronger Families and Communities Strategy and to local stakeholders.
2. A total of 55 interviews with key participants and stakeholders including
 - Telephone interviews with peer educators trained in 2005 and 2007 (21 interviews)
 - Face to face interviews with the two peer leaders who graduated as peer educators in 2005 and were subsequently employed part time by the program as peer leaders
 - Face to face focus group with the peer educators in training 2008 (8)
 - Telephone interviews with the young fathers of *Talking Realities* peer educators who featured in the *Dad's DVD* (3)
 - Detailed discussions on numerous occasions with the *Talking Realities* Project Co-ordinator
 - Telephone interviews with school liaison persons (teachers, nurses, welfare co-ordinators) across ten schools and two adult education centres (12)
 - Telephone interviews with *Talking Realities* Steering Committee members (6)
 - Telephone interviews with other key stakeholders in relevant agencies (6) including:
 1. Central Bayside Community Health Services
 2. Kingston Bayside Primary Care Partnership
 3. Longbeach Place Adult Community Education Centre
 4. Holmesglen Institute of TAFE
 5. Bayside City Council
 6. Department of Families, Housing, Community Services and Indigenous Affairs.

1.4 This report

This report is designed to provide information on three key issues,

- the implementation of the peer education training and the participation of young parents in school presentations and the impact that this participation has on the young parents of becoming peer educators - chapter 2

- the implementation of the *Talking Realities* presentations in the local schools and the impact this has had on the students and the staff - chapter 3
- the impact of the program on the health and other agencies in the local area - chapter 4.

A final chapter summarises the overall evaluation findings and identifies the key factors that have supported or challenged the program over the last three years.

2. The Young Parents as Peer Educators

2.1 Implementation of the peer education training program

Young parents were recruited at the start of the first *Talking Realities* training program in early 2005 and began presentations in local schools in November of that year. Since then two more training programs have been undertaken in 2007 and 2008. The training consists of a weekly commitment of 4 to 5 hours over 26 weeks, free child care is provided on site at the accessible training venue in a local neighbourhood house/adult education centre. Successful completion of the *Talking Realities* training results in 6 of the 13 units required for the completion of a Certificate 3 in Community Services Work.

The young parents who have successfully completed the training program are then offered casual part time employment making presentations in schools. They can continue to do this until they reach 25 years, at which time they are “retired”.

To maintain engagement and support of the trained peer educators, the program provides a weekly playgroup, a regular newsletter, invitations to various events such as occasional update training sessions, peer educator graduations, media opportunities, the launch of the *Dads’ DVD* that was completed in mid 2008 to complement the school presentations and other celebrations. Where necessary, intensive case management support has been offered to the young parents as they encounter a variety of challenging issues in their lives.

Young parents are recruited through referrals from young mothers groups, community health networks, various youth programs in the area and via public advertisement. No young fathers have been referred or recruited.

- In 2005, 18 young women were recruited, 12 completed the training
- In 2007, 14 were recruited and 12 completed the training
- In 2008, 8 were recruited and 8 completed the training

The eight young women who did not fully complete the training did so for a mix of reasons including; employment (5), a new pregnancy (1) and personal reasons (2). The reduction over time of the proportion of trainees who dropped out suggests that over the years the program has become more adept at recruitment and retention of participants.

In the first training program in 2005, some referrals were from other workers who were from outside the catchment area of Central Bayside Community Health Services. This meant that some trainees had long distances to travel and it was more difficult for the program co-ordinator to provide intensive case management support to these young women. After the completion of 2005 training program, the staff realised that it was important to assess the young women’s expectations of program and their suitability and level of commitment, before offering a training place. As a result pre-acceptance interviews were held in 2007 and 2008 prior to confirmation of enrolment in *Talking Realities*.

The employment of two young women from among the 2005 graduates as peer leaders from the end of 2005 also contributed to the provision of a higher level of support and thus higher retention levels.

The tables below summarise the socio-demographic details of the young women who were recruited to the three training programs. These indicate that the participants have become progressively younger, had their first child at a younger age, left school at an earlier stage, and have fewer post-school accredited training qualifications. Two thirds of the young women were 21 or under when recruited (20), almost all had their first child aged 20 or younger (27), half had not finished school (16) and over half had no post school education or training (17). In total the 32 young women have a total of 47 children. The tables also indicate that the young women who dropped out did not differ markedly from those who completed the training.

Table 1: Age at entry to peer education training

Year undertook training	19 years	20 years	21 years	22 years	23 years	24 years	25 years
Completed training in 2005 N=12	1	-	4	1	2	1	3
Completed training in 2007# N=12	-	6	3	2	1	-	-
In mid training 2008 N=8	3	2	1	2	-	-	-
Total over 3 training programs N= 32	4	8	8	5	3	1	3

One young woman completed the formal training but did not finish *Talking Realities* banner training so could not present in schools

Year started training but did not complete	19 years	20 years	21 years	22 years	23 years	24 years	25 years
Started but did not complete training 2005 N=6	-	-	-	2	-	3	1
Started but did not complete training 2007 N=2	1	1	-	-	-	-	-

Table 2: Age had first child

Year undertook training	15 years	16 years	17 years	18 years	19 years	20 years	21 years	22 years
Completed training in 2005 N=12	-	-	-	3	4	4	1	-
Completed training in 2007 N=12	-	1	1	-	7	-	2	1
In mid training 2008 N=8	1	1	-	5	-	-	1	-
Total over 3 training programs N= 32	1	2	1	8	11	4	4	1

Year started training but did not complete	15 years	16 years	17 years	18 years	19 years	20 years	21 years	22 years
Started but did not complete 2005 N=6	-	-	1	-	1	1	-	3
Started but did not complete 2007 N=2	-	-	-	1	-	1	-	-

Table 3: School year level completed before commencement of training#

Year of TR training	Year 9	Year 10	Year 11	Year 12	Not Known
2005 graduates N= 12	-	4	2	6	-
2007 graduates N=12	1	2	2	7	-
2008 trainees N=8	4	-	1	2	1
Total N=32	5	6	5	15	1

data not available for the young women who withdrew from training before graduation.

Table 4: Post-school accredited training before commencement of training#

Year of <i>Talking Realities</i> training	Certificate commenced	Certificate completed	Diploma commenced but not yet completed	Diploma completed	Degree commenced	No training
2005 graduates N= 12	2	3	2	1	-	4
2007 graduates N=12	1	3	-	-	1	7
2008 trainees N=8	-	1	-	1	-	6
Total N=32	3	7	2	2	1	17

data not available for the young women who withdrew from training before graduation.

As indicated, discussions were held with 29 of the 32 young women who participated in and completed training, eight via a focus group and 21 via telephone interviews. Three young women could not be contacted.

The interviews covered general views about what the young women got out of participation in *Talking Realities*, the best and most difficult things about participation, and their views on the impact for them in the four specific areas;

- Access to education, training and employment
- Feelings about resilience, self confidence and self esteem

- Access to education on nurturing, child development and behaviour and health needs of children
- Knowledge and use of community services.

At the time of interview, the 24 2005 and 2007 graduates were three years and one year respectively post-training, and the 8 young women in the 2008 group were two thirds of the way through their training. Analysis is given on all 32 young women when possible, obviously post-program circumstances can only be reported on for the 24 young women who trained in the 2005 and 2007 courses.

The responses of the different groups to the questions about the impact of the training on them were remarkably consistent and are therefore reported together. Specific comment is only made where differences in the responses or experiences of the different groups are evident.

2.2 Impact of Talking Realities participation in relation to the program objectives

Program Objective 1: Were the young parents able to take up a peer educator role?

The first objective of the program was “to increase the ability of young parents to take on a peer educator’s role”. The majority of the young parents who participated in *Talking Realities* became accomplished peer educators.

- 40 young parents were recruited to the three training courses, eight young parents dropped out before graduation and 32 graduated with six completed units of the Certificate 3 in Community Services Work.
- At the time of researching this report the 2008 students were still in training, thus of the graduates of *Talking Realities*, 21 young parents have done school presentations varying in number from 51 to one sessions.
- One young woman completed the accredited training but not the banner training and so could not present in schools.
- Two of the fully trained young women have never done a school presentation and one has only done one. These three young women took up full time employment soon after graduation, all expressed regret that they were not able to do sessions in schools.
- Two of the 2005 peer educators became permanent part time peer leaders in the program employed by Central Bayside Community Health Services: one was employed in late 2006 and remains in the job to this day; the other was employed for 18 months before moving into a full time job.

The feedback from staff in the schools and from those who attended the graduations where the young women presented a school session, spoke highly of the competence and courage of the peer educators.

The presenters this time (2008) were particularly good this time, they handled themselves impeccably well and this program is an excellent way to give them some opportunities. It is harder to connect with the boys and the DVD was an improvement. It would be great if some young fathers were there, but I understand the difficulty of organising this. It is still one step removed for boys; it is easier for the girls to relate directly with the presenters.
Year 10 Co-ordinator

They were capable girls, not shown as victims. I was really impressed by the competence of the girls and the way they could retell their stories, not judging themselves, just telling it like it is.
Welfare Co-ordinator

The presentation was very good, not just talking, it was also tactile, interactive, visual etc and very well planned. They really engaged the students and this was group known to be difficult to engage.
School Nurse

It is great to see those young mums getting out and doing the presentations – some are clearly way out of their comfort zone, but they get out and do it. I really want to support them so we keep having them back to the school.
Year 11 Co-ordinator Girls School

I highly endorse the program; I've seen all the 10 presentations in our school the quality is very high and consistent, having the children present sharpens the reality. It is well scripted, great visuals and it caters to different learning styles, visual,

kinesthetic and moves through different teaching and learning styles such as lecture style, DVD, small groups. Head Student Wellbeing and Services

It was absolutely terrific, it was really honest (I was hoping it would be more negative!) but it was fantastic. It just hit the spot, it really captivated the students and they really tuned in. The students said it was “the best session of the whole year”. They are a group with behaviour management problems but you could hear a pin drop in the *Talking Realities* presentation. The presenters spoke with youth language, the girls were really cool, and told real stories from real people. The young mums were really open and honest. School Health Promotion Co-ordinator

Program Objective 2: Impact on education, training and employment

The second program objective was to increase peer educators’ access to formal and informal education and employment opportunities. The program has been very successful in this area.

The data on current education and employment circumstances in tables 5 and 6 indicate that half the *Talking Realities* graduates (ie the 24 young women who completed their training in 2005 and 2007) have either completed, are enrolled in or have applied for a qualification higher than the one they had when they commenced participation.

In addition, half of the graduates are in permanent full or part time work, with another four in casual work. The group that trained three years ago in 2005 have higher participation rates in formal education and paid employment than the more recent graduates.

Table 5: Accredited education or training post Talking Realities training of graduates

	Applying to do higher level qualification next year	Enrolled in higher level qualification	Completed higher level qualification	No further accredited education or training as yet
Three years post Talking Realities training 2005 graduates N= 12	3	3*	5#	2@
One year post Talking Realities training 2007 graduates N=12	2	3	-	7
Total of all graduates (24)	5	6*	5#	9@

* One of these peer educators is enrolled in one course and has applied for another

One of these peer educators has both completed and is enrolled in a higher level qualification

@ On of these peer educators has completed 2 non accredited short courses

Table 6: Current employment circumstances of *Talking Realities* graduates

	Full time Work	Permanent part time work	Casual part time work	Not in paid employment	Not known
Three years post <i>Talking Realities</i> training 2005 graduates N= 12	3	5	2	2	-
One year post <i>Talking Realities</i> training 2007 graduates N=12	2	2	2	5	1
Total of all graduates (24)	5	7	4	7	1

Tables 7 and 8 give the picture of the education and employment pathways followed by these 24 young women to date. They show that most of the courses have been in the TAFE system at Certificate 3, 4 or diploma level, with two young women enrolled in degree courses. The other training has been industry specific or non-accredited training.

Out of the total 24 peer educators trained in 2005 and 2007, only eight have not engaged in any further training of any kind. And of these eight, three are in permanent full time work, three are full time parenting and two are in part time work. The latter five also continue to do *Talking Realities* presentations in schools. This is a remarkable result.

Table 7: 2005 Graduates: educational and employment circumstances

	Highest school level completed	Qualifications on entering <i>Talking Realities</i>	Education/ training situation since graduation in <i>Talking Realities</i>	Current work situation 3 years on from graduation	Presentations since graduation to end of 2008
1.	Year 10	Diploma of Youth Work	Completed Certificate 4 in Training & Assessment	Permanent PT job youth leader in community health	27
2.	Year 12	Partially completed Diploma of Community Development	Applied to do BA in education in 2009	Permanent PT dance teacher	20
3.	Year 11	Certificate 3 in Community & Children's Services	Almost completed in Diploma Community Welfare	Permanent PT child care worker	31
4.	Year 12	Certificate 2 in Hospitality, and in Responsible Serving of Alcohol	Began but did not complete Psychology Degree course, now enrolled in Diploma of Justice	Permanent FT housing officer in community organisation	37
5.	Year 12	Nil	Completed Cert 3 Children's Services Completed Cert 4 Alcohol & Other Drugs Completed Cert 4 in Non clinical Mental Health	Permanent PT (4 days) in community mental health service	22
6.	Year 12	Certificate 4 in Hospitality Management	Applied to do Diploma of Community Work in 2009	Casual PT in hospitality	57
7.	Year 11	Nil	Completed non-accredited courses in parenting & dealing with an abusive relationship	Parenting FT with 3 small children	26
8	Year 12	Partially completed Diploma of Community Services	Completed Cert 3 Children's Services & Subway Cert 3 Business Course	Casual PT	34
9	Year 10	Nil	Nil	Permanent FT in administration & reception	11
10	Year 10	Nil	Continued Certificate 3 in Community Services, applied to do Certificate 4 in Disability Services in 2009	Parenting FT with 2 small children	8
11	Year 12	Partial Diploma in Youth Work	Completed Diploma of Community Welfare	Permanent PT in government community services department	4
12	Year 10	Commenced but did not complete hairdressing apprenticeship	Certificate from Pharmacy Guild of Australia	Permanent FT in pharmacy retail	1

Table 8: 2007 Graduates: educational and employment circumstances

	Highest school level completed	Qualifications on entering Talking Realities	Education/ training situation since graduation in Talking Realities	Current work situation 1 year on from graduation	Talking Realities presentations since graduation to end of 2008
1.	Year 12	Partially completed Certificate 4 in Christian Ministry	Nil	Parenting FT with 2 small children	13
2.	Year 11	Overseas Certificate in child care	Nil	Parenting FT with 3 small children	16
3.	Year 12	Year 13 VET in floristry	Applied to do on-line job network training in administration	Parenting FT with 2 small children	29
4.	Year 11	Nil	Nil	Permanent FT in administration & reception	-
5.	Year 12	Nil	Nil	Parenting FT with 1 small child	18
6.	Year 12	Nil	Level 2 and 3 First Aid, Applied to do Certificate 3 in Aged Care in 2009	Permanent PT in aged care	6
7.	Year 12	2 years of Commerce Degree	In first year of Psychology and Criminology degree	Casual PT in telemarketing	3
8	Year 10	Nil	Almost completed Certificate 4 in Alcohol & Other Drugs	Studying and parenting with 2 small children	29
9	Year 12	Nil	Nil	Permanent FT in family business	-
10	Year 12	Certificate 3 in Aged Care	Nil	Permanent PT in aged care	5
11	Year 9	Nil	Nil	Casual PT in factory work	13
12	Year 10	Nil	Undertaking Victorian Certificate of Adult Learning	NK	-

The reflections of the peer educators shows how important the *Talking Realities* program has been in building their confidence and giving them the motivation and support to re-enter training or the labour market. Specifically graduates mentioned

- the challenge that *Talking Realities* presented to their preconception that work and study were not possible or even desirable when their children were small
- the confidence and the opportunity the training gave (and the presentations) to think about further training and work experience
- the communication skills that helped in job interviews, work related requirements and training applications
- the value of the work related experience such as learning to be prompt, being a reliable attendee, completing formal tasks, and even improved reading, writing and spelling skills
- the experience of leaving their children in child care during the *Talking Realities* training that helped them have the confidence to take up child care places elsewhere so they could work or study
- the ideas that they got from the trainers in the *Talking Realities* course, the contact with TAFE that let them know about retraining pathways
- the value of having mentors (both the program co-ordinator and the peer leaders) to bounce career ideas off and to support choices
- having the partial TAFE qualification from the *Talking Realities* training and the work experience to put on their résumé, and the opportunity to have the program staff as referees.

The talked about gaining the confidence to return to study and work.

I was young and isolated at home with a baby, it got me out and got me involved and into the routine of study and work. (2005)

It changed my entire outlook personally and professionally, it helped me build the stepping stones to work now he is at school. If there had been no *Talking Realities* I'd still be struggling with isolation and responsibility, I'd probably still be living at home, might only be in part time work. My child wouldn't have been in child care, I may have been a full time mum and this wouldn't have been such a good thing for him. (2005)

I would probably have stayed home and had more children but we've deferred that for a few years. During the training, I got a part time 2 day a week job at an occasional child care centre, I've now been there 3 years and the *Talking Realities* training helped me get the job. Then after the *Talking Realities* training I enrolled in a Diploma of Community Services at TAFE – it's really hard to get into and my work with *Talking Realities* really helped me get in. I have 5 units to go and will finish next year. *Talking Realities* gave me the stepping stones to my future study and career. (2005)

The two young women who became part time peer leaders in 2005 thought being part of *Talking Realities* gave them an important opportunity.

Being part of *Talking Realities* really helped me channel my efforts and achieve my goal of being a leader to young people. I'd left school after Year 10 and I already had a diploma of youth work before joining the program, *Talking Realities* gave me the opportunity to be a peer leader and to benefit from all the mentoring and support from CBCHS. Since then I've done a Certificate 4 in Training and Assessment and I have

done sessional teaching at a TAFE College. *Talking Realities* allowed me to reach my goal and I am in my dream job with my dream mentor! (2005)

I was half way through Year 12 and had two Certificate 2s in Hospitality and Responsible Serving of Alcohol. I had no idea I'd work with people but after *Talking Realities* training I went to TAFE to do an Advanced Diploma, I did well and after one year I applied to Uni to do a psychology degree but I found I was over committed and had to pull back. Now I'm back doing the diploma course on line. I was a peer leader in *Talking Realities* for one year, then I had a three month peer support job elsewhere, now I've got full time job in a housing agency. I wouldn't have got any of these jobs without *Talking Realities*, the training, the experience, the references and the support. (2005)

Not all have been able to put their training plans into action yet.

Talking Realities did make a difference, it helped me get up my confidence about standing up in front of people and that helped me in my thinking about wanting to be a teacher. I have applied to do a BA at uni next year and it helped me have confidence to do the dance teaching job I have now. (2005 graduate with 2 children)

I haven't been in any training or jobs since I joined *Talking Realities*, except for some parenting courses and courses about dealing with an abusive relationship. I hope to go back and study one day and perhaps work with the Department of Human Services, or I'd love to start a *Talking Realities* here in my local area and be a peer leader in it, perhaps when the kids are grown a bit. (2005 graduate with 3 children)

I finished Year 10, did a bit of Year 11 twice, failed the first time, and had some personal difficulties the next year. I tried to complete the Cert 3 after *Talking Realities* graduation but I got high blood pressure in my pregnancy and then post natal depression so I dropped out. In November this year I am going to an information session about a course in disability services, I want to get into this course for next year and ultimately be an integration aide. I don't think I would have got off my butt without *Talking Realities*. It's great to see that certificate on the wall! (2005 graduate with 2 children)

Most of those in permanent part or full time positions all felt that *Talking Realities* assisted them to get these jobs.

I'd completed Year 12 and started a double diploma in youth work before getting pregnant, then I'd dropped out, I wanted to get back into it but I wasn't doing anything about it. I'd been seeing a counsellor for a couple of years, and she recommended me to apply for *Talking Realities*. She described it as a good start to where I wanted to go. Then when I was doing the *Talking Realities* training, the trainer mentioned that the Cert 3 in would help me get into TAFE, and it did – the process involved an application, a writing piece, an interview about life experience etc –being in *Talking Realities* helped with all of this. I am now working four days a week at Centrelink on a permanent part time basis. (2005)

I left school after Year 10 with a hairdressing apprenticeship that I didn't continue because my partner was so violent and jealous. I am now a full time retail manager in a pharmaceutical company with a Pharmacy Guild certificate. Before *Talking Realities* I had very little confidence, I couldn't speak to people, now I speak to professors and doctors. If I hadn't learnt to speak up I wouldn't have this job. If I had not had *Talking Realities* I would have stayed in some little local pharmacy somewhere. Now I am way out of my comfort zone, I am trying new things and I've gained lots of skills. (2005)

The young parents in training in 2008 commented

- It helps us to get back into doing things that we'd be doing if we didn't have the baby.
- It'll be easier to get back into study after doing this; it's sort of a gentler re-entry to education than having to go to college.
- I thought school was not possible; now I can see that I can go back to school.
- We get part of a Cert 3 in community services and that will really help me get a job.
- The training here will help me get into nursing training later.
- It gets you thinking about your future career.

Some of the dads, the school staff and stakeholders also commented on the education and employment benefits.

It's given her an interest to go out and meet other young mums. She's currently in a course at TAFE, and the training gave her an insight into youth work and community services.
Peer Educator's Partner

I think it is a fantastic program and an extremely valuable concept in both a learning sense and from the young educator's point of view. I give it 10 out of 10. The girls get a tremendous sense of satisfaction and sense of self worth from being part of it. They can give something back, and they find it very valuable and fulfilling to be an educator.
TAFE Teacher and Steering Committee member

I have promoted the program to my young pregnant students as a good thing to do. I have had a couple of my TAFE students come to me pregnant, 'What can I do?' 'How can I finish my course?' I have recommended the *Talking Realities* program because through this they get accredited units that are portable. They can do these units while pregnant and when the baby is small, and then they can use the qualifications to stay in and advance their education when the baby is a little older. ie *Talking Realities* is a stepping stone to other courses in the future. Without this option, I think they may have dropped out altogether.
TAFE Teacher

I think it is extremely valuable program, primarily for the peer educators themselves (and their children over the longer term) in terms of training opportunities, employment opportunities and life chances for themselves and their children.
Health Promotion Co-ordinator in community health

I think it's a brilliant program: it really provides an opportunity to network and to build a goal of going back to study, a way of easing back into study very informally and flexibly, for example they can bring the babies along.
Alcohol and Drug worker and TAFE teacher

Program Objective 3: Impact on feelings of resilience, self confidence and self esteem

The third program objective revolves around increasing the self confidence, resilience and self esteem of the participants. In many ways this can be considered the most successful aspect of the program. It is clear that the increased confidence acquired by the young women through their participation in the training and the presentations underpins their significant growth in other areas as peer educators, as mothers, as partners, as participants in education and training and as members of the paid labour force.

All peer educators commented on their increased confidence and self esteem, as did all of those who taught the young women and observed them in action. This increased confidence had many dimensions including:

- decreased isolation, loneliness, depression and sense of failure
- increased confidence in the role of competent mother and the confidence to place child in child care
- capacity to challenge both internal and external negative stereotypes about young mothers and to feel a valued and included member of the community
- greater recognition of their capabilities and talents, and the growth of new skills and aptitudes such as communication, relationship management, public speaking, coherent presentation of material, honest, open and confident discussion of own mistakes and talents
- having the confidence to take action on difficult personal circumstances for example ending a violent or unsatisfactory relationship, reporting a de facto partner for child abuse, confronting unacceptable behaviour such as alcohol and drug use, verbal abuse etc
- taking up a role as teacher and mentor to younger parents
- managing difficult circumstances such as housing crisis, death of a loved one, an unplanned pregnancy, mental and physical health challenges
- sense of accomplishment and pride when getting positive feedback from family and friends that they are doing something valuable.

The quotes from the young women are extremely telling and many have been reproduced here in full to illustrate the depth and the extent of the impact they attributed to their participation in *Talking Realities*.

It was really self esteem building for me; I grew in confidence about being a young mum. Lots of people say bad things to you on a day to day basis, and it is hard to feel confident about yourself. It made me feel so much better about myself to be doing something good out of this experience of mine as a young parent. Being in the program challenges the stereotypes, and makes me able to challenge the negative views both in myself and publicly especially in the schools, and challenge the negative assumptions people hold. For example people always assume I am single, but I have been with the same partner for 12 years; they assume my children have different fathers, but they don't. (2005)

It gave me my confidence back – it got me used to being around people and talking in front of people again. It made me realise I could do so much more than I was doing. I realised I was a bit depressed, “here I am with a child, what am I going to do with myself” and I realised I could achieve so much more. The support from the staff was wonderful. I realised I could get up in front of my peers and present stuff to them. At that stage it seemed like society was against me. When I was pregnant I looked really young and I got so many negative comments on the street, in the supermarket etc. It was hard being around other mums in playgroups etc because when talking to other parents they looked at you a bit funny. But when I could say I am part of *Talking Realities* and tell them what we were doing, it made me feel like I was breaking the stereotype. They'd then interact with me quite differently. (2005)

I learnt to accept myself, I believed my life was over, all my family and friends told me this. *Talking Realities* helped me take responsibility for myself and my son. I still have friends from the course. It supported me through developing and ending a new relationship. The Co-ordinator has been my rock and mentor for the past four years. (2005)

My self confidence was wrecked. I was just coming out of a 4-5 year relationship which was very violent and abusive. Being part of *Talking Realities* helped me gain a sense of who I am, both as a person and as a parent. That first year really helped me deal with the issues

of coming out of that relationship of violence and abuse. Having friends, sharing with other parents, having a real sense of doing something valuable was so important. (2005)

I am the sort of person who can think about what I want to do, but I won't do anything about doing it. *Talking Realities* got me off my butt, it has helped my self esteem and my motivation so I can get up and do things a bit more now – I got my Ls this year! I just couldn't get them, I knew I wanted it but I doubted myself, it took my new confidence to get me to the point of applying for them. (2005)

It gave me confidence about speaking up in front of a big group of people, and confidence in being a young parent. All through the pregnancy and after having my baby, there was this stigma and I copped quite a bit of that. After *Talking Realities* I felt positive about being a young parent, I saw that some people like the Co-ordinator were willing to embrace young parenthood, to give us opportunities and encouragement. It was really cool standing up and presenting in front of all those school students, we weren't that far from high school ourselves and it felt great to be in the teaching role. I also made friends. I didn't really have any friends – my partner 'got rid of all my friends' so I didn't have any or know any other young mums. (2005)

I had very little self confidence, I couldn't speak to people, now I speak to professors and doctors, and I wouldn't have had the confidence to do it before. If I hadn't learnt how to speak up I wouldn't be doing this job. It was really difficult for me in the beginning as I was in this violent relationship, but since the *Talking Realities* Program I can speak to and help other young mums who come into the pharmacy; I can be sympathetic and give advice also to young girls. (2005)

It has really given me a sense of confidence in myself, to put my children in child care, to think about things other than being a stay at home mum. And the stuff I've learnt about communication has helped in all my relationships. (2007)

I was in a relationship when I started the training, we've now broken up. I just thought when I got pregnant we'd get married, but I didn't really want that and I was so unhappy, my self esteem was so low, I thought I'd just have to do it. It was terrible, but now it's over. He didn't help me out at all; I didn't think I was a good mother. I thought I was doing everything wrong. I felt terrible about myself. Now I feel more capable and I know I am doing a good job. (2007)

I have made friends with people in the same situation. I was really isolated, my old school friends didn't understand. Now I view myself as a young parent and I am OK with that, I have the confidence now to say I am OK with being a young parent. (2007)

Now I don't feel bad about being a young parent. I know I am a good parent and I did the right thing for me having my son. Now being able to stand up in front of the students is a great thing, and being able to say 'these are the issues, the real things you'll have to cope with' makes me feel really good about myself. I have learnt so much about sexual health in the course – I knew so little about it. I really like dispelling the myths about sex and about contraception – many are myths I held to be true myself, so it is great to be able to dispel them. (2007)

Yesterday I had to get up and make a presentation about the business's IT in front of the interstate managers. I wouldn't have had the confidence to do that before, I would have been really nervous.... I wasn't the stereotype young mum, but doing the *Talking Realities* Program made me realise that I didn't have to worry what other people think, I didn't feel the impact too much of negative stereotypes but I saw what others had to put up with, where they were coming from. (2007)

It really helps with this, your confidence sort of goes down when you have your baby, and with the stigma we young parents face. Also the social side of the Program was very important to me (that's really what I went into it for – I thought I might get a friend out of it, and I got 5!). The staff were wonderful – there wasn't a question they could not answer – we really respected them. Especially the peer leader, as she was a real role model of what

we could do, she was young, she had a child, she was like us, came outside and had a cuppa and a smoke and a chat with us etc, then when she got up in front of the students she was so professional -we really respected her. (2007)

She communicates with our daughter a bit more and she was a bit unsure as a mum, now being with other young mums, she can ask them and get their advice. She didn't have many friends before she was in the program; it's been good for her socially.

Young father

There's more communication now between us, she talks more to me now, she's more open.

Young father

And the 2008 group of peer educators in training commented as follows:

- It's hard work but it helps me deal with the stigma – you don't feel you are the only one.
- I'm better able to ignore negative comments- I get them on the street in the supermarket all the time! You're more confident in yourself.
- I lost my friends when I had kids, now I have friends who understand what my life is like; we can do sleepovers, make scrapbooks together, the kids have friends too, we can breastfeed in front of each other!
- We get offered lots of support from the staff, I'd be lost without the program co-ordinator.
- I feel like I'm doing something productive, I really look forward to it, and I can go home and talk about it with my partner.
- I am more forgiving of myself, I recognise I'm not perfect, everyone has a bad day. I'm quite proud of being a young mum – it makes you mature really fast. People say things like "you look too young to have kids" I used to just feel bad, now I speak up and say 'you look too old to have kids'!
- I have a new respect for single mums and young mums, and for my parents. I think it's change my thinking and made me rethink some of my own judgments and attitudes.

Stakeholders also mentioned the impact on the young parents' confidence.

They learn so much including time management and responsibility through doing the course and through being a mum. The study part of *Talking Realities* gives them skills and knowledge and a bit more confidence.

TAFE Teacher

I went to see the first graduation and I was blown away. To see these young women going from not being able to stand up for two minutes to seeing them stand up and speak and run the program. The growth in confidence was amazing, we just couldn't believe it! Seeing the growth in these peer educators was just overwhelming.

Health Promotion Co-ordinator

I haven't had children myself, it was amazing to be part of this roomful of young women years younger than myself and I was really impressed by the strength and resilience of these young women. I was involved in teaching the course for only 12 weeks, but in this time you could definitely see a change and they'd developed an amazing mutual support group. The social support they received was important; this informal stuff was a really powerful networking tool.

Alcohol and Drug Worker and TAFE teacher

Two things stand out for me in this program: the power of having peers go into schools, it is dramatic, it is graphic, it is reality and it forearms young people. Secondly, the growth in the young women themselves and the positive connection they build with the health centre through the program co-ordinator and the peer leader position. I hear from the staff how the girls are growing in stature and confidence and I saw for myself at the recent forum – the girls were fantastic, so articulate, so comfortable in speaking about their own decisions. They are very brave to speak up the way they do.

Senior Health Service Manager

Program Objective 4: Impact on knowledge of parenting and child development

The fourth objective of the program was to increase access to education on nurturing, child development and behaviour and health needs of children. These objectives were adopted directly from the South Australian program; however the Victorian training program was not specifically designed to convey parenting and child development information as a formal part of the training, but the young parents did report gaining knowledge, skills and confidence in their parenting role.

When asked about the impact of the course on access to parenting and child development information, many of the peer educators replied that they had either learnt a fair bit about child development and parenting, or that what they already knew had been expanded or reinforced. These gains came largely through the informal aspects of the course rather than the formal course components, particularly by sharing parenting advice between themselves, getting advice and support from the peer leaders and from the program co-ordinator.

There was some useful stuff about children's developmental stages in the training but mostly I got support and ideas from bouncing ideas off the other mothers, many had older children than I did, and could give advice and support to me.

Yes, especially hearing from the other girls about their children and what they were up to, really helped me and my partner know what is normal. We got good information in the training about child development, brain growth etc but what I really got was from sharing with the other mothers and hearing their stories, doing presentations together. "Stories really stick" rather than formal knowledge provision ie facts and figures.

As young parents, some of the young women were a little diffident about their parenting skills. This combined with their experiences in the face of the stigma or the negative stereotyping of young mothers, many felt defensive about revealing that they were not confident.

It's sort of given me a wider knowledge of children's milestones in development and the different rates of development in different children – I was a bit anxious about my children, were they growing right etc – I freaked out a bit about my children and how they were developing....

Yes definitely. I've implemented lots of things with my son from what I learnt, for example around communication and understanding where he is coming from when he throws a tantrum, its not aimed at me, he's not trying to annoy me, he's trying to express himself. *Talking Realities* really opened my eyes to this. I really know how important my own behaviour is as a role model; that really got home to me especially now he is 2 years old.

The program has targeted a real cross section of girls. Some have needed a lot of nurturing, for example about cleanliness of the children. Having such a mix of girls has enabled them to share their strengths and weaknesses. Many are quite possessive of their children because of their past experiences and their lack of confidence. Putting their child into child care was so difficult for many and this was quite a challenge for the staff.
Child care staff member

Definitely, I really learnt about the child's needs, milestones of child development, the importance of our role modelling, breast feeding, cloth nappies etc. We got the info from the Program but really it was talking about it between ourselves, chatting about the stuff - that's where it became real.

It made me a better mother, both the informal support from the other mums and the training

It improved my parenting skills; it wasn't so much the formal education in the training, more the informal support from other young mums, what they did, how they coped, how they handled their children, sharing our experiences etc.

Yes definitely, having heard the other young mums' stories, we ask each other for support and help, we meet and discuss issues such as hitting, it really helped me deal with this in my son. Recently we had his second birthday party and some of the girls came – we're really friends. I didn't know anything about routine when I started the course, we'd been to sleep school twice and nothing worked, then one of the *Talking Realities* mums suggested something and it worked.

Others felt they were pretty experienced parents and there was not that much for them to learn, it was more question of reinforcing or perhaps expanding a little what they already knew.

I think I knew a lot about what was out there I was a pretty experienced mum by then

I already had an idea, my daughter was 2 and a half, almost 3 when I did the course, I didn't need the baby stuff, but it helped to talk about the tantrums in the group, toilet training, weaning off the dummy etc. It was more peer informal stuff not really the formal course work.

I learnt a little bit, more on children's needs eg brain development and emotional needs – a lot I already knew. It reinforced things that I already knew; it was more building on what I already knew.

It really reinforced things more than giving me new stuff, it helped me know my child was normal, for example that having tantrums is all a natural part of growing up.

I guess it did in some ways, mainly around behaviour - she was 2 and doing tantrums etc, I realised it was normal, I'd done the child care training but it was still hard when it's your own child. I could talk with the other young women in the group and hear that her behaviour was quite normal. It gave me confidence in my own ability as a parent.

Absolutely my baby was 8 months old when I started the training, it was the first time he had been in child care, we grew up together.

Not so much about parenting, I am doing regardless, like my Mum did, but my knowledge about child development has grown, like I knew the generalities, but now I know a lot more of the facts for example that most brain development happens in the first 6 years, about the value of breast feeding, I didn't realise they learnt through play, and developed their fine motor skills, learnt their colours, and so on. I have more knowledge now to put into my parenting.

Program Objective 5: Impact on knowledge and use of community services

The fifth program objective was to increase peer educators' knowledge and use of community services. Most of the young parents reported that they had learnt a bit about community services and some had subsequently used them, though mostly they used this new knowledge to advise others.

I had zero to small knowledge about services and I learnt about Hanover Housing for example, I didn't know it existed. I haven't had to use it but I have been able to help others. Since I've been single, and when money has been tight I have been to a couple of places for food vouchers to get me by, I didn't know about these before.

I didn't know about many services, since then I've gone to the community health service for regular pap smears – I didn't go before because I didn't know they bulk billed. They picked up 3 lumps on my cervix; it was picked up early so now I am OK.

Several of the young women were already well connected to services through their own experiences.

I had a pretty big knowledge already, but I learnt more, we girls talk about lots of things about what's around, like Hanover, we also learnt a bit through the course. It did broaden my knowledge base, especially the services through community health, counselling, food vouchers etc, got a lot out of sharing our knowledge between us as well.

I was already pretty well locked into services. I did learn about a lot of services that are available, but I have not needed them.

I knew a lot about community services 'cos I'd had to use them,

I didn't learn that much, my daughter was 3 or 4, I'd pretty much worked out what was around and I'd been a ward of state myself.

Others have been able to apply the knowledge of local services that they gained through the *Talking Realities* training to their own situation, or to assist others in difficult circumstances.

I had no idea of the community services that were around. I wish I'd known about them earlier when I first left home. I have just separated from my partner so I am looking for somewhere to live and I'll be using some of the services.

I was unaware there were specific young person's based stuff. We all knew about Hanover for example, things that were open to everyone, but we didn't know that you could get a woman lawyer if you wanted, there were sleep schools for children, all the services of Central Bayside Community Health that actually cater to the needs of young women.

When I needed services I used my training reference file; I knew where to go and how to approach them - when I was homeless myself I knew there were services I could use and that I needed to tell my story so they could help me. That was a tough time but it was easier because I knew where the services were and I could speak up a bit.

I work in a community pharmacy in an area where there are lots of problems and I deal with young women who are in exactly the same situation I was in, or who have alcohol and drug problems, a violent partner or are mentally ill, I can really advise them about what is around that can help them.

On the whole a lot of the stuff about services in the training didn't relate to my situation, but I did hear about Legal Aid- I didn't know it existed before. Also I researched Beyond Blue for an assignment and found out a lot that I didn't know before. My sister fell pregnant and I knew about a special clinic for young people and I could help her with advice and support.

I'm looking forward to telling teenagers what we didn't know: I've learnt heaps of new stuff about contraception, the health centres that exist and that they can help us.
2008 trainee

The young women (and their partners) were often quite frank about the fact that if they had known what they do now about contraception and relevant sexual health services they may not have chosen to be in their current situation.

If I'd known this stuff, I'd have taken much more care. I'd have made a different decision about my pregnancy. (2008)

If I'd known this, I'd have put it off a few years (ie having a baby). (2008)

We didn't get much on sex health at school, the school would not let us have it and my parents never discussed these things (2007)

The sex ed stuff we did at school was crap, we knew nothing really, and that's why we ended up in this situation (Young father)

2.3 The impact of Talking Realities on family members

The participation of the young women in the training and the school presentations and the consequent growth in confidence, communication and relationship skills appears to have impressed the young women's partners, and their mums and dads. Parents and partners are invited to a formal graduation event when the young women complete their training and their response to this was overwhelmingly positive.

My whole family and my in laws think it's a really good thing; my husband is in the DVD; my children have been to some presentations, they really help reinforce the message that children's needs are important and need to be met even when you are doing something else. They have made their own friends at playgroup and at day care when we were training. (2007)

My parents are proud of me; like that I've actually done something. Everyone I know really respects me for doing it, they think I'm a really cool person, like I've made something good out of a bad situation. (2007)

With my brother who is 16, I am educating him about the right way to be sexually active. He has no-one else he can open up to, talk to about this stuff, he has opened up to me because I know about and can talk about sex and contraception. I was really prudish before. Also my sister got pregnant and I could help her too. (2007)

The 2008 trainees indicated that even before graduation their families were proud of them and this obviously affected their self esteem.

My mum is very proud of me; she's over the moon that I am doing something with my life.

My parents were scared for my future, now they feel I'm doing something worthwhile that will lead somewhere.

My mum likes to see me sticking at something.

Now my mum brags about me a bit, and what I'm doing here!

A small number of partners were interviewed and they referred to the positive impact on their lives of their partner's participation.

I went and viewed a session that they ran. It made me think there was stuff I could be doing, like around the house. Most of the young mums were single. I was brought up that mums stay home and I didn't realise 'til then how much they do and how I could help my partner a bit more. Young father

It was great being part of the Dad's DVD, getting our view across. I am not just a bludger, staying home, bludging on the dole. The guys I work with, they sit outside at lunchtime and say "there goes another dole bludger." (ie a young parent) I say 'so does that make me a dole bludger?' That makes them think again, and maybe change their views. Also I liked being able to get across that if you do find yourself in the same position as us, (ie an unplanned pregnancy), don't think you have to go it alone, you can get help. And if you do go ahead and have the baby – enjoy it! Young father

The young women commented too on how *Talking Realities* helped them in their relationships, whether it was by clearer communication, better understanding of the partner's perspective, strategies to build up the relationship or even realisation that an unhappy relationship did not have to continue.

I got what you can get from a lot of women together, how to cope in your relationship – this was not the formal part of the course – it was stuff we got from being together and through chatting with the staff. Relationship stuff came up a lot – we were all in different circumstances, it was good to learn that my husband was not the only one who didn't understand my needs. (2007)

Relationship wise, with my partner when I started the course, we weren't doing so well. At *Talking Realities* we'd talk about how we were going and I'd mention this, and they really helped with how to talk about it, work out how to get around the issues, I was very picky, I learnt to lighten up and let him be a bit. (2007)

It helped in my relationship with my ex, I was so unhappy in the relationship. I felt trapped and felt very bad about myself. Then I met some single mothers and saw they were doing OK, I thought I could do that too. (2007)

It helped me get through my relationship breakdown with my son's father who was so violent. I needed some support during the course and the staff were great, I got quite a lot of support from them. (2005)

Children too seemed to have gained from their mother's increased confidence and communication skills, as well as the socialisation and friendships they gained from attending child care.

My relationship with my son is much better, it's now in a good place, I have more confidence in my parenting; I don't doubt myself as much as I did. (2007)

My son got some friends of his own age from the child care among the students; they're an important constant in his life. (2007)

My communication with my partner is so much better and I taught him about how to communicate better with his son. (2007)

The children of us girls also made friends and I continued on at Longbeach until my daughter was 4, when she got to school she knew a boy who had been at childcare,

that made her feel better and made me feel good too as her Mum that she knew someone. (2005)

My son was looked after by my parents, in *Talking Realities* I got the confidence to put him into child care, he bonded there and socialised and I got the confidence to put him in full time care and he loves it. I wouldn't have done it otherwise without *Talking Realities*. (2005)

2.4 An overview from the peer educators

When asked to reflect in an overall sense about what they felt they had got from participation in *Talking Realities* and what the best and most difficult things were, the young women brought forth uniformly enthusiastic responses that focussed on the following key areas – social inclusion, friendship and support; personal confidence; skills particularly in terms of parenting confidence, communication and relationships; education, training and employment opportunities and the satisfaction of doing something worthwhile. These are discussed briefly below in the order of frequency with which they were mentioned.

The social inclusion, breakdown of isolation and loneliness and the gaining of friendship and support from other participants and the staff

The young women spontaneously and most frequently mentioned the friendships and breakdown of their feelings of isolation, loneliness and depression as being the front of mind benefit for them of participation in *Talking Realities*. They talked about the importance of the friends they made who were in the same situation, being able to offer one another mutual advice, support and friendship, of having people to socialise with who were the same age as they were but also had small children. They also mentioned the support, understanding and advice that they received from the program staff.

The growth in personal confidence and sense of identity

Almost as frequently, the young women mentioned that they had gained a sense of identity and pride in their achievements as a parent and as a peer educator. They talked about coming to appreciate their own competence as a person and as a parent, feeling as if they are doing the right thing when their peers and their parents and professionals had told them they were 'making a mess of their lives' by having a baby at such a young age. They spoke about gaining the confidence to get out of home and to engage with the training, to end a violent or difficult relationship, to speak up in front of a group, to let their child go to childcare, and to challenge negative community stereotypes of young parents.

The acquisition of specific skills particularly in communication and relationships

The increase in communication skills was mentioned as a general benefit of participating in the program together with the translation of these skills into better management of relationships with partners, with children and with friends. Being able to get up and speak in front of a group was particularly mentioned and the value of this in terms of education and employment.

Experiencing a 'kick start' into education, training and employment

Many of the young women commented that participation in *Talking Realities* had kick started them into further education. With 16 of the 32 peer educators having left school before the completion of Year 12, most had no formal post school qualifications and

little work experience. The peer educators who trained in 2005 mentioned the education and employment benefits more frequently than those in the 2007 and 2008 training.

The satisfaction of doing some thing valuable and challenging stereotypes

The young people often spoke about the stigma that being a young parent carries in the eyes of the community, in their families, among their teachers and even in their own minds. Apart from gaining the confidence to challenge these stereotypes as mentioned above, they gained a good deal of satisfaction in being able to “make something good out of a difficult situation”, of using their own experience to assist young people facing similar challenges, and of “doing something that gives back to the community”.

The young women were also asked to reflect on whether they found anything difficult or challenging about being part of *Talking Realities*. As mentioned above, of the 40 young women who were recruited to the training eight dropped out, most in first or second term due to employment or personal issues, and three of the graduates could not be contacted. Discussions with the staff suggest that the difficulties these young women faced in continuing participation derived largely from the pressure of competing issues such as paid work, parenting, another pregnancy or housing stress.

Nearly a quarter (7) of the 29 who were interviewed could not identify anything that was difficult except the sense of loss they felt when the training was completed or when they had to retire from school presentations at the age of 25.

Those who could identify difficulties mentioned

- problems in getting transport to and from the training and the schools
- getting used to being back in a routine and getting somewhere on time, doing homework
- challenges in relating to the other girls on the training, (especially evident in the 2005 group which had some group bonding issues in its early days)
- keeping going when facing personal challenges such as a death in the family, a relationship or housing crisis, or personal health problems
- gaining the confidence to stand up and make presentations or discuss certain aspects of the presentations such as the sex education section
- juggling other responsibilities such as paid employment
- one young woman who had been at university for a year or so, found the pace of learning rather slow, but acknowledged that the other peer educators probably needed it to be so.

2.5 Concluding comments

Over the three years 2005 to 2008, 32 young women have been trained as peer educators. The scope of the program has been deliberately maintained at this level to ensure that, given the resources of the program, it has been possible to provide the intensive training and personal support necessary to guide the young women through their training and their role as peer educators in the schools. This level of support has also ensured that the young women establish close relationships with one another so that they can learn and work together as an effective team, that they build close personal relationships of mutual support and friendship, and that older graduates can mentor more recent trainees and enhance their presentation, parenting and personal skills.

Talking Realities has been significantly successful in reducing the isolation, depression and sense of social exclusion experienced by many of these young parents. In addition, the program has clearly played a key role in increasing their friendships, mutual support, confidence, self esteem, parenting, communication and relationship skills and assisting the young women's re-entry to training and education and participation in the paid labour force.

3. The Students and Teachers

3.1 Implementation of the peer education sessions in schools

The delivery of *Talking Realities* presentations to students commenced in November 2005 and by the end of 2008, some 102 sessions had been delivered in ten schools, one TAFE college and one Adult Education Centre, involving 2085 students from years 9, 10 and 11.

Table 9: Talking Realities sessions in schools November 2005 - December 2008

Year	Total educational institutions (schools, TAFE College, Adult Education Centre)	Total students attended	Year levels schools (number of students present)
2005	5	163	Yr 9 (101) Yr 10 (62)
2006	6	505	Yr 9 (225) Yr 10 (245) Yr 11 (35)
2007	9	563	Yr 9 (118) Yr 10 (333) Yr 11 (112)
2008#	10	854	Yr 9 (324) Yr 10 (383) Yr 11 (147)
Total	102 sessions in 1 TAFE College 1 Adult Education Centre 10 Secondary Schools	2085 students	Yr 9 (768 or 37%) Yr 10 (1023 or 49%) Yr 11 (294 or 14%)

The South Australian experience indicates, and the *Talking Realities* staff and many of the school staff believe that integration of the *Talking Realities* presentation in the curriculum and particularly the health education and sexual health curriculum makes for greater reinforcement and impact.

I recognise that the potential to change behaviour as a result of sitting through one 90 minute presentation is relatively limited and it's likely to have more impact if the *Talking Realities* presentation is well integrated into other aspects of the sexual health curriculum. It is hard to be sure but teachers have written positive letters, saying *Talking Realities* presents a different perspective and complements existing sex education and fills a gap identified by the community health nurses.

Talking Realities Co-ordinator

The evaluation suggests that *Talking Realities* is more likely to be integrated into the curriculum when the school liaison person has a health or welfare role in the school.

I think it is best integrated into Year 10 sex education, it is then part of a multi-pronged attack – not just the only thing they are offered. It is a great support for the school wellbeing officers.

School Nurse

It is well integrated into our sex education/drug education, all students do it and we have integrated follow up to build on the doors *Talking Realities* opens. It is part of our

Community Pathways Project a sex and sexuality program. Having it integrated allows us to have follow on sessions, the students are always asking questions that relate to the *Talking Realities* presentation, it enables them to ask questions that maybe they wouldn't have had the confidence to articulate or ask. It reinforces messages we giving and enables students to bring up new issues and legitimises questions often months later.

Head Student Wellbeing and Services

Year 10 is the best year, it is the peak time for romanticising motherhood and tends to be when we get the pregnancies and it would be best if we could get all the sessions done with all year 10 classes in one day, but *Talking Realities* only does two per day.

Year 11 Co-ordinator

We integrate it into the Year 9 health education/sex education program.

Student Welfare Co-ordinator

Staff also feel it is best presented to Years 9 and 10 when the students are aged 14 to 16 years and most likely to commence being sexually active. However, sessions are not always well integrated or delivered to this age group.

We included it as an end of year bits and pieces kind of thing. Ideally it would have been part of the sexual health curriculum earlier in the year when the community health nurse came in and did the sexual health talk.

Welfare Co-ordinator

We link it into Family and Parenting in Year 11, not in the Sexual Health unit. The *Talking Realities* Program Co-ordinator tried to get us to do it earlier but it fits better to this Year 11 unit. There's not much on sex education so we don't do it as part of the sexual health curriculum.

Physical Education & Health Teacher

It is not integrated into the curriculum, I wanted it to be, but it is so hard to organise, sometimes the teachers resent me for organising these incursions, they are so pressed to get through the curriculum, they don't want anything else brought in.

Personal Development Co-ordinator

To be honest, we tend to run it at the end of the year, after exams, when they are looking for something that is not work.

Year 10 Co-ordinator

We don't run it as part of the sexual health curriculum because of timetabling issues for eight different classes.

Year 9 Co-ordinator

3.2 What students say about the impact of Talking Realities

All students who attend *Talking Realities* sessions are asked to complete a feedback sheet. Not all do so due to time constraints in the schools and the need for students to move on to their next class. Because of the evaluation was carried out during 4th term only the feedback from the students and teachers who participated in the sessions delivered up to the end of Third Term 2008 were analysed. This data in this section are drawn from the 1475 feedback sheets by the students who participated in the sessions to the end of September 2008.

Students were asked to state whether they thought the program was “useful to people your age”. Their responses were overwhelmingly positive with 1088 students indicating it was useful. Of these 1062 made specific comments (see Table 10), twenty five wrote it was useful but gave no reasons, and one student wrote ‘it was useful but we knew a lot already’. Only seven students indicated that they did not think it was useful.

Table 10: Reasons why students think the *Talking Realities* is useful to people their age

Because it gives insight and information	Total mentions = 673
Yes, because it teaches people / makes us aware	162
Yes because it is showing that you have to be prepared for the consequences/responsibility	97
Yes because it shows the reality of having a child	68
Yes because you need to know these things/at the right age to learn this	63
Yes, it shows the pros & cons of early parenting/ gives useful information	48
Yes, because I didn't know half the things before today / Because we don't know about this stuff	44
It tells you what to expect / be informed	43
It gives some insight into the lives of young/teenage parents	29
We understand what people go through in that situation/ how hard it is	20
Learn a lot/better understanding	20
It tells you about that responsibilities of having kids/babies can be a handful	16
It tells us how much life changes when you have a baby	14
Because it teaches us to make good decisions	12
Yes, so we know what to do when we have our own babies	9
Yes, because we got a better understanding of parenting, pregnancy & sex	7
Informs us about how big a decision it is	5
Because if we decide to have a baby it would be useful	5
Because young men don't know much of the things discussed	2
Yes especially if they are thinking about becoming a parent	2
People this age don't take any notice of the consequences. Having and caring for a baby is a lot harder than it seems.	2
I just learnt that what me and my friends thought was really wrong!	1
To teach us that it's our choice to have kids	1
Because a lot of people like to just have fun and not think about finance.	1
Because a lot of people don't know the costs etc, of parenting	1
Because they don't know how to keep their mind straight on which to choose - education or kids	1
Because it could happen to us....	Total mentions = 108
Because it can happen to us/there could be pregnant girls in school	56
You know that there is help if you need it/ where to get help	17
Because if I were to get pregnant now I know more about my options	16
Girls want babies now /There are people out there that want babies	9
Yes because they could be going through the same thing	6
Even if you have a baby young, it can still work out	3
It's heaps, HEAPS better when young people are educated about this topic, then they're able to make an intelligent decision	1
Because it makes you think.....	Total mentions = 85
It makes people think twice/ opens our eyes	42
Because it stops you from thinking that having kids is easy	11
It warns you, its scary, it scares kids into not getting pregnant	6
Because it makes us think of what we want in life & whether or not having a child is the best thing for us	4
Yes, because it is more common than people think	4
Because it could help prevent unwanted pregnancies.	3
Because it sort of makes you want to slow down with your life & enjoy being a kid while you can	2
Teenage pregnancy rates have risen	2
Now I don't want kids at a young age	1
Yes it helps us understand having a baby is bad	1

Because its hard to have a kid underage	1
Because if we don't learn it, there will be more pregnant teens	1
Because many people would feel overwhelmed by the responsibility of caring for a baby	1
Yes, if we would be younger we wouldn't understand	1
Because if a young mum didn't know this she'll be in a lot of trouble	1
For myself it has put a lot of things in perspective	1
Because it puts things in the perspective of a mother's view	1
To especially the girls, not as much to fathers	1
Because we need time to think about our parents and us in the future.	1
Because it educates us about sex.....	Total mentions = 93
Yes, because people thinking of/going to have sex & need to know about it	48
Yes, because you should use condoms / practice safe sex	13
To prevent unwanted "babies"	4
Yes! So we will know something about pregnancy	4
Because we are 16, and it is legal to have sex	3
Yes, so we don't have sex & have a baby	2
A lot of teens have unprotected sex	2
A lot of people around my age are having sex	2
This program is useful for people our age because it educates about sex	2
Yes because we are horny at the moment	1
Everyone is curious about sex	1
Sex isn't safe	1
Because people my age have sex & are stupid about it	1
Because of all the hormones	1
Yes, because you have to be careful as it could happen even if you're on the pill or using a condom	1
Yes, if you like sex	1
Yes, it encourages people to think sex through	1
Yes, because we don't know a lot about sex	1
Shows us about children & having sex	1
Because a few of my friends have had abortions	1
I've dealt with a friend who was pregnant & I didn't know anything at the time	1
To tell you the truth, it has made me not want to have sex because I don't want any kids right now	1
Because it makes it real, peer educators have more impact than school learning	Total mentions =103
They are real people our age dealing with the situation/they have experienced it	48
Because the educators are young and we can relate to them easily	21
This is more real than what you get taught in school	9
Yeah, it's things you don't always want to talk about / embarrassing	6
They know what its like to raise a child on your own	5
Because these are mothers that were our age when this happened.	4
Because you learn from your mistakes	3
Informative but not confronting in a preaching way ie 'your life is over'	2
Yes it is useful because we talked in groups and one on one	2
Yes, because people usually think you're too young & don't tell you	
Yes, because its easier than asking your mum	1
So we don't have to rely on our parents	1
Yeah, for girls more than boys though, because it's not people saying "don't get pregnant"	1

Of the seven students who said the program was not useful, two gave no reason, the others stated

- Not for me but maybe for other people my age (1)
- I already know most of it to be honest (1)
- No because we are not 16 (1)
- No because some people don't listen (1)
- No, because not all people want to have sex or have children (1).

Program Objective 6: Students' views on impact on their awareness of the consequences of early parenting

Many of the responses above indicate a growing awareness of the realities of early parenting, as did the answer to the question, "How much did you learn about the responsibilities of being a parent?" with 99% replying 'some' or 'heaps'.

- Nothing 13
- Some 459 or 30.5% of responses
- Heaps 1028 or 68.5% of responses

Responses to the request to 'list 2/3 new things you learnt from the program' are grouped into categories in Table 11 below.

Table 11: 'New things' learnt as identified by the students

The challenges faced by young parents	713
The financial challenges of early parenting	533
Issues relating to sexual health	291
The services available to young parents	222
Being a young mum/parent is hard	217
The parenting skills that are needed & baby & children's needs	209
The positive aspects of teenage/ early parenting	204
The social life and lifestyle changes faced by teenage parents	196
Not to judge young parents negatively, they need love and support	49
Students stating they have made a personal decision not to have a child early	33
There are an equal amount of positives and challenges in parenting	7

The students were then asked to rate the nine topics covered in the presentation in order of 'importance'. The top three most important topics were deemed to be

- 'children's needs',
- 'the cost of living' and
- 'sexual health'.

These were closely followed by

- 'the consequences of having a child', and then
- 'comparing the lifestyles' of a young parent and a teenager.

It is clear from these responses that the consequences and realities of parenting and particularly youthful parenting came across very strongly to the students, and they seem to have been significantly impressed.

Program Objective 7: Students’ views on the impact on their understanding of sexual health

The responses indicate that there was an increase in understanding of sexual health issues, particularly contraception. Of the ‘new things’ young people reported learning as result of the *Talking Realities* presentation some 293 were in relation to sexual health matters including sexual behaviour, contraception and sexually transmitted diseases.

Table 12: ‘New things’ learnt about sexual health

Information about contraception	70
Sexual health - including pap smears & STIs	60
Myths about sex	47
Sex (not specified)	31
16 year old people can have sex legally	15
Do not use gladwrap and rubber bands	15
Why I should be careful having sex, sex is risky	12
Two condoms don't work	10
Important to use condoms	10
Abortion options	8
You can have sex while you are pregnant	6
It's OK to say No to sex	4
You can get pregnant the first time you have sex.	2
If your partner is older than you, it can be rape	1

Program Objective 8: Students’ views on the impact on their knowledge of community based support services

The majority of students indicated that they learnt some or heaps about ‘services and places to go for information about parenting’:

Nothing	35
Some	902 or 62% of responses
Heaps	522 or 36% of responses

In response to the request to ‘list 2 or 3 new things you learnt’ from the *Talking Realities* presentation, 222 responses related to services: financial support and services that are available for a young woman with a child (128), and the housing difficulties, services and options (77) and 17 commented that ‘there are programs out there to help young mums.’

The students were then asked to “name one new service that they had learnt about”; 766 students named a service and eleven said they could not name one. The agencies named ranged across general services as well as youth, women and parent oriented services. The type of services delivered included sexual health, housing, parenting, general health and counseling, and the provision of information and practical assistance.

- 210 mentioned services specifically providing support to young people, these included local services such as Kingston Youth Services (71), Bayside Youth Services (11), Hobson’s Bay Youth Services (10), as well as statewide services such as the Kids Help Line (44).

- 164 mentioned housing support agencies such as emergency accommodation and shelters (60), Hanover Housing (43) and the Office of Housing (22).
- 175 mentioned services relating to children and parenting – some broad based like maternal and child health centres (10), some specifically targeted such as young mothers’ groups (132).
- 106 mentioned local community health services, youth specific health services or agencies that provide sexual health services. These included the city based Action Centre that provides sexual health services to young people (32) and the statewide Family Planning Victoria (21).
- 31 mentioned services that provide counselling, support and information, particularly the local service Family Life (23).
- 29 mentioned welfare agencies that provide a range of social and practical services such as the Salvation Army, St Vincent de Paul and Anglicare.
- 51 mentioned a variety of other services not categorised above.

3.3 What school staff say about the impact of Talking Realities

Staff who attend the *Talking Realities* presentation are asked to provide written feedback, and 86 completed questionnaires were received. Most of the feedback that is sought concerns issues of delivery (ie process) rather than issues of impact, and this information has been used throughout the years to adjust and improve the presentations. Data reported here are drawn from the staff feedback sheets from the 86 staff who attended the sessions up to the end of Third Term 2008. The timing of the evaluation did not make it possible to analyse teacher feedback on the Term 4 2008 sessions.

The feedback about the overall value of the sessions is overwhelmingly positive:

- 84% of teachers strongly agreeing and 15% agreeing that the session was ‘beneficial to the students’ – a total of 99% positive responses
- 63% strongly agreeing and 28% agreeing that the ‘students understood the issues’ – a total of 91% positive responses
- 82% strongly agreeing and 16% agreeing that ‘the material was relevant for students at this level’ – a total of 985 positive responses.

The teachers are asked to rate the nine topics covered in the presentation in order of their ‘usefulness to their students’. The top four topics were deemed to be

- ‘comparing the lifestyles’ of young parent with that of a childless teenager
- ‘the consequences of having a child’
- ‘the cost of living’ and
- ‘sexual health’.

Program Objective 6: Staff views on the impact on students’ awareness of the consequences of early parenting

In order to complement these brief comments made by participating teachers and to ask about the impact of the presentations on students, the evaluator held telephone interviews with staff from all ten schools and two adult education centres. The staff approached for interview were the ‘school liaison person, that is the staff member with whom the *Talking Realities* program co-ordinator liaised when negotiating to bring the

peer educators into the school. Four student welfare or wellbeing co-ordinators, four school nurses and four year level co-ordinators were interviewed.

The teachers and welfare staff gave a strong endorsement of the value of *Talking Realities* in making the consequences of young parenthood real for students.

We really appreciated the candid young mums. We found it a very positive program; one girl wrote in literacy piece for another course, that as a result of the session she had changed her mind about having children as young as she was planning, "I don't think I have the experience nor am I financially stable enough to have a child."

Personal Development Co-ordinator

For me it has been really good, we'd been doing contraception and it's very hard to get the message across about young pregnancy. This program really makes it 'real', having young parents there presents real life and allows the students to hear and interact and ask them questions. My class was the only one that did not get to see the *Talking Realities* program and they've complained ever since because they've heard from the other students and want to experience the program too.

Student Welfare Co-ordinator

It is very powerful, it brings home the reality of parenting, the cost of living as a parent, the way it changes your lifestyle, the housing component has a real impact, they are really curious about this segment. The boys are very attentive; there are very few smartarse glib comments

Year 10 Co-ordinator

I was very impressed! Health promotion is very important in this region especially in Frankston where teenage pregnancy is an issue. The program complements our sexual health work and our *Core of Life*³ work. After the recent *Talking Realities* presentation, I went and asked if the students would like to do the *Core of Life Program* and they were very enthusiastic. This was particularly impressive because this was supposed to be a hard to engage group.

School Nurse

It gives them the knowledge they need to make good decisions. It is a reality check for some of them. It is not a romanticised vision; it is real. For boys it is a good insight into parenting. They've often not thought of it whereas girls have already thought about it. Islander families are very big and girls often care for younger siblings, boys don't get asked to mind children. *Talking Realities* helps the boys gain insights into parenting that the girls are more readily exposed to.

School Nurse

It made them aware of the reality of having children. They get a sugar coated idea of having children from TV, then these ordinary average girls brought in their children and the students were gob smacked. They recoiled when confronted with the reality.

Year 10 Co-ordinator

The girls really like the program, it makes them think, and they get quite shocked. It's a real reality check for them. Having the young mums present makes it all real for them. It definitely gets through to them. One of the things that shocks the younger students is the money – ie there is nothing left for them – and year 10 is the peak time when the girls romanticise motherhood.

Year 10 Co-ordinator Catholic girls school

We are overwhelmingly positive about the program; it doesn't preach to the students, it doesn't tell them not to do things that they are going to do anyway. It is really good that real young people are used to do the presentations, this really engages the students. It gives them a chance to think about the choices they have - it may not change the behaviours but it really reinforces that these activities can lead to these consequences -

³ A program developed in by community health in Frankston and funded by FaHCSIA to support indigenous youth prepare for a positive parenting future see www.coreoflife.org

the students really get this especially with the focus on the money and how parents spend their time. Year 9 Co-ordinator

I think it has a longer lasting impact when it is outside people coming in -ie not a teacher –and it has more reality for the students. Welfare Co-ordinator

It reinforces what they learn through the text book. It brings it more to life. It is not just theory. The cost of a baby seems to stand out for the students as the area they comment on. Physical education & health teacher

The young women really get embraced by the class, when they bring their babies in, they pacify the class, even the tough dudes get down on their hands and knees with the babies. TAFE Teacher

It is not about, “it’s bad; it’s just different – this is how my life is now I have had this baby.” It is not condoning young parenthood, not promoting it; just this is how it is for me. It’s education not preaching. It’s real. When they have the children with them it is even more educative. We had an all boys group the other day and they were quite riveted, they asked some really quite good questions about the dads. You can see they are really thinking! Q does the effect last? A It’s great if they take it up but at least they’ve heard it, whether they retain the knowledge over time? Well they are 16 years old! TAFE Teacher

A very valuable program; the students tend to listen to their peers. I do the sexual health sessions in the schools, but I haven’t had a baby and I am twice the students’ age. These young women have actually experienced parenthood and the students can relate to them more. Community Health Nurse

I believe it has a strong deterrent effect; it points out the consequences of early pregnancy and certainly gets the message across. It makes the students think and has a strong effect on their understanding of the consequences of getting pregnant. Peer educator hook is good in these circumstances, it doesn’t work in the alcohol and drug field (don’t do it but here I am I am alive). In my experience, after the *Talking Realities* sessions, the girls come to me to be referred for emergency contraception more often. It really puts the wind up them! School nurse

I see it having a big impact on the boys, they go ‘Oh my gosh, I didn’t realise it (ie parenting) was so much work and so difficult. School Nurse

Program Objective 7: Staff views on the impact on students’ understanding of sexual health

The consensus among the school liaison staff seems to be that the *Talking Realities* presentations reinforce the sexual health ‘theory’ that the students receive in class, (except the catholic girls’ school). The material may not be new, but it does seem to reach the students in a practical way and help them to understand more fully how the information they have already received is relevant to them.

It reinforces knowledge they’ve gained through existing sex education. School Nurse

It stimulates their minds to think about sexual health and has sparked a lot of conversations about sex after the session. Most of these kids probably know a lot of stuff, but *Talking Realities* brought it home, made it concrete. There is a difference between “learned” knowledge and “understood” knowledge. The program made them understand more, and made the knowledge real. We really have no way of knowing, but I think this has a better chance of sticking than sex education. We probably need both the theoretical and the real in combination for the best results. Year 9 Co-ordinator

I was extremely impressed. The students said it was the best session of the whole year. Our pre and post survey showed that there was a big increase in ‘correct answers’ to

questions such as “It’s not OK to pressure someone to have sex” and ‘you can get pregnant the first time” and “fathers stay with teenage mums”. It really engaged the teachers too; the science teachers got very involved and engaged. They are the sex ed teachers and they usually nick off or sit at the back and mark papers but they were really involved. I think it had a huge impact on the attitudes to teen mums among the teachers.

Health Promotion Co-ordinator

I am not sure it really increases their knowledge of sexual health – they are really quite knowledgeable already about the facts, maybe too knowledgeable, it’s more that they think about what does this mean to me in my life.

TAFE Teacher

I said to the other teachers I want them to make sure it (*Talking Realities*) is grounded in work already being done, and reinforces knowledge they’ve already gained through existing sex health education.

School Nurse

Maybe it might make them think twice when having sex about using contraception or motivate them to say no.

ex Year 10 now Year 11 Co-ordinator

Re sexual health, we have a special agreement that the presentation does not go into contraception, so it doesn’t do much in terms of sexual health,

Year 10 Co-ordinator Catholic girls’ school

There is a recognisable pattern; every time there is a *Talking Realities* session in a school we see an increase in use of our service by young people. There is an immediate surge, then it tends to die down again, but over time there has been a steady increase over the last 2 to 3 years. They come in for emergency contraception, especially when they learn it is available for up to 5 days after sex, more young people come in for pregnancy tests or the morning after pill, to pick up condoms or to ask about STIs. Girls from the school where there was a presentation bring in a girlfriend from a school that didn’t have one. Young males come in with their girlfriends, worried about a pregnancy or wanting an STI screen because they are starting a new relationship.

Community Health Nurse

Program Objective 8: Staff views on the impact on students’ knowledge of community based support services

On the whole teachers and health and welfare staff made little mention of whether students gained in terms of knowledge of local services. Their comments focussed more strongly on the de-glamourisation of parenthood and babies and the raised awareness of the realities of parenting as well as the reinforcement of sexual health messages given by the school.

3.4 Concluding comments

Whilst difficult to assess the longer term impact of one off presentations in schools from the post-presentations feedback, the immediate comments by students and school staff, and their subsequent interview reflections suggest that *Talking Realities* reinforces school ‘theory’ about sexual health, relationships and parenting, and opens young peoples eyes to a more realistic appreciation of the challenges of early parenthood and the avenues to avoid this. The influence this increased knowledge and understanding has on sexual behaviour is difficult to gauge but there are indications that it is translated into behaviour change as evidenced by reports of increased visits to school nurses and community health services for support in sexual health issues and contraception.

4. Talking Realities and the Service System

The staff, steering committee, stakeholders and school liaison staff were asked if the *Talking Realities* program had had any other impact that they could identify beyond that on peer educators and students. This section groups their responses under four headings:

- The influence on agency collaboration
- The positive modeling of health promotion
- As source of pride and public recognition
- A challenge to negative attitudes to young parents

4.1 A means to building up agency collaboration

Many mentioned the role the program has played in building relationships and partnerships between participating agencies particularly across health and education agencies.

The collaboration between the school and the community health centre has been really good, the teachers are very positive about the program and want it back. *Talking Realities* has opened doors for us into schools which we just couldn't get into for the usual sex education programs. It has also opened up a relationship with Holmesglen TAFE as the Registered Training Organisation for the program and also the media department who made the DVD for us. It has also really built our connection to the local neighbourhood house/child care centre.

Health Promotion Co-ordinator in community health

These relationships have changed the often negative views of staff about young mothers (see 4.4 below) and at times have challenged staff to rethink their practice to become more sensitive to the needs of the young parents.

Many of the young mums are quite possessive of their children because of their past experiences and their lack of confidence. Putting their child into child care is so difficult for many and this has been quite a challenge for the staff. The early training course was quite difficult and we had a few teething problems, the staff and the girls had some difficulties in communication and attitudes, but the *Talking Realities* co-ordinator was wonderful. In later courses the young mums seem more relaxed about leaving their children in child care, maybe it's word of mouth between the parents, but it certainly seems much easier now. However, sometimes they come out of the training session and want to translate their learning into questions and interactions with the staff. This certainly challenges the staff and keeps them on their toes.

Child Care Program staff member

However, some would like to see more collaboration.

I'd like to see more local government involvement and see it take more ownership of the program. They refer young women to the program through their young mums program but there seems to be a tendency now (because the community health service has had the lead agency role), this has enabled some agencies to step back or not come forward.

Health Promotion in community health

4.2 A model of health promotion in action

Workers in various agencies, but particularly in community health, mentioned the benefit *Talking Realities* gives in that it models successful health promotion activity and

inspires others to see health promotion and prevention activities as possible. This modeling is reported to result in a greater appreciation of what working with a health promotion/prevention focus can achieve and gives staff the motivation to move beyond a clinical approach.

Talking Realities is a living embodiment of health promotion and empowerment model
Senior Manager in community health

As health promotion co-ordinator, I've seen other workers see health promotion as valuable because of the *Talking Realities* program. They tend to be more focused on clinical client work especially the child development team, now they have seen the *Talking Realities* staff present on the *Talking Realities* Program they can see a real live health promotion program that works and feel positive and encouraged about that sort of work. When the *Talking Realities* co-ordinator described *Talking Realities* coming out of an antenatal class, staff can really see how health promotion can grow out of a clinical program.
Health promotion worker in community health

I am interested in decreasing unplanned teenage pregnancies, but I am not judgmental if a young person does have a baby. I see this program as being about empowerment not as a deterrent. My experience in managing an adolescent unit was that the girls all thought boys' desire was their frame of reference. I wish we had had the *Talking Realities* program then to help change the view that they had to do what the boys want – sex with no contraception. We want to keep it in our suite of services; it is a really important means of building young women's self esteem and of reducing teenage pregnancy by them saying no to unprotected sex.
Senior manager in community health

The program has changed us. Firstly it has been a great innovation that grew from the ground up (not from the board or from management) with management support. It drives home the health promotion message. Secondly, it has operationalised what you can do if you build up young women, they spread the message and they grow themselves; a double dose of health promotion and prevention. It has created good dialogue, good conversations at all organisational levels.
Senior manager in community health

4.3 A program to be proud of

Talking Realities has also been a program that agencies and agency staff can be proud of and that they feel can be promoted to and supported by the community health centre and the community.

The Management Committee knows about and feels proud of the program; it is seen as a successful program.
Senior manager in community health

From CEO down there is an acknowledgement here of how valuable the program is, it has helped us get media coverage, we are very proud of the program.
Health promotion worker in community health

We see this as a really valuable program; it ticks all the tight boxes. We can argue the economic value of the program – it gets young parents into the labour market, it shows what a partnership approach can do, it engages the community and schools, it improves the health and wellbeing of the community and encourages the use of community services, and it is an all round 'feel good' program.
Senior manager in community health

I think it is a fantastic program, and we cannot offer it to all who want it; it is very valuable in two ways; the young parents gain so much and the peer model is great in schools where it really does provide a reality check – it opens the students' eyes to the

reality and the consequences of early parenting. The evolution of the peer leader roles is an example of the benefits of the program. Youth worker in local government

Talking Realities has an additional benefit to the organisation, there is the rapport between the program staff and the rest of us, this helps keep us motivated and proud of what *Talking Realities* has done, and gives us a sense of achievement and common purpose.

Community Health Nurse

4.4 A challenge to attitudes to young parents

The program has shifted a lot of people's thinking as it presents a real challenge to stereotyped views about young parents. In addition, many have seen the value of a peer education approach especially when working with teenagers. *Talking Realities* has also given workers (and others) a sense of hope about the future for young parents and their children.

I am really proud of the girls and I've realised about how tough it must be. I deal with a lot of young parents in my job (and I don't have children myself) and I can see how hard it is to do the training and have babies at the same time.

Community Health Nurse

It has challenged my views and stereotype of young parents: I was very pleased to discover that some of the young women have partners and some are married. Seeing their parents present at the launch also challenged my ideas. I was really impressed by the confidence of the young women in their presentation that night, their ability to communicate, their coherence and it is not easy to stand up and talk about these issues, and they clearly demonstrated their very positive relationship with their children.

Funding agency staff member

It's also of value to kids in schools, this is harder to measure but even if the program discourages the young people from getting pregnant, it is worth its weight in gold. It is not a goal per se to reduce pregnancy rates in teenagers, but it clearly helps if young people think much more about this decision, if they go in with their eyes open, this is obviously better than going in unaware.

Funding agency staff member

5. Conclusions

5.1 Overall achievements

The *Talking Realities* program run through Central Bayside Community Health Services has been a model of successful health promotion in action. It has had a significant impact on the young parents trained as peer educators particularly in terms of decreasing their social isolation and negative self regard, increasing their personal confidence, their self esteem, their support networks and their use of services, as well as enhancing their educational and employment opportunities, aspirations and choices.

There also appears to have been a positive impact on the young students to whom the peer educators made their presentations. These young people have gained insight into the consequences of being a parent, have been impressed by the realities of being a mother and had any romantic visions of motherhood dispelled. They have also learnt about how and why they can avoid unplanned parenthood and what services are available to young people. There are some indications that the students then translate this increased knowledge into appropriate behaviour change.

In addition, it has had an impact beyond these young people both peer educators and students. Health, welfare, child care and education staff in local agencies have developed new partnerships and collaborative processes as they work on the program together, and new hope has been injected into the work of those in community health for effective preventive and early intervention work with young parents. Teachers and welfare staff in schools have had their stereotypes of young mothers challenged, and their own health and welfare work with students has been reinforced and extended. The peer educators' family members, partners, and children have all benefited from the growth in confidence and skills of the young women, their steps into further education and employment and the overall success of the program.

The first goal of the program was “*to improve the social health outcomes for young parents (peer educators) and their children living in Kingston and Bayside*”. This has certainly been achieved in the medium to short term timeframe considered in this evaluation.

For the 32 young women who have trained as peer educators in the last four years (and quite possibly for the eight young women who began training but did not complete it) there has been a significant increase in their confidence and self esteem, they now have a network of friends and supporters, as well as connections with supportive staff in community health, children's services and education. Their communication and relationship skills and their sense of self worth and the knowledge that they are doing something worthwhile that is valued by the community by sharing their experiences to help others, their optimism and their newfound capacity to challenge negative stereotypes of single or youthful mothers and not least, their increased parenting capacity are all testament to the excellent *Talking Realities* program model and to the skilled and committed work of the staff and the agencies implementing the program.

The program has resulted in the training of young parents to become competent peer educators in schools and TAFE. Through the training the young women have completed six of thirteen units of Certificate 3 of Community Services Work and have

become confident public speakers. They are employed on a casual basis to make presentations to secondary students until they reach the age of 25 when they are “retired”.

Participation in the training, and the presentations has brought about a decrease in loneliness, isolation and depression and a significant increase in the social connectedness, psychological wellbeing, and educational and employment opportunities of these young women even for those who actually delivered very few sessions in schools.

In addition, the young parents gained support, understanding and skills around their parenting role, they learnt about, but did not always need to access, a range of local community services. They also have experienced a number of other side benefits such as improved relationships with their partner, their parents and their child/ren. Quite a number of the young women, especially those who have limited family support or have faced challenges in terms of homelessness, family violence, mental health and parenting, have received strong and intensive support and advice from the program staff. The provision of intensive case management as required to support the young women is a critical aspect of the success of this program.

The friendship network that has developed between the young peer educators has been extremely valuable and valued aspect of the program which appears to have built a springboard from which some of the other benefits have flowed.

By improving the self esteem, confidence, wellbeing and sense of inclusion of these young parents, the young women have been able to make (and activate) plans for the future and specifically to make education, training and employment plans which over time seem likely to provide the route away from any disadvantage early parenting may have brought. Recently published Australian research of a longitudinal study of young parents and their children confirms earlier work that suggest it is poverty, depression and exclusion that create any disadvantage for the teenage children of teenage mother, not early parenting per se (Slowinski 2001. Shaw et al 2006).

The second goal of the program was “*to improve the ability of young people in Kingston and Bayside to make informed choices about parenting and their health*”. The evidence to hand to date suggests that the students in the twelve educational settings where *Talking Realities* presentations were made have significantly increased their knowledge and realistic awareness of the potential short and long term consequences of early parenting, their understanding of sexual health issues, and to a lesser extent, their knowledge of local community based support services.

Whilst it was never a goal of the program to reduce the rate of teenage pregnancy in the area, it seems highly likely that with an increased capacity to make considered and informed decisions about sexual behaviour and sexual health, unplanned pregnancies may be less likely to occur, and if the young people proceed with an unplanned pregnancy then this is likely to be within a supportive and considered environment.

The program has also had an impact on the agencies and the staff involved. Greater interagency collaboration now occurs particularly between community health, the local TAFE college and the adult community education centre and the schools. Staff attitudes to teenage parenthood have been challenged by the peer educators’

obvious confidence, competence, commitment to their children, and capacity to plan for their further education, training and employment. The success of the *Talking Realities* program has provided a demonstration of a successful health promotion program in action and provides agencies and management with a positive example to promote health prevention programs and activities.

5.2 Core factors that have supported the program's achievements

Well researched foundations and reflective implementation

The *Talking Realities* program grew out of longstanding, detailed and quality involvement with young mothers in antenatal classes and post-natal groups. This means that the complex challenges faced by young parents were well understood by the program staff who were already experienced in communicating with and supporting young parents well before the peer education program was commenced.

In addition to the local knowledge about young parenting at Cental Bayside Community Health Services, the *Talking Realities* concept had been well trialled and evaluated in South Australia and could therefore be imported quite easily and confidently.

Significant efforts have been made over the three years to gather process evaluation data which have then been fed back into subsequent development of the program. This dynamic reflective practice has serviced the program well and enabled it to be flexible to emerging issues and to modify the design and implementation to take account of local issues.

High quality program management

Talking Realities has been particularly well served by the program staff, both the program co-ordinator who has been in the role throughout the program, and the two peer leaders. The team has been well supported by management at both the Central Bayside Community Health Services and the Kingston Bayside Primary Care Partnership and the skilled program co-ordinator has been given considerable autonomy to develop and implement the program based on her specialist knowledge and experience.

The program co-ordinator is a person of exceptional high quality, continuous and passionate commitment to the program and to the young parents. She has worked with young mothers for over twenty years, she has a detailed and compassionate understanding of the challenges they face and the capacity to engage and support them in a way that is never judgemental or critical. She has not only been the visionary who planned and supported the program implementation but she has also provided skilled intensive case management to many of the young women as they have grappled with the complex issues of youth and parenting.

The value of the staff is outstanding, their passion and commitment.

Senior manager in community health

Is it the people or the program? The staff are very skilled and very experienced. Without the intensive case management that they can give it is doubtful whether the young women would stay engaged and involved. The retention rate is high and this is largely due to the *Talking Realities* co-ordinator's skills and her nearly 20 years experience in working with young women as young mums.

Health Promotion Co-ordinator

The co-ordinator has been the key; her previous experience in working with young women and young parents, her ability to communicate with them, her commitment to their wellbeing and to putting herself way out to assist, her empowerment skills and her vision of what the program and all that the participants can achieve. Senior Manager

It is a very professionally run program, reports are excellent and the staff team is knowledgeable and focussed. Funding body staff member

Another key factor in the success of the program lies in the responsiveness of the program staff team and other community health service, child care and teaching staff to needs of the peer educators. This has been challenging at times, but has been necessary to maintain the engagement of the young women and to support them in whatever way is necessary.

Continuity of staffing and effort

Continuity has been a factor in the program's achievements. The program co-ordinator has been in the role throughout the program and before that worked for many years at the Community Health Service. This has meant the relationships, partnerships and networking can continue and be built on over time. The expertise gleaned over many years remains available. *Talking Realities* has not suffered, as so many projects do, from staff turnover and loss of program or organisational memory.

Having the same person in the program co-ordinator role and her coming to this from years of previous work with the same age group has been a real plus. Her many years of continuity has built up the expertise, the communication and the core knowledge of the young people, also their trust in her, and her communication with the rest of the staff. Community Health Nurse

Child care, casework and long term engagement strategies

The peer education training program has been well integrated with and enhanced by the provision of on site child care and intensive casework support. Both of these are critical elements in making it possible for the young women to take best advantage of the training. The variety of roles; teaching staff, child care staff, program co-ordinator and from 2006 the peer leader roles provides the young women with a number of avenues to receive both personal and practical support.

The training program itself includes a strong focus on mutual support and team building and this has resulted in strong relationships between the young people and provides emotional, practical and parenting support to young mothers who were previously very isolated from others their own age and from the community generally.

The key is continuity over time, long term strategies to keep the parents engaged (playgroup, updates, launches, celebrations, retirement ceremonies, access to personal support etc) in the gaps between finishing the training and the school sessions. Schools tend to want *Talking Realities* in the latter part of the year so there are quite a few gaps. Health Promotion Co-ordinator

Whilst young men have never applied to become peer educators, the program has some strategies to involve young men, via the DVD which engaged five Dads in the production, and attendance of up to three Dads at the weekly playgroup. The formal graduation and retirement ceremonies, plus the occasional formal launches and celebrations also provide opportunities to involve family members especially partners and parents.

Qualifications, remuneration and leadership opportunities

Key elements have also been the high quality training program and the fact that the training is integrated into the accredited TAFE training system. This gives the young women a partial Certificate 3 in Community Services Work together with the opportunity to take up paid employment as peer educators after training. These two elements provide the first steps for many on a pathway to future education and training.

The establishment of the peer leader roles since late 2005 has provided an avenue for employment and on the job training pathway for the two incumbents, plus an opportunity for role modelling to other peer educators. The way the young people who trained at different times meet and work together offers opportunities for cross age and cross experience mentoring. This is another valuable tool in retaining peer educators and provides another avenue of personal support as well as leadership opportunities.

Networking and partnerships with local organisations

The program has been well supported by the commitment and practical support of the funding and auspice bodies especially FaHCSIA as the funding body; the Kingston Bayside Primary Care Partnership as the fund holding organisation, and the Central Bayside Community Health Services as the lead agency. The latter has provided significant amounts of in kind support and resources such as funding of the program co-ordinator role, the provision of offices and supports for the peer leaders, thereby maximising the value of the initial grants from state and federal governments.

Some key individuals have also been a useful resource to the program. The consistent support of a school nurse who provides sexual health programs in two local schools and is on the program Steering Committee has supported promotion the Program to existing and prospective schools and engagement of new schools. The active support of the local parliamentary member has also been useful in gleaning public support and media attention.

Networks have been developed with a number of schools and with Holmesglen TAFE as the Registered Training Office through which the training is accredited. This has involved strong links with a particular teacher who is also on the program Steering Committee and the involvement of the Media Department in developing the *Dads' DVD*. The program has also developed a close relationship with Longbeach Place Adult Community Education Centre as training venue and provider of childcare.

5.3 Challenges that the program has faced

Building supportive child care

In the early days it proved to be quite a challenge to establish and maintain appropriate child care support for the young mothers. This was achieved though close attention to the issues faced by the mothers and the child care service, working closely with child care providers, supporting the young mothers in their concerns about child care, and seeking ongoing feedback on a regular basis.

Building an effective team of peer educators

In the first peer educator training in 2005, the program faced a number of challenges in building supportive relationships between the peer educators and managing the “bitchy girls” issues at times. This has been largely resolved by means of incorporating a focus

on communication skills, team building and mutual support into the training. In addition, other strategies to support individuals and to build mutual support have been used as appropriate including a camp with team building exercises, the provision of individual support or casework as required, and the development of a strong celebratory focus including graduations, launches, retirements etc.

Some schools have expressed a wish that to have peer educators of the same age as the students, that is 15 and 16 year olds. The peer educators have rarely been younger than 19 and the program co-ordinator's experience of working with young parents over 20 years is that young women in their early teens are not ready to take advantage of the opportunities presented by *Talking Realities* participation. To maintain relevance to the school students, peer educators are retired at 25 years of age.

Maintaining peer educator involvement

Once the young women are fully trained it has at times been a challenge to maintain their involvement and to ensure they maintain their skills and commitment. At certain times of the year the school presentations slow down or cease (for example in fourth term and over the summer holidays).

Staff have developed a range of strategies to ensure maintenance of involvement. These include the provision of monthly newsletters, support group and access to a weekly playgroup; social activities over December-January period, flexible support by the program co-ordinator including phone contact, offers of transport, a listening ear and casework support when appropriate; the provision of refresher courses and the development of the peer leader roles to assist in maintaining close contact and to support trained peer educators to support younger women in training.

Presenting young fathers' point of view

It proved difficult to recruit young fathers as peer educators, and following feedback from the schools that they would value a male viewpoint on early parenting, the program developed a Dad's DVD.

Engaging schools

An enduring challenge for the program staff is to maintain the profile of *Talking Realities* in schools where presentations have been made and to engage new schools. Unlike the program staff, school staff seem to be frequently on the move and keeping in touch with busy staff whose roles change, where incumbents change from year to year is an ongoing process. Even identifying the appropriate staff member to begin negotiations to bring the program to the school can be difficult.

It is also a challenge to ensure that the *Talking Realities* sessions are integrated into the curriculum and delivered to the students at appropriate year levels at an appropriate time of year to maximise impact. Matching the schools' requirements with those of the program and the peer educators is sometimes difficult. For example a school may want ten sessions in one day to reach all the Year 9s, but it is difficult for the program to arrange for sufficient young women to be present for the whole day when they have a variety of other commitments calling on their time.

Broadening local support and involvement

It has proved challenging to gain active support from other members of the Primary Care Partnership beyond community health. Perhaps having a strong lead agency has

the downside of other agencies tending to ‘sit back’ and ‘let them get on with it.’ Efforts have been made to overcome this by including key members in the program steering committee.

Establishing and maintaining an effective data collection and analysis system

Whilst the program has been effective in undertaking regular process evaluation activities and using results to improve the design and delivery of the program, due to resource constraints, it has been challenging to ensure that this also involves the development of systems to collect and analyse key impact data. One example is that although feedback data were collected from schools after the *Talking Realities* presentations, the system for storing these data did not enable detailed cross tabulated analysis to occur. In addition, the focus of the feedback questionnaire on process meant that comments were not consistently sought around program goals and objectives.

Strategies for systematic assessment of impact as well as process especially in relation to the peer educators could be implemented to maximise the learning about the value of the program and ensure its sustainability.

Finding on-going funding

As with so many health promotion programs, and so many demonstrably effective programs, *Talking Realities* struggles to attain an on-going funding commitment. The program co-ordinator and management are using a variety of strategies to attract on-going funding but this in itself creates a tension between the search for resources and the development of the program.

This evaluation was not designed to be a cost effectiveness study. Should a study of this nature be carried out in the future, this brief impact evaluation suggests that it may well conclude that the investment of resources to engage, support and train young parents to run peer education sessions in schools is more than repaid by the resources saved in the long term as a result by improved mental health of the young parents, their participation in the labour market and the improved long term life chances of their children.

As Shaw et al (2006) concluded in their longitudinal study of teenage parents and their children that maternal age is not associated with the health outcomes of their children, rather indicators of low socio-economic position and maternal depression are associated with poorer psychological, cognitive and behavioural outcomes in their offspring at 14 years of age. They conclude that

interventions aimed at reducing maternal poverty and increasing support among those from the most deprived backgrounds may be more effective ways of improving childhood psychological, cognitive, behavioural and health outcomes than would interventions aimed solely at reducing rates of teenage pregnancy and parenthood.

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