



**Opportunity for Change:  
Young Motherhood & Homelessness**

**A report from the  
Becoming a Mother project**



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Becoming a mother is a significant turning point with the potential to drive positive change in the lives of young women who are homeless or at risk of homelessness.

Young mothers in this study commonly regard motherhood as a form of redemption, reporting that motherhood has given life meaning and prevented them heading towards early death by suicide or drug overdose, incarceration or ongoing chaos and homelessness. Young parenthood brings hardship but it also brings opportunity; young mothers are highly motivated; we as a society need to be ready to assist them to reach their goals.

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## Executive summary

### The study

This report details the findings of a one-year study undertaken in Melbourne, Australia, in which interviews were conducted with 24 young mothers (aged between 17 and 26), recruited through youth services, who had experienced homelessness, and 10 key informants. The key focus of the study was the impact of motherhood upon homelessness and the identification of gaps in current service delivery.

### FINDINGS

- Being a mother is an incentive to live and is seen to contribute to a reduction in suicide attempts and self-harm, although depression may persist or even increase.
- Life is sometimes harder but generally better.
- Improvements in wellbeing such as greater self-esteem and new purpose can be outweighed by isolation.
- Becoming a mother is a catalyst for positive change (but structural, circumstantial and sometimes individual factors can get in the way).
- Cessation of substance use is associated with pregnancy.
- Motherhood provides an ongoing incentive to stay off drugs and alcohol but usage may resume if other life circumstances do not change.
- The birth of a child prompts the desire for family (re)connection (in fact many outcomes are linked to ongoing relationships with others – particularly families and partners/babies' fathers).
- Pregnancy can be a time of increased risk of intimate partner violence, particularly controlling behaviour with ongoing violence from partners and ex-partners precipitating episodes of homelessness, and homelessness increasing young women's vulnerability to further violence.
- Motherhood delays educational and employment opportunities but provides a greater incentive to succeed.
- For many, poverty is a greater obstacle to mothering than youth.
- Social isolation is common and detrimental.
- Young mothers want the adult roles they play recognized but many do not relate to services for adult women.

## SERVICE DELIVERY: IMPLICATIONS & RECOMMENDATIONS

The young mothers interviewed were being accommodated and/or supported by youth services (through the homelessness service sector [HSS] or young mothers support services) and were generally satisfied with the assistance they were receiving. However, there are significant gaps in relation to accommodation and support for young pregnant or parenting women in the HSS. Family services do not always recognize youth specific needs and youth services do not always recognize the issues and needs associated with parenting. The links between the homelessness and health sectors are *ad hoc* and often weak. Based on these findings we identified the following key recommendations:

### Housing, accommodation & support

- Young pregnant and parenting women relate best to youth services and SAAP<sup>1</sup> youth services should provide targeted accommodation and support to this population.
- A youth friendly response for this group must respond to both their relationship with their birth family and their new role as a parent.
- Crisis accommodation models that specifically cater for the needs of young pregnant and parenting women and families should be developed and funded
- Medium or long term outreach support should be available for vulnerable young mothers leaving crisis or medium term SAAP accommodation.
- Young mothers should be given priority to transitional accommodation near essential public services such as public transport, shops, medical services and where possible Maternal and Child Health Centres, childcare centres and support services.
- Any new crisis or THM accommodation that will include young mothers in its clientele should be located near the services listed above.
- Current public housing responses fall short in terms of waiting times and suitability of housing; young mothers should not have to wait for a year to be offered sub-standard housing.
- More investigation is needed to identify a public housing response that is better suited to young people.
- Social support is as crucial to positive outcomes as practical assistance such as shelter; reducing social isolation should be core business for homelessness services working with young mothers.

- SAAP youth services need to acknowledge the role of young fathers/partners, both through the provision of family accommodation and through identifying and addressing their specific needs as new fathers.
- Pregnancy, birth and early motherhood should be recognized as key points for investigating the possibility of family re-connection with appropriate assistance provided to deal with unresolved issues in order to maximize the possibility of successful long-term connection.
- New ways to assist young mothers to purchase and/or maintain a car or otherwise increase mobility should be investigated including the provision of dedicated brokerage dollars not linked to education and employment.
- The possibility of volunteer assistance with driving practice through service clubs, should be investigated.
- Young mothers should have more assistance to access public transport through the provision of Met tickets not linked to employment and training.
- Volunteer mentoring and peer-support and leadership programs, managed by paid coordinators in SAAP youth services, should be more widely available.

### Children & parenting

- Services accommodating and supporting young mothers need resources to respond to the needs of accompanying children, including the provision of children's workers and access to therapeutic programs for children modeled on the demonstration project Bright Futures.
- Children should be fully acknowledged as clients in their own right and their case management should be funded and counted towards agency targets.
- Working with young mothers requires a non-judgmental approach that demonstrates confidence in the young woman's ability to mother and focuses advice on critical issues such as health and safety.

### Health & wellbeing

- Greater awareness of postnatal depression should be fostered in the youth homelessness service sector.
- Youth mental health services and drug and alcohol services need to recognize and accommodate women's roles as mothers when diagnosing and providing treatment.
- Young mothers who have given up substance use during pregnancy need proactive, systematic outreach follow-up in the first year after birth, when relapse often occurs.
- Drug and alcohol programs targeting, and tailored to, young pregnant women should be available to young women experiencing homelessness.

<sup>1</sup> Supported Accommodation and Assistance Program

- Appropriate training in recognizing intimate partner violence and dealing with disclosure should be provided for all workers in SAAP services, Maternal and Child Health Services and specialist services for young mothers.
- Awareness of the prevalence of intimate partner violence among young pregnant and parenting women should inform policy and practice, including the provision of education and guidance to male and female clients about healthy relationships.
- More research is needed to ascertain the most effective way to deliver sexual and reproductive health education to young people experiencing homelessness.
- There is a need to collect data on the incidence of pregnancy and birth among young people accessing SAAP accommodation and support.
- Young mothers sit uneasily between the health and homelessness sectors. There is room for improved collaboration between maternity hospitals, especially those with young mothers clinics, to facilitate knowledge sharing around practice and effective referrals.
- SAAP services, Maternal and Child Health Services and other community services, including specialist services for young mothers, should develop closer working relationships and existing innovative ways of working together should be more widely adopted.

#### **Education, training & employment**

- In the early years of motherhood mothering commonly takes priority; support to re-engage with education, training or employment should take this into account. For example, eligibility for assistance through JPET should be extended up to the age of 25.
- Flexible models of education and training should be developed for young mothers through cross-sector collaboration. Such models may comprise some modules available off-campus, in association with SAAP or other services and include a mentoring component.

## **Introduction**

This report details the findings of a one-year study undertaken in Melbourne, Australia, in which semi-structured interviews were conducted with 24 young mothers (aged between 17 and 26 at the time of interview) who had experienced homelessness. A Telstra Community Development Grant funded the research, with additional assistance from the Office of Housing, Department of Human Services Victoria. This report is written as an information source for policy makers and practitioners. More detailed findings will be available in the form of peer-reviewed articles in academic journals.<sup>1</sup>

The key focus of the study was the impact of motherhood upon homelessness.

### **Aims of the research**

- To investigate motherhood as a catalyst for change among young women who have experienced homelessness
- To chart the key issues for pregnant and parenting young women experiencing homelessness
- To identify gaps in current service delivery and opportunities for effective points of intervention

### **Structure of report**

Part 1 reports on findings from the interviews with young mothers. Some comments by key informants have been incorporated where appropriate. Part 2 reports on the key informant interviews, with additional comments by young mothers incorporated. Part 3 reports on current service responses and the implications of the findings for future service responses.

### **Context**

#### **PREGNANCY & MOTHERHOOD**

In 2004 in Victoria, there were 1,800 births to women under 20-years-old. This comprised just 3% of births in the state (DHS 2005). The number of births to young women is declining. All too often the categories 'young mothers', 'teen mothers' and 'adolescent mothers' are employed in the community, in the media, in research, and in policy and practice in ways that obscure the individual circumstances of those young women who give birth when young. Only recently have researchers in the field highlighted the importance of unpacking these terms and recognizing the wide variety of

<sup>1</sup> Keys, D. (2007) 'Complex Lives: Young motherhood, homelessness and partner relationships' *Journal of the Association for Research on Mothering* 9 (1):99-108.

circumstances in which young women give birth and parent (Kelly 1999; Luker 1996; McMahon 1995; Schofield 1994). Differences in relation to pregnancy intention, socio-economic situation, culture, age and developmental stage, understandings of self, world views, life trajectories, and of course relationships, interconnect and contribute to the ways young women experience motherhood. These aspects are played out within the broader context of social, economic and political landscapes.

Despite the heterogeneity of this grouping, it is important to acknowledge that overall, young mothers are likely to experience disadvantage both in relation to economic circumstances and levels of wellbeing. In the past negative outcomes such as poverty, unemployment and welfare dependency have been attributed to the impact of motherhood. More recently such outcomes have been shown to be associated with selection effects; young women from disadvantaged backgrounds are more likely to get pregnant and to carry the pregnancy to term than young women from more advantaged backgrounds (Bradbury 2006; Schreiber 2001; Holtz 1997; Van der Klis *et al.* 1999). Motherhood may make it difficult for these women to re-engage with education or enter the workforce but this is a population with existing poor prospects in regard to education and employment.

## HOMELESSNESS

Young women aged 15–19 years are the group most likely to become SAAP clients. They make up 62% of 15–19 year olds accessing homelessness services in Melbourne. The next largest group of clients is 20–24 year olds; young children 0–4 years also have a high rate of use (AIHW 2007). Twenty eight percent of women under 24 years of age presenting to SAAP funded services were accompanied by children (unpublished data, AIHW 2007). Some overseas studies (Whitbeck & Hoyt 1999; Greene & Ringwalt 1998) have reported high pregnancy rates among homeless young people in the United States – up to three times the rate of the pregnancies in the school population. Studies in Australia have reported that a significant percentage of young women who become mothers are homeless or at risk of homelessness (e.g. Rogers & Allwood 2005). Project i<sup>2</sup> found that the number of homeless young women experiencing a pregnancy appeared to be higher, but not significantly so, than the estimated one in four in the general youth population; 26 pregnancies were reported amongst 78 young women over a two year period (unpublished data). However, without accurate general population data we cannot make an effective comparison.

## THE SERVICE SECTOR

Young pregnant or parenting women (and even more so men – though they present with accompanying children less frequently) need to negotiate a place for themselves in a service sector that rarely caters for their specific needs. With the exception of a few targeted services, the existing split between the homelessness sector and the health sector means that they must negotiate health issues related to parenthood (such as preparation

<sup>2</sup> For details of Project i see [www.kewh.unimelb.edu.au/projecti/](http://www.kewh.unimelb.edu.au/projecti/)

for birth and assistance with parenting) and accommodation and support needs through separate sectors. Questions arise as to how the homelessness sector can best respond to the specific needs around pregnancy and parenting and equally how the health sector, particularly through hospitals and Maternal and Child Welfare Services, can best respond to the broader needs of those experiencing homelessness.

Within the homelessness sector, young pregnant women and young parents also straddle the divide between youth and family services. Many models of youth accommodation are unsuitable for, or poorly resourced to cater for, this population. Similarly, family services are not necessarily geared to provide a youth response. A wide range of responses from service providers exists – some very responsive to this group, others less so. While this report sought information from both key informants and young women regarding how well these sectors respond to young mothers it does not claim to have mapped the field. Rather it reports on shortcomings and gaps identified by participants.

## The research

The project was carried out in 2006. In addition to a literature review, there were two strands to the research: interviews with key informants and interviews and surveys with young mothers.

## YOUNG MOTHERS

The young women were recruited through youth homelessness accommodation and support services and services supporting young parents. Eligibility criteria included being aged between 18 and 26, and having experienced homelessness and motherhood. While the research question would be best addressed by recruitment solely of women who had become pregnant or given birth while homeless, complex life trajectories resulted in a sample that had often experienced a number of periods of homelessness and commonly more than one pregnancy.

Participants filled out a survey to provide demographic information and some details of their history of homelessness, past and present drug and alcohol use, mental health diagnoses and current perceptions of mental health. They also completed a Likert scale (see appendix) in which they expressed their level of agreement or disagreement with a number of statements about their views on, and experience of, motherhood. Semi-structured interviews, lasting 30 minutes to 90 minutes, were held in the agencies where the young women were recruited. These interviews were taped, transcribed and analyzed thematically. Narrative analysis was also used to gain an understanding of how young women understood and related their experiences of becoming a mother.

## BACKGROUND DEMOGRAPHICS

Young mothers tend to themselves be the children of young mothers and many of the young women in this study fitted this pattern. All but five participants had single or separated parents and most had little or no contact with their fathers. Almost one-third of the sample reported having been in DHS care as children. As they were not directly asked about this, the actual number may be higher. Twenty participants were born in Australia, three were born in Asia (Vietnam, Malaysia and the Philippines) and one was born in New Zealand.

Histories of homelessness among the young women varied greatly, with some experiencing only a brief period of homelessness and others moving in and out of homelessness over a longer period. A minority spent extended periods without stable accommodation. Most had left home by the age of 16. The average number of moves was 14.

All of the young women were relatively stably accommodated at the time of interview, although most (n=13) were in temporary supported 'transitional' accommodation. Seven were in public housing. Only one lived in the family home. Previous research with young people experiencing homelessness found that they identified living in transitional accommodation as a form of homelessness (Mallett *et al.* 2006).

Of the 24 young women interviewed, 18 had one child, 2 had two children, 3 had three children and 1 was pregnant with her first child. Of those who were already mothers, 5 were also pregnant. They were aged between 15 and 23-years-old at the time their first baby was born, although more than one-third reported earlier miscarriages, stillbirths or terminations. The average maternal age at first birth was 19-years-old.

## KEY INFORMANTS

Key informants came from state government, housing information and referral services, youth homelessness accommodation and support services and services supporting young parents. Semi-structured interviews were undertaken, transcribed and analyzed thematically.

## LIMITATIONS

There are a number of limitations to the study, particularly in relation to sampling. Participating young mothers were all relatively stably accommodated at the time of interview, therefore findings cannot be generalized to the broader population of homeless young women who are pregnant or parenting. Participation was by self-selection, so there may be an over-representation of young women who feel good about their lives as mothers and appreciate the opportunity to counteract the stereotypes about young motherhood. Lastly, young women had strong incentives (such as fear of DHS involvement) to project a positive picture of their parenting and the welfare of their children.

## 1. Young Mothers: 'Just the whole world changes'

This study investigated the intersection between homelessness and motherhood. In particular it examined whether becoming a mother was a catalyst for changes that affect the risk of ongoing or future homelessness. Young women reported that motherhood brought significant changes to their lives. The changes can be grouped under the following headings:

- Identity and self-perception
- Daily life
- Relationships
- Health
- Housing, accommodation and support
- Future orientation and planning

Structural, family and individual level issues contribute to pathways into and out of homelessness. Young women focused on individual and family level issues although it was clear that issues such as poverty, government policy and social norms underpinned their life circumstances and experiences. They were unable to effect change on a structural level and were only able to bring about improvements in their lives through responding differently to their environments. This is not to imply that individuals' self-perceptions and behaviours are the cause of, or solution to, homelessness but rather that changes in these areas accompany changes in life circumstances. For some women service support combined with changed individual factors produced improvements in wellbeing and circumstances.

### Identity & self-perception

A key aspect of adolescence is the differentiation of self from others but identity is always created in relation to others. The strength of the mother/child relationship provides a particularly intense setting for developmental growth and is an integral part of that development. Becoming a mother is an event that involves a significant change in identity for women of any age. For young women this shift occurs as they are becoming independent adults.

### GROWING UP FAST

Many young women spoke of motherhood making them 'grow up fast'. The three main aspects of growing up mentioned were maturity, responsibility and independence. Generally, 'growing up fast' was spoken of positively, although a few mothers disagreed.

I just think becoming a mum that early made me grow up far too quickly. (Hannah)

Young women spoke of becoming wiser and gaining perspective on their parents' lives and behaviour. Some said motherhood had opened their eyes and had given them new

insight into their own lives. Others said that the experience had led to them learning and growing. Gaining maturity was closely associated with taking on responsibility.

[The best thing about motherhood has been] the hugs and kisses [and] learning and growing with my son. As well as I'm teaching him, he teaches me things. (Tamara)

I had to do a lot of growing up real fast and um, I was only fifteen, but I had my daughter and I was Mum. You know? I had to do things like an adult ... (Kayla)

If you want to step up to the responsibility it's up to you to do it. It doesn't matter how old you are. It's your choice and, yeah, I think I've done a pretty good job. (Chrissie)

It is often suggested that the burden of responsibility is a negative aspect of young parenting. While most young women missed their former freedom, they also credited the responsibility of caring for a child with increasing their level of maturity. This prompted changes in priorities and behaviours. Several described moving from a chaotic existence, often involving substance abuse, to a more stable life. According to those interviewed, taking responsibility and behaving maturely manifested variously as changing friends, being committed to securing more stable accommodation, and keeping off drugs and alcohol. Being responsible was described as 'settling down', 'calming down' and 'getting it together'. Some stated that alongside the rewards they really enjoyed the responsibility itself.

Here's someone to care about and, yeah, look after. It makes me feel very happy. ... Just lots of responsibility and I like that, yeah, I like that very much. (Bianca)

For most of the young women, motherhood was associated with becoming more independent. However, a few felt that they had already been independent prior to motherhood. Two of these young women also described themselves as having always been very responsible. Both had become homeless at an early age and had managed to continue their schooling throughout their period of homelessness.

I had to learn to fend for myself from a young age so I feel that I'm mature anyway. Grew up before I had her. The only impact that she's had on my life is just that I have to look after somebody besides myself. (Nicole)

## SELF-ESTEEM & CONFIDENCE

Overwhelmingly young mothers (n=17), including those who were finding mothering difficult, reported positive changes in self-perception. They described increased self-esteem. In part this was associated with a sense of fulfilment and happiness gained from their relationships with their children and their achievements in relation to motherhood.

I see myself as a beautiful person, whereas before I hated myself. ... Definitely being pregnant has made me look at the way I am and how I treat myself and others in a completely different manner. ... I suppose I care more about what goes on around me than I did before. (Danielle)

It's made me have to grow up and it's given me more confidence in myself and, you know, to voice my opinion. ... I'm a mother. I've got myself and my daughter to speak for and to fight for. So it's given me more confidence to speak up and speak my voice. (Holly)

## PURPOSE

Becoming a mother was also associated with having a new sense of purpose. Twenty young mothers said that children had given them a reason to go on living. Several young women who had attempted suicide prior to becoming mothers said that suicide was no longer an option for them. For some this was because of the impact it would have on their children and for others it was because they now wanted to live.

I have a purpose now ... to care for somebody and to make sure that they're okay and that they come into the world the right way and that they're safe. I have to look after me to look after them. If I'm not here then who's there to care for them? (Danielle)

The kids when they get older they'll want me, you know, and why bother ending my life and I'll just try and make my life better. You know, I wasn't having a baby to make my life better, but it did. (Simone)

For many, being mothers and seeing themselves as worthwhile people with purposeful lives led to a re-evaluation. Caring about self and caring for children meant caring more about everything.

Life's more valuable. I actually have something to live for now. I tried committing suicide a couple of times before. I've got responsibilities ... she's the most important thing now. I always put her before me now. It's made me smarter about what I do. Like, I just didn't care about the consequences and now I think about the consequences. (Amy)

## Daily life

While young mothers commonly reported motherhood as a positive event in their lives, the daily experience of mothering varied greatly. They were evenly divided as to whether motherhood made life harder. Four young women, three of whom had two or more children, felt life was much harder now they were mothers. However, finding life more difficult did not preclude most young women from stating that life was now better.

Many young women described the small pleasures they derived from everyday life. These pleasures alleviated the loss of freedom they commonly experienced. Several spoke of the pride they took in their children's small achievements and of gaining a new sense of companionship.

I don't go out anymore. But, see, at the same time it's good. I get to watch him, you know, grow up. His first smile, things like that. (Rachel)

All of those interviewed were in medium term accommodation or housed at the time of the interview. Few were experiencing difficulties in relation to health or interpersonal violence, so the aspects of parenting these young mothers found difficult were those that mothers of all ages struggle with: lack of time for self, full-time responsibility, tiredness, lack of spontaneity, boredom, isolation and difficulty managing public transport.

I can't do the things that I want to do, like go out by myself and spend time with my friends. I can't just walk down the street by myself, 'cause I have to bring him with me. (Amy)

Parenting in poverty exacerbated many of the difficulties outlined above. Most young mothers were receiving sole parents' benefit. Just under one-third received additional income from family or partners. A similar number received child support and two supplemented their benefit with paid employment. Although some participants mentioned difficulty paying bills and affording necessities for their children, they more commonly complained about lack of money to afford to buy or rent a house or purchase and/or maintain a car.

Transport was a key issue. Being unable to afford a car meant reliance on public transport. This was also often unaffordable and difficult for mothers to manage with young children or babies. A shortage of accommodation options meant that young women often lived far from any support network of family or friends.

Transport is another really big thing especially when you've got a kid, pushing a pram around – on the buses, on the trains. If someone's gonna help you get on or off. You know all that sort of thing makes it really, really difficult ... being on the metho [methadone] program so long I had to relay the chemist as well and revolve my life around all of that with bus timetables, lunch times, dinner times all that. (Megan)

The majority of young mothers in this survey were unemployed and not attending educational institutions when they became pregnant. For some of these young mothers, boredom, associated with a lack of purpose or activities, was replaced by busy days.

[The biggest change is] probably just I actually do things during the day. I used to sleep a lot and not do very much. Now I've been trying to get out of the house every day. Um, don't really like being home now. I want to get out of the house. (Natasha)

I think being a mother is the best job I've actually ever done. It's rewarding, satisfying, but also hard at times. (Tamara)

## Relationships

Much research has focused on young mothers and their children as separate entities rather than recognizing them as relational beings. Many studies report on economic and educational outcomes for young mothers as if less tangible outcomes associated with mothering relationships are without benefit. Other studies investigate the developmental outcomes of the children and make assessments of their wellbeing without exploring their

relationships with their mothers. This section focuses on new and changing relationships associated with motherhood.

## CHILDREN

It is often said that the need for love is a strong motivator for young women to become mothers. This study did not investigate the motivations for motherhood but the findings indicate that *giving* love was valued as much as receiving love. The distinction is important because it challenges prevalent notions of young mothers as needy and characterized by lack. This deficit characterization is also challenged by young mothers' valuing of responsibility, in particular the observation made by some women that the opportunity to have someone to care for is important.

My life's more fulfilled, okay, because I have a family that, you know, I know he does love me. You know? My love is going somewhere. (Jasmine)

Parenting is often regarded as an interruption to what is truly important in life – whether that be career, status, commodity consumption or leisure opportunities. Several young women made the point that mothering actually offered an opportunity to grow. Not only did it aid the learning of skills that are useful in other areas of life but it was also a meaningful and valuable part of life itself.

Having a baby doesn't stop your life, it actually improves your life, sorta, because it helps me become more responsible. You tend to learn – pick up more skills, you know, we're learning, we're learning from our daughter. (Tahlia)

## FAMILY

Many of the young women described stressful childhoods characterized by poverty and/or parental substance abuse. Several reported experiencing direct physical violence or sexual abuse as children while others witnessed violence between adults in the family. Homelessness was often associated with long-term conflict and in some cases rejection by family. Almost one-third of participants had been in DHS care.

There were varying degrees of connection with family prior to young women becoming mothers and the changes in relationships between young women and their families post-birth also varied considerably. At the time of the interview, approximately half had no contact with their own fathers. Seventeen said they could not turn to their father for help of any sort and only four stated that they definitely could. Approximately one-third were able to turn to their mothers, one-third unable to do so and one-third saying in certain circumstances they could seek help from their mothers. In a couple of cases, young mothers reported ongoing loving and supportive relationships with a parent, although reports of fraught and/or intermittent relationships were more common.

Pregnancy and birth were clearly crisis points for family relationships. In some circumstances they provided an opportunity for reconnection or improved relationships, while in others pregnancy, or the decision to continue a pregnancy, resulted in a rift.

Don't see dad at all. Because when he found out I was pregnant he told me I should get an abortion ... And that, yeah, he doesn't accept it. And it's just not good enough. (Danielle)

Several young women said that either they or their parents had made moves to reconnect during the pregnancy or around the time of the birth. Almost all of the young women said that children should see their grandparents. Some attempted unsuccessfully to improve family relationships.

I decided to get back in touch with them because, because I grew up with like my family hating me, you know, just blaming me for everything. And, at least I want to let Tyson know some of his past and his family background as well ... my mum used to call me until she found out that I had another child. So that's when it stopped completely. I went down there ... and she didn't come out ... and see me. I don't know how much longer I can cope with this. (Jasmine)

When I had her everybody wanted something to do with me. And then the novelty wore off. And then everyone had nothing to do with me again. (Nicole)

Just over half of the young women said that having a baby had improved their relationships with their family, usually their mothers.

I used to hate Mum's guts when I was younger. Just hate her for leaving dad and stuff like that. But ever since I had Tayla we get along like a house on fire. (Chrissie)

Family reconnection was not always entirely positive. Sometimes, moving back into the family home had a downside. Some young women resented their mothers' involvement and craved their own space to mother independently – a finding in common with many other studies (see Coley and Chase-Lansdale 1998). This sometimes led to young mothers leaving the family home again.

There can also be disputes over residency between grandparents and young mothers, especially where the young mothers are living with violent partners.

Several young women said that experiencing motherhood gave them perspective on their parents. One had apologized for her behaviour and another commented that once you are a mother you appreciate your parents more and accord them the respect you would like from your own children. Some young women gained more respect from their own mothers.

Mum [has] stopped talking to me like I'm a little kid now – she talks to me more like I'm an adult. She just started being a lot nicer, she started helping out more with things. (Natasha)

Just since I've got him back [from DHS it's got better with my mum]. Because I had to prove to everybody that I had changed for the better, and become a better person by getting Tyler back. She acknowledged it – said it to my face. I don't know why because she's a cold person. My mum got a bit more appreciative of Tyler and therefore she has to sort of appreciate me as well in return, if she wants to see Tyler. (Shae)

The possibility of improved relationships between young women and their families depends on whether previous problems remain or have been addressed. In many cases there were positive results when young mothers sought to reconnect with family. However, where there was violence or unresolved conflict, reconnection could result in further negative experiences.

## FRIENDS

Nearly all of the young women reported changes in relation to friends. Such changes were due to new priorities, relocation and/or conscious decisions to cut off old ties. There were negative and positive consequences. Losing contact with existing friends was a common outcome. Sometimes the loss of friends was initiated deliberately and sometimes it occurred naturally. When it occurred naturally, and relocation was not a factor, this was usually due to the responsibilities of motherhood and a lack of common ground.

'Cause a lot of my friends don't have children, they can't understand where I'm coming from kind of thing, so I've lost a lot of friends in that way. (Amy)

Some young mothers felt they needed to stop seeing their old friends either because they didn't want their children exposed to certain behaviours or because they felt they were a bad influence. Cutting off old friends was associated in some cases with attempts to stop using drugs or alcohol.

I avoid seeing most of the people because they're just very immature and not really the sort of people I would want around Shannon. (Natasha)

[My old friends – it's just] party and drinking and drugs. And I'm like, I don't need to be around that. I've got a son to think about now. (Tamara)

While several missed having fun with friends, a number reported that either they had never enjoyed it that much or it no longer held the same appeal.

All my friends were going out ... and I was thinking 'Oh, I remember them days'. Mum's like 'You've got to get out, just go and have some fun'. So I did go out ... and having a baby, I didn't let myself go, I had someone else in the back of my head the whole night – I had my little daughter ... and I just didn't enjoy myself like I did before ... (Alyssa)

I say ... 'no' to go out drinking, to go nightclubbing and stuff. They even offer for their family and friends to look after my kids but I don't trust [them]. No, I don't miss it at all. I've been there, done that. (Jasmine)

Losing friends could result in greater isolation but some young women formed new friendships with other young mothers. They said they had more in common with these more 'responsible' friends.

Sometimes you may find better friends out there that are that are family oriented [rather than] young stupid ones that just want to go out and pinch cars and do drugs and shit, you know. (Simone)

Several young mothers reported that they met new friends at young mothers groups. Sometimes these friendships extended to meeting outside mothers group and lasted a number of years. A couple of women said that making female friends was a new experience, and mothers group was a safe place to take tentative steps in this direction. However, financial constraints and lack of transport often made it difficult to socialize.

### **PARTNERS/BABIES' FATHERS & PARENTING**

Those who were single reported that parenting alone made the burden of care particularly tough.

The hardest thing? Um, having to do everything by yourself. Being a single parent. Like, getting groceries, that's a hard thing to do when you don't have a car or when you haven't got anybody to help you ... and paying bills. (Chrissie)

However, several of those with partners commented that their partners did not offer much parenting support.

Shannon's dad's been over like every day. Generally he just sits and stares at the television. He hasn't really changed Shannon's nappy that often ... swear to God he's just a bit of furniture in my house. (Natasha)

A couple of young women spoke highly of the contribution of partners to parenting and described arrangements around care that indicated that some meaningful shared care was occurring. Single mothers were able to rest and socialize while children spent time with their fathers.

### **PARTNERS & HOMELESSNESS**

Young women's pathways through homelessness are clearly linked to their relationships with partners (Mallett *et al.* 2006). Parental disapproval of partners can be a reason for leaving home, especially when pregnancy occurs. Several young women identified such parental disapproval as a contributing factor in their homelessness. Women can also enter homelessness through their relationships with men who are experiencing homelessness. A partners' behaviour can also contribute to the loss of accommodation.

Intimate partner relationships are infinitely various, differing in form, importance, longevity and stability, to name but a few aspects. This diversity is often overlooked when we speak of young mothers' relationships. We often risk oversimplification at the most fundamental level – that of partnership status. Of the 24 women interviewed, 11 reported having current partners, 12 described themselves as single, and one was unable to say whether she was single or partnered. Of the 11 in a current relationship, nine said they were in a relationship with the father of their youngest child (five mothers had children to two different men) and two said they were with a new partner. Of those with current partners, two were married and two were engaged. This is not a representative sample but these numbers accord quite closely with recent Australian studies which

report that in Australia over 90% of young mothers are unmarried and approximately 60% are without partners at the time they give birth (Condon & Corkingdale 2002).

The interviews highlighted the diverse and shifting nature of young women's relationships with the fathers of their children and demonstrated that categorizing young mothers as single or partnered obscures the more complex reality of lived experience. For these women, maintaining an intimate partner relationship with the fathers of their children did not always correlate with living together, and living apart was not always indicative of a lack of romantic attachment.

I was 14 ... and ever since we started going out, we always lived together – except for when he went to jail for six months. And then, yeah, we decided that it was best for the baby if we didn't live together full on as partners. And then when I needed the house he offered to move back in with us so we could afford to pay the rent and he wanted to be close to the baby anyway. (Nicole)

Of the 11 women in a current relationship, only six were living with their partners. A further three had partners who lived with them some of the time. Shifting accommodation arrangements were sometimes due to periods of incarceration – six said that the fathers of their children were currently, or had been, in jail.

Living away from partners was sometimes the result of other practical barriers associated with poverty such as overcrowding (if sharing the family home) or inability to access affordable housing. The constraints of government funded accommodation led to involuntary separation in some cases.

Pragmatism, emotional ties, or a combination of both commonly played a part in decisions about living arrangements. Where pragmatism led to shared accommodation with ex-partners, this sometimes led to the renewal of sexual or romantic relationships. Even separated women felt an obligation to accommodate homeless ex-partners for short periods when asked.

So when he hasn't got anywhere to stay, he pretty much stays at our house. And I sleep in the same room as the baby ... He's there pretty much every day. (Amy)

This was sometimes at significant cost, for example when the fathers had problematic levels of drug use or exhibited violent behaviour that caused distress and jeopardized accommodation, throwing young mothers back into homelessness. For some, partners' spending led to another episode of homelessness. Several young women reported problems obtaining private rental due to past debt and/or damage perpetrated by ex-partners.

Sometimes I feel like I can't pay my rent, but if I don't pay my rent I will be homeless. Sometimes her dad uses money when he shouldn't. (Amy)

One-third of the young women reported experiencing violence from the fathers of their children. Two pregnancies were known to be, and two others were suspected to be, the

result of rape. In two other cases, current periods of homelessness were associated with partner violence.

Because I just sort of escaped domestic violence, Sasha's father knew the address and phone number and it wasn't really a safe assumption for me to be there. But I was that sick of jumping from hotel to hotel ... And just moving around like that and it was *really* rough for Sasha – just sleeping habits, eating habits, toileting, everything went down the drain. (Holly)

## Health

Seventeen of the young mothers indicated that having a child made them care about themselves more. For some this translated into taking better care of their health but others found the demands of motherhood made self-care more difficult.

I've had relatives that have said that I'd probably be dead by now if I didn't have him. I probably would have, yeah, done something really stupid to myself because I never used to really worry or care about myself until I had Tyler. It took me to have him to realize that in order to look after someone else you have to take care of yourself. (Shae)

### PHYSICAL HEALTH

Mothers frequently mentioned improved physical health due to stopping substance abuse (see discussion below). A number of young women also reported that they 'ate better' and were more active. One pregnant young woman said that the biggest change in her life had been that she was now taking care of herself both physically and emotionally. Usually, those who felt they took more care of themselves said the impetus was the need to care for their children. Another factor was their improved sense of self worth.

I'm generally eating better, getting outside more. I always used to hibernate. You couldn't get me outside very often. I hated it – now I hate being in the house, I'd rather be outside. (Natasha)

On the other hand, several felt their health suffered due to lack of sleep and time to take care of themselves.

When something happens, if I hurt myself, I just say well I don't have time to go to the doctor's. (Amy)

### MENTAL HEALTH

It is well established both internationally and locally that young mothers, including those in their early 20s, experience higher rates of distress, anxiety and depressive symptomatology than older mothers (Kendall & Peterson 1996; Quinlivan *et al.* 1999). More recent international and Australian studies find that adolescent mothers continue to have a significantly poorer level of mental health than both older mothers and teenage non-mothers (Liao 2003).

One-third of the young women said they had been diagnosed with depression at some time. Half of these had also been diagnosed with postnatal depression, as had one other young woman who had no previous diagnosis. This participant also suffered post-traumatic stress disorder associated with partner violence. There was one diagnosis of schizophrenia/personality disorder, one of schizoaffective disorder depressive type and one of anxiety. Young women were asked to fill out a Likert scale to describe their current mental health. Interestingly, reports of feelings of anxiety 'some' or 'most of the time' (n=18) were almost twice as common as reports of depression (n=10). Additionally, nine young women reported feeling fearful 'some' or 'most of the time'. None reported feeling suicidal although many had attempted suicide in the past.

Poor mental health postpartum is associated with lack of partner support and life circumstances – both salient issues for this population. A number of participants linked their depression to problems they were experiencing at the time.

I was depressed in the pregnancy I had with Luke. This one I'm actually ... happier because my partner and I are together and we're engaged and I know he's not going to just get up and leave. (Tamara)

That's what makes me depressed a lot because I can't handle Tyson's tantrums because we're so enclosed in one little space, in one room and everything. (Jasmine)

Several young mothers told stories of rejection by parents either due to their pregnancy or prior to the pregnancy. They spoke of having to prove themselves as mothers to their families and the families of their babies' fathers. For those young women who already felt rejected, the experience and the perception of public disapproval were particularly distressing.

Young mothers felt they were judged more harshly than older mothers. They believed others viewed them as 'sluts' and 'bad mothers'. Social and parental disapproval had practical consequences such as discrimination and lack of support, and also contributed towards stress in relation to negative self-perceptions.

A feeling of isolation was common. A few young women indicated that they spent most days alone with their children and others mentioned loneliness as a problem.

I try to get outside so I don't go crazy ... because I am by myself, there's no-one to talk to, you know what I mean, ... so I will go out and get that interaction that I need and then I'll go home and I'll feel like I'm a new person again. (Alyssa)

However, as outlined earlier, many mothers reported improved wellbeing. Some found that having less time to dwell on negative things improved how they felt.

You're always thinking about your children and whether they're happy, a lot of the thinking about yourself is cut off once you have a child. (Simone)

## DRUG & ALCOHOL USE

The relationship between drug and alcohol use and homelessness is a complex one. Simple cause and effect links fail to account for the often multiple reasons young people find themselves without a home (Mallett *et al.* 2003). However, certain patterns of substance use make it harder for young people to find and maintain housing or accommodation and stabilize their lives.

Young women were asked about drug dependency rather than drug use. Only 6 young women reported no dependence on drugs or alcohol at any time. There were 11 reports of dependence on marijuana, 10 on alcohol, 7 on speed, 5 on heroin, and between 1 and 3 on ecstasy, acid, cocaine, ice and prescription drugs. Of 17 who identified earlier dependence, only 3 felt dependent on any drug at the time of interview; 1 felt dependent upon marijuana and the other 2 were using either methadone or buprenorphin.

Pregnancy and parenthood were associated with changed substance use in two ways. For some they were reasons to stop using and for others, including those who had initially given up before becoming pregnant, they were important incentives not to return to drug use. Seven of the 17 who reported dependence in the past said they gave up *because* they were pregnant. Five of these had resumed drug use after the birth of their baby, often at reduced levels, but had since given up again, usually because of a second pregnancy.

Young women who had overcome heroin addiction made the following comments:

I chose to lower my own heroin dose – I jumped off it a week before she was born. Knowing I was doing it for my child. There's no other greater incentive. (Megan)

I swore on Tyson, okay. I made a promise that I would never go back on drugs. (Jasmine)

It is important to note that self-reported drug use may be less reliable among young mothers due to fear of losing children to government care. However, the finding that the majority reported giving up the drug use they regarded as problematic and the associated circumstances of that cessation or reduction echoed those of a number of studies including Project i<sup>3</sup> (Keys *et al.* 2006; Quinlivan & Evans 2002). For participants in this study and Project i, reduction in drug use was associated with positive life changes, such as finding a new partner. On the other hand, difficult life circumstances or poor mental health were cited as reasons for temporary relapse in the past. Sometimes drug use was all that young mothers shared with current partners and this prompted a return to using.

The association between cessation of substance use and pregnancy/motherhood is clearly complex. Reduced use amongst these young mothers often occurred at an age when drug use tends to lower amongst young people generally. However, it is clear that pregnancy and motherhood provide strong incentives to deal with problematic drug and alcohol usage and studies consistently show pregnancy as a turning point for many young women using drugs (Bessant 2004; Quinlivan and Evans 2002).

<sup>3</sup> Project i publications can be obtained from <http://www.kcwh.unimelb.edu.au/projecti/>

## Housing, accommodation & support

In response to the proposed statement: 'having a baby has made it harder for me to get out of homelessness', 10 participants strongly disagreed and only one strongly agreed. More than half of the young women interviewed were living in transitional accommodation and most had applied for public housing. Seven were already living in public housing. Only one lived in the family home, with the remainder accommodated in community housing or renting privately. Many saw themselves as nearing the end of a journey towards stable housing.

The transitional house ... has given me a next step up in my life, because it's like my permanent home the one after this step. Somewhere where I know I can, yeah, be stable and home rooted – a family home instead of just a house. (Shae)

While some thought that pregnancy or having accompanying children made no difference to their accommodation chances, in general it was thought that getting transitional accommodation was probably easier. Several had been temporarily accommodated in motels due to a lack of other options. This increased their isolation as they were often in areas where they knew no-one, without transport or daily contact with workers or peers.

It was only offered to me because I was a young mum not because I was young and homeless. (Tahlia)

It depends on the type of housing ... [because] you go to real estate and you know if you're a couple with a child then it's a lot easier but if you're a single mum then it's a lot, lot harder. But if you go for transitional you know you have a score chart and the more problems you have, so if you're a single ... you use drugs, you have mental problems and all of this ... you seem to get more help. (Megan)

Private rental was perceived to be more difficult to secure both due to reduced income (for those who had previously held paid jobs) and discrimination against young (especially single) mothers. No doubt the booming rental market exacerbated the problem. Some young mothers said that having a baby forced you to take steps to secure more stable accommodation and ultimately housing.

It's made housing a really hard issue. ... Well, I suppose it's made it easier because I'm on top of it ... but at the same time I'd probably, if I was on my own and I was homeless, I'd be fine just on my girlfriend's couch or I'd be fine just in the caravan or you know ... Now having her you know obviously I'd want to provide my utmost and ... bring her up in a home. A nice, a safe environment, a nice home and ... give her the best. So I need to work towards that now. (Holly)

## Future orientation & planning

Along with increased feelings of self worth, a new sense of purpose, and having found a place (albeit a stigmatized one) in society, came a greater focus on the future. Young women talked about having something to look forward to on a daily basis and in the long-term.

He's changed the way I think about life in general. Gives you something to look forward to and wake up for the next morning – reason to keep on going. (Shae)

I'm thinking about the future more ... trying to find somewhere stable to live that we can stay for a while so that he doesn't – all I had was moving around all the time. (Natasha)

Young mothers spoke of feeling more focused and thinking more about what they wanted out of life. There was evidence of an increased optimism. The majority were able to articulate hopes and goals for the future. Mothers in different circumstances had differing experiences in relation to changing goals. Prior to pregnancy, a few young women were very committed to completing school (even when homeless), were career-focused and had strong desires to do well financially, or to travel. Some of these women had embarked on training, tertiary education or employment and found these plans interrupted by pregnancy. Often their response was that these plans were delayed but the goals were still achievable. Motherhood postponed plans but provided a greater incentive to succeed.

Having a baby's changed not so much what I'm going to do but how I'm going to do it and how long it's going to take now. (Natasha)

I think any situation that's thrown at you it's how you cope with it and what you want to achieve from it. So if my goals don't change then I'll still achieve just the same things, being a mum or not – makes no difference. (Danielle)

It's not just yourself ... you have to think do you want a permanent house, mortgage things like that ... like before it was just 'oh, I'll work in a fast food place' but now you've got to get your career on the line. (Tablia)

However, a few felt that the lives they had originally imagined for themselves were unlikely to be realized. One mother of three said:

I wanted to do things. I wanted to go places. I, I wanted to *be* something. I wanted to have a good job, and that was really hard ... I don't think I'm going to get to travel ... I've always wanted to travel. (Hannah)

Some mothers, especially those who had babies very young, said they had never thought about the future before they had children because they were too young to do so. The majority of the young women in this study who had their first child under the age of 18 had already disengaged from school, as is commonly the case in Australia (Evans 2004). Those who had been dealing with significant individual and family difficulties, particularly if they experienced disrupted or truncated education or extended periods of homelessness or substance abuse, were least likely to have formulated any plans for the

future prior to becoming mothers. It was women in this group who reported that motherhood had prompted them to think about and in some cases plan for the future.

Emotionally I feel a lot stronger and a lot focused on what I want in life where beforehand I didn't know what I really wanted to do. (Kim)

Getting a job is a priority ... [without my son] I probably would never have worked a day in my life. Just stayed on the dole. (Christie)

For a number of these young women hopes had become actual plans and in some cases they had taken steps to realize them. Some young mothers described themselves as planners, while others reported that they didn't really plan or that planning was pointless as their plans never worked out.

I'm a bit blasé [about making plans], honestly. I guess I do take it a bit too casually, when I should be a bit more affirmative in what I'm doing, instead of just letting it come and go. (Shae)

Having some stability in life allowed young women to look to the future and several had started TAFE or other training courses. Motherhood enhanced some young women's sense of agency while others were further disempowered by motherhood and ongoing poverty (Keys 2007). Common barriers to continuing education were lack of money, childcare, transport and parenting support.

## Summary: 'The best mistake in the world'

Just over half of the interviews (n=14) can be classified as primarily positive, with only 3 primarily negative. Two can be classified as neutral, with no stress on the positives or negatives. Five put equal emphasis on positive and negative aspects of motherhood.

The majority of the more positive interviews had relatively strong progressive narratives. These young women saw their lives progressing rather regressing. Those who spoke mostly of the negative aspects of parenting or who stressed equally the advantages and disadvantages of parenting tended not to have strong, coherent narratives. Rather than telling progressive or regressive stories these young women tended to talk about 'life being on hold' often while relating the pleasures of parenting. Alternatively they spoke of struggling to parent and achieve their goals. The two young women who told neutral stories spoke in fairly resigned terms and tones of voice without reference to the possibility of life improving over time.

In common with the findings of an Australian study that considered teenage mothers' autobiographical narratives, many of the stories in our study could be described as having what Frank Kermode has called a 'consoling plot', one which emphasizes the positive and allows 'the interpretation of the vicissitudes of life in a way that makes them bearable' (Kirkman *et al.* 2001:287). Additionally, almost one-third of the stories could be seen to have a 'redemptive plot'. In these redemptive narratives, young women described how becoming a mother had redeemed their lives. The prevalence of this type

of story may be related to the nature of the sample. Young women who had experienced homelessness may be more likely to think of themselves as having 'gone down the wrong path' than other young mothers, and therefore more likely to view motherhood as 'saving' them. Young women spoke of motherhood providing an impetus to stay on 'the right path'. Other studies have found that young mothers from disrupted backgrounds experienced motherhood as a context for moral reform (McMahon 1995; Murphy & Rosenbaum in Bessant 2003). The birth of a child was generally regarded as a positive turning point or 'wake up call'.

When you have a kid, I suppose, I don't know, it makes you wake up a bit. ... [If I hadn't had my son, I'd] probably be in jail, I reckon, definitely. Because I'd just been on drugs and had no responsibility or anything like that. (Chrissie)

God knows, I'd probably be lying in a gutter or something. Oh, I'd hate to think what [I'd be doing] if I hadn't had Sasha. She's definitely an incentive in life. (Holly)

For most young mothers the redeeming features of motherhood were an unexpected outcome but one young woman described choosing to go ahead with the pregnancy as a strategy to improve her life.

[I wanted to have the baby] Just to sort of make me grow up a bit, because I was getting in a bit of trouble and thought that it'd keep me out of trouble. (Chrissie)

A couple of young women understood their children to be timely gifts from God.

When I fell pregnant I thought, you know 'God has given me this baby for a reason' because I did see myself as going more down at the end of the drinking stage ... otherwise God knows where I would be now. (Alyssa)

Something told me that God was trying to give me a gift. And when I had Paige it was like at the right time in the right place in my life and I just knew it was meant to be so. And I was blessed with an angel. (Megan)

Becoming a mother meant both opportunity and constraint. Motherhood could provide great rewards, but the difficulties associated with mothering in less than optimum circumstances prompted several young women to state that life would have been easier had their general circumstances been better. Only three participants thought they may be too young to be mothers. Financial security was of greater concern than age.

Disadvantages? I think maybe putting my life on the hold for her. I think ... if I could turn back I wouldn't turn back, but if I could do it a different way in the first [place] I think I'd rather have money behind me. A secure house and a car, license, just have money aside. ... If I wanted to have another baby, I think I'll plan it before. (Alyssa)

Just really think before you decide to have a kid. Just make sure that you know that's what you really want. Whether you know, you're gonna be stable enough and stuff ... *really* think about it. Make sure that's the decision, the path that you want to go because it isn't easy. (Jade)

## 2. Key Informants: Challenges and Achievements

Ten key informants were interviewed. They were asked about the main issues they saw young mothers dealing with and how well current service arrangements were able to support young women who were managing homelessness and pregnancy/parenting. They were also asked about their perceptions of the changes brought about by motherhood and whether motherhood presented a particular opportunity for timely interventions around homelessness and associated factors. The main issues key informants identified can be categorized under the following headings:

- Identity
- Developmental issues
- Social isolation
- Poverty
- Health and wellbeing
- Partners
- Overcoming the past

These were the contexts in which young motherhood operated. There was considerable overlap between the issues described by the young mothers and the key informants. Young mothers' quotes have been incorporated into the findings from key informants' interviews where appropriate. Where the subject has been extensively covered in Part 1, only new information will be included here.

### Identity

Many of the changes young mothers experienced were due to their new identities as mothers. Motherhood provided a positive identity, offering meaning, purpose and a (contested) place in society. Identity is a key issue because it provides a context and an impetus for change. It is also a factor that needs to be taken into account in the provision of services.

Key informants generally supported young mothers' contentions that their new identity as a mother empowered them to speak out and to take action. It accorded them a sense of authority and entitlement.

We've had a young woman who was sexually assaulted by her father as a teenager ... and had a very new baby, just a month old. And last week she contacted her father who she's not spoken to for all these years and it's just really interesting that she felt the need as a mum, the power, to contact the father and perhaps there's more of an idea for her that she's more an equal to him now. I don't know that that is going to be maintained but it's something that she was brave enough to do because of her change in her identity. (K16)

One informant pointed out that pregnancy and early motherhood were points in time when all women renegotiate roles and relationships in their families of origin (K11). Several key informants said that those who have children very early try to establish their identity as a parent before they have established a strong sense of their identity as an

individual. Parenting provides a strong identity in the short-term but a couple of informants thought that having motherhood as the prime source of identity could leave young women struggling to see themselves in any other roles once their children no longer needed full-time care.

I think this is something we are really learning more about at the moment, around the adolescents developing identity and what it means for them to become a parent when they're still 15, 16 [years-old] and don't necessarily have a strong sense of their own identity already. (K11)

And even being homeless, young people can still go through that process of addressing their milestones. Parenting at a young age just catapults somebody into another agenda that sometimes their identity then becomes entirely focused around being a parent rather than a person in their own right. (K19)

## Developmental issues

Most informants stressed that although age was *not* the most influential factor in a young woman's ability to parent and cope with the life change associated with motherhood, developmental stage did play a role, particularly for the very young.

If you're 15 and you've got a baby and you're 20 and you've got a baby ... you know, there's a lot of developmental differences. (K19)

While young mothers reported stepping up to, or even relishing, their new responsibilities, a number of workers commented on how young mothers struggled to 'make the leap' from being unencumbered teenagers to being responsible for the welfare of a dependent.

They're still teenagers. They still want that experience of being carefree and not responsible. But when you layer that with having a baby and knowing they have to be responsible. They try really hard to work the two into it ... and sometimes they get it all stuffed up. (K12)

## RELATIONSHIP TO THE FUTURE: CONSEQUENCES & PLANNING

Key informants were quite divided in regard to how young mothers tend to relate to the future. This reflects young mothers' wide range of differing orientations to the future. Some informants thought that young mothers tended to have much clearer goals than non-mothers of the same age. However, two informants identified 'across the board, a really obvious lack of interest in planning, or lack of ability to plan' (K11) which they thought may be developmental. There was a perceived lack of ability to articulate and to conceptualize the future. This was a key finding in a recent Victorian study of young mothers (Morehead & Soriano 2005). One key informant stressed that for some, a failure to conceptualize the future was associated with an inability to think through the consequences of major decisions. Young women in our study talked more of hopes and goals than plans. The majority described plans, and even planning, as being on hold. Only

a third had mapped out plans for future education and employment. This may accord, not only with developmental stage in regard to the younger mothers, but also with many older women's experiences of early motherhood, where life becomes focused on the home and family.

A number of informants reported that, although some young mothers had crises of confidence over their ability to parent, they seemed to just 'get on with it'.

They're a lot more clear about decisions that they want to make in their life because they're thinking of another person, and as I said, I just see them relax a lot more, they're a lot more self-assured, and they're happy, like yeah, there are moments of complete happiness. (K13)

Probably for the first six months – [the pregnancy] wasn't planned so they don't plan anything in their lives. They just go along with it. They're quite relaxed about it. They enjoy it. (K110)

'Just going along with it' could be the upside of living in the present. A few informants commented that young women often did not fear childbirth and the reality of a baby did not hit until after the birth. Equally, they did not always prepare for birth or the arrival of a baby – a less positive consequence of living for the moment. One young mother said childbirth was out of her control, therefore there was no use planning for it. Some young women expressed helplessness about influencing the future, suggesting that there was no use planning as plans never worked out anyway. Such views are probably informed by a lack of control experienced in the past, rather than solely being an expression of developmental stage. One informant pointed out that living day to day occurs when daily life is a matter of basic survival.

Generally if any young person has been homeless for a long period of time, planning is not really a major issue. You know, time has no ... meaning. (K15)

Another issue that could be associated with developmental stage was the fact that some young women inadvertently put their children in risky situations. The two informants who raised this issue stressed that many young parents were acutely aware of the need to ensure their children were in suitable care but the circumstances of some young mothers' lives meant that it was extremely difficult to provide optimum safety for their children despite their best intentions. For some young mothers, a lack of ability to foresee consequences may combine with their circumstances to result in children being at risk. One informant commented:

None of them ever harmed their babies ... they were quite protective of their children but they quite often would leave themselves and their babies in unsafe situations – just going to places that weren't safe. (K110)

However, some young mothers reported moving away from unsafe situations.

We used to get help from my partner's mum ... I won't allow her to see him now because she does drugs. I want to protect my children. (Tamara)

## TRANSITORY RELATIONSHIPS

Relationships among those in their teens and early twenties are often quite transitory; a number of informants talked about how these relationships contributed to homelessness.

If a young person moves in with a partner whose name's on a lease and then things break down and the partner moves out, the young woman is almost certainly going to be evicted. Moving in and out of relationships in itself can end up with quite a high risk of homelessness because at some point they'll move out of a relationship and there's not another place to move to. (K11)

## Social isolation

Isolation was the issue most frequently raised by key informants. Their assessment that it was common and detrimental was backed up by the young mothers' stories and previous research (e.g. Rogers & Allwood 2005). Some of the positive changes in relation to self-perception, identity and even behaviour, can be counteracted by disconnection from partners, peers, family and the community.

Motherhood does increase their sense of worth within society because they do have a sense of belonging and responsibility ... but at the same time, especially for those really young mothers, it can be quite isolating ... Loneliness does play a huge part, especially with transport and childcare issues. (K16)

Key informants stated that social isolation could be particularly extreme for those young women from CALD, particularly Vietnamese and African, backgrounds who were sometimes ostracized by their communities as well as their families.

We were really surprised when we heard young women saying to us 'I can't speak to the women in the street anymore, they look away from me'. Some of the older women in the community might look away from them. And because they know of their situation it's just there's no privacy around that. (K18)

Some young women did have positive interactions with community members; having a baby opened up a point of connection that being a homeless teenager did not.

I've had many young women say that 'I feel more connected to the community' by people walking up to them and commenting on the baby, [and] talking. (K13)

Community connection was seen to be an important factor in providing an enabling environment for change. Young women who were accommodated in areas where they had no community connections or felt they didn't fit in suffered from a sense of isolation and often had reduced access to social support.

At the moment I live in snobsville ... and I think all of the mothers think they are better than anyone else. I walked into the kinder across the road from where I live and the teacher basically told me to get out. ... She pretty much told me I was not welcome at that kinder ... I had just moved into where I was. I had extremely low self-esteem and I

didn't need that. I don't think that I dressed like someone that lives on the street. (Hannah)

At the broadest level, young mothers commonly experience (or perceive) societal disapproval in relation to their status as young mothers, single mothers, welfare recipients and/or homeless young people (e.g. Kelly 1996; Kirkman *et al.* 2001; Hanna 2001).

Key informants agreed that young mothers suffered from discrimination. As one informant observed, 'Nobody says congratulations' when a young woman announces a pregnancy, planned or otherwise. There are assumptions made about intentionality and motivation for having a child, particularly now there is a substantial 'baby bonus' involved. Both key informants and young mothers expressed incredulity at the thought that more than the smallest proportion of young mothers might set out to get pregnant in order to qualify for the bonus.

Some informants thought that young women's expectations of judgmental attitudes meant that they perceived them even on occasions when they were not necessarily present.

Sometimes they've created a story in their mind about what someone's thinking and the person might not be thinking that at all, they're just walking down the street. But because of they've become so self aware about that, they become kind of cued into it. (K19)

## FAMILY

The young mothers in this study were a group characterized in the majority of cases by family conflict or disconnection, a situation that could be exacerbated by geographic isolation from the few social contacts they had maintained.

Key informants supported the young women's claim that family connection was particularly important around the time of arrival of a new baby and that both young mothers and their families often attempted to mend relationships at this time.

There have been some really good reunions ... It does open up for people to get back in touch ... in some cases the circumstances that are already there that caused them to leave in the beginning haven't gone away and are never going to go away. (K10)

They're still looking for acceptance from their family and ... that family could be a whole variety of people. Not necessarily mum or dad. It could be grandparents. It could be an aunty or uncle. Acceptance is what they're after. (K15)

While key informants noted that it was frequently a time to develop shared understandings, they also recognised that reconnections were not always successful.

## FRIENDS

Key informants also agreed with young mothers about likely changes in relation to friends. They reported that the sense of loneliness associated with losing a peer network can indirectly put young mothers at risk of further homelessness.

For a young person who's lost that previous peer group and there is a vacuum they're very vulnerable then to whatever is being offered and so they're very vulnerable to moving into quite unstable relationships or risky relationships or behaviours or networks. Homelessness can certainly be linked in with that because if they throw all their energies into this relationship ... [they] move in with somebody who then says 'look, this is not working, I'm moving out'. There's rent in arrears ... his name's on the lease not hers, she's evicted because no rent's been paid. (K11)

## Poverty

There is no simple cause and effect relationship between young motherhood and poverty (Shields & Pierce 2006; Bradbury 2006; Geronimus 1997) but poverty was pervasive in the lives of all of the young mothers interviewed and it underpinned many of the problems they experienced. It was so obvious a contributing factor that it generally remained unspoken, with key informants talking about the outcomes of poverty without feeling the need to explicitly discuss the causes of poverty.

Family poverty, resulting in overcrowding, sometimes contributed to young women leaving home and being unable to return. It also hampered family members' ability to offer financial support. Poverty was the primary reason young women needed to seek government funded or provided accommodation or housing in the short and long term.

The costs associated with training and education, such as childcare, reduced the likelihood that young mothers would realize their educational or employment goals. Inability to afford a car or pay for public transport made it difficult to keep appointments or engage in education, training or employment.

I'd like to probably go and do courses on computers but you don't have spare money when you're a mother. (Tamara)

One thing I'm having a problem with at the moment – trying to find somewhere that will either give me a loan or let me pay off getting a car fixed...It's absolutely killing me at the moment especially [as I'm] starting to get a lot bigger in my pregnancy and I'm studying full-time at the moment. (Jade)

Stress related to living in poverty appeared to affect health and wellbeing and made it more difficult to avoid problematic drug or alcohol use. Poverty kept young mothers in unsuitable environments and made them vulnerable to negative relationships.

Centrelink payments, even when supplemented by financial contributions from fathers, did not adequately meet accommodation and daily living costs. Some young mothers had not learnt to cook or budget, which left them reliant on take-away food at significant cost to their health and their finances (Rogers & Allwood 2005). Difficult financial situations were made worse by lack of knowledge or experience in budgeting and financial management.

I was going out and doing the shopping and paying the bills and a 15-year-old doesn't know nothing about bills and what has to be paid ... All that came quite as a shock to me. (Kayla)

They're having this baby that supposedly they need to purchase things for and they want to be like every other mum that they see in the shop. So they will put themselves further into debt. It comes back to if there's that history of homelessness they're wanting to provide way and beyond what I would deem they need to. But that's what they need to do because there's that sense of that's how I'm a good parent and ... I love my child. So ... they will go out and blow it. (K15)

Perhaps most sadly, poverty curtailed agency. Young mothers were commonly buoyed by a sense of optimism but poverty was likely to frustrate many of their hopes and plans. However, brokerage funds for education and training costs, programs providing guidance in financial management and related life skills, and assistance with private rental costs are helping to alleviate the effects of poverty for some.

We had one young woman go to a private academy and there was a huge enrolment, upfront fee, that wasn't subsidized and she wasn't eligible for another Centrelink loan because she'd previously had one. Finally the academy has realized the difficulties that this woman's under and decided to waive some of her fees because she can't afford ... the fees. She's just not eating at the end of the day. So, yeah, there are huge sacrifices in going back to work or study I guess. The costs of it can be huge. (K18)

## Health & wellbeing

For young mothers, poor mental health and substance abuse were common and serious issues that tended to eclipse any focus on physical health. Depression is associated with isolation and lack of support (e.g. Bogard *et al.* 1999; Robertson *et al.* 2004) and as discussed above depression was experienced by a number of young mothers in this study. Post-natal depression often goes unnoticed in the homeless population, according to key informants.

However, despite the common experience of isolation and the increased possibility of depression among young mothers, key informants reported observing reduced incidence of self-harm and suicide attempts among young women after they became mothers – a view supported by young mothers' stories. Moving into adulthood and moving away from negative life experiences (at home and while homeless) may well play a part, but motherhood was also identified as a contributing factor. Informants commonly agreed with young mothers' comments explaining that children were a reason to go on living. They also mentioned the desire to protect children from witnessing self-harm as a contributing factor to the reduction in self-harming behaviour.

If something else occurs in their life that impacts on their ability to parent or their belief of their ability to parent, I have known them to begin self harming again [but] with an awareness of the child – they know that, well, it's okay because you know the baby's asleep. (K5)

Key informants said that most of those using drugs or drinking at problematic levels attempted to stop, and many succeeded, although a good proportion of these relapsed.

It may decrease but ... to actually give up all together, there might be, you know, in times where their coping is not so great, they'll resort to that and relapse ... there's not so many that actually remain completely free from it. (K16)

The father of her child, had actually overdosed ... he went down that path of destruction, of suicide. ... The curtains were down and she'd done two or three bottles of beer before midday and the child was just running amok and we just had to hang in there and work through it. But the knowledge that she had [a] child helped her to not go over the cliff if you like ... she's now doing a social work studentship. (K2)

## Partners

Key informants made it clear that it was difficult to generalize about the partners and ex-partners of young women. They supported the finding that partners can have a significant impact, either positive or negative, on young women's and children's wellbeing, regardless of whether they are the father of the child.

Some cut and run. Some hang about but [are] not too sure [of] the role that they're supposed to be playing. Some play a role that's quite abusive and there are some that really fall in line and become fantastic fathers. (K12)

We see benefits and disadvantages in different cases. They're actually receiving two incomes or an income. There's a bit more support I guess for some. We've seen some fantastic support from fathers in the past with parenting roles and a real willingness to learn some parenting skills ... But then there's obviously disadvantages too where dad's been involved. We've had children exposed to violence. We've had problems with partners being involved where they've kind of been freeloading, and they're almost another child to the mum. ... We've had fathers that have been heavily substance using as well around the children. (K18)

The most frequently identified problems associated with partners were those of violence and controlling behaviour. Several key informants noted that prospective fathers could be extremely protective of their unborn babies and this could manifest as controlling behaviour.

He actually said to me 'I laid down the law and told her she can't go out after dark'. And while I challenged him he still could not see it. 'It's not actually about her it's about my baby'. ... And he's basically saying well, 'you know, she can't protect herself, she can't look after herself'. And I said 'how'd she get to this point? She's doing alright. I think she knows how to look after herself and can actually make a decision'. 'Oh, no, she can't. She's pregnant. She's having my baby'. (K15)

This sort of controlling behaviour was also reported by a number of young women. However, both young women and informants said that in some cases motherhood actually empowered young women to resist such control.

All the young women I've met actually it's on their terms. ... And they get quite determined about what the relationship is going to be when the baby comes and they kind of set the agenda and that might mean the contact with the child, parenting support, financial. (K13)

I know he felt 'She's having my baby, she's not going anywhere' so I thought I can't have anyone walk over me like that. I want to show my daughter to be strong as a woman. (Alyssa)

While the young women in this project who had experienced violence from partners had been able to extricate themselves from these relationships, key informants observed that domestic violence was a huge problem.

Domestic violence is huge. And it seems young women are lacking understanding of what domestic violence is and what a healthy relationship looks like. A lot of our young women are coming from traumatic and abusive environments so the concept of what a healthy environment is not really there ... They always seem to attempt to reconcile with an abusive partner. (K16)

One informant said that it was common for young women to enter homelessness as a result of sexual assault. Sometimes this assault resulted in a pregnancy, as in at least two cases in this study. However, what the informant clearly identified as sexual assault was not always recognised as such by the young women involved.

Key informants generally thought that young fathers (and most men who father children with young women are not considerably older) deserved more attention, whether they were heavily or peripherally involved with parenting. They observed that services, mothers and maternal grandparents often sidelined young fathers.

The young father in some ways was a bit off the hook with responsibility. There wasn't an expectation. Probably because the experience of a lot of workers is that he probably wouldn't stick around. (K11)

There were a number of issues pertaining to the outcomes for young mothers and for the young fathers themselves. For example, fathers could be under enormous pressure to leave school; many had no models for a happy family life and no assistance in developing relationship or parenting skills. Additionally, they were often torn between peers and their own partner; unlike young women they did not gain access to new, more family focused peer groups.

And there is a lot of pressure. You know, do you come out and play footy, come and have a beer with the boys and that's pretty difficult for a young dad to resist even if he's really keen. (K11)

So the baby was born. Mum tail spinned right down into a mental health problem. She was put into hospital and he literally looked after that baby from three days old. And was doing really well. But then when mum got back on track he dropped his basket and he needed to be supported too. They didn't stay together as a couple but they certainly stayed together for this child. They're very good friends and they support each other as parents. (K12)

While some fathers take the responsibility of parenting very seriously, they had more choice as to whether to step up to the responsibility than did young mothers, particularly when the relationship had broken down. For young fathers, like young mothers, there are also developmental issues: 'Young women, 16, 17 [years old], are functioning at a very different level to a young man at 16 or 17'. (K19)

There's no real concept of their responsibility towards the child or towards the mother – and certainly no financial responsibility. (K18)

The girls grow up very quickly once they've had a baby. Whereas, they're like little boys ... they don't know what they're meant to do or they've got no role model. (K110)

## Overcoming the past

There was almost unanimous agreement among key informants that the nature of a young woman's past, particularly their family circumstances but also their time spent homeless, was the factor that most influenced outcomes. A number of areas were identified as causing ongoing problems for many young mothers.

The young women who have had no positive experiences in their life, I think will find it incredibly hard to impart any sense of positive experience on the next generation. Those who have had, even if it's only when they were five years old, we still have something to build on. (K17)

## OVERCOMING VIOLENCE

Past experiences of violence were common, as is apparent in this small sample and as documented in previous research (e.g. Brown *et al.* 2006). Key informants observed that some young women can have difficulty escaping, not only violent partners, but violent environments or networks.

Extended family or partners [they] are living with can really increase the risk of family violence. But also, for some of the young people they've been vulnerable for a long, long time and so they'll be very vulnerable to becoming entrenched in a violent relationship or network. (K11)

Sexual abuse is a relatively common experience for many young homeless women and can cause lingering health effects. It is unclear whether the ongoing feelings of fearfulness, reported by a high percentage of young women in this study, were associated with past violence.

Past violence or fear of recurring violence from family members could also form a barrier to accessing supportive family members, for example, where supportive mothers were living with men who had perpetrated violence against the young women in the past.

## OVERCOMING POOR PARENTING OR LACK OF PARENTING

According to key informants, poor parenting, or lack of parenting, impacts in two ways. First, young women from abusive or neglectful backgrounds or ex-kids-in-care may be traumatized or otherwise negatively affected by these experiences. Second, they may have no suitable role models for family life or parenting.

Forgiveness and anger can walk parallel with each other – recognition of the difficulty of parenting but then feeling so passionate about being a good parent themselves that there's unresolved issues that can come to the surface about why weren't they cared for, why weren't they protected? Particularly if there's been issues around abuse. (K19)

Others because of their own circumstances they probably will find it very hard to change because they've had nothing to fall back on. No role model to research it ... and [discover] what is the proper way of doing it. But others have got huge capacities. And they do change. And we see it. (K12)

Young mothers in this study and others often say they want to provide better parenting to their children than that which they received. Clearly, parenting without role models and in situations often lacking positive support networks, they will only be able to achieve this goal with substantial assistance.

Mum never really made time for me. So I had to grow up very quickly. I really didn't have a childhood. I'd like Shannon to be able to have a childhood and act like a little kid when he is a little kid ... (Natasha)

They're likely to already be in the statutory service system ... or maybe they should be if they're not. ... They may well have a lot of strength and a lot of resilience but in terms of the capacity to then parent within that, that can be very limited ... they're really starting from a very challenged position. (K11)

A common observation was that for those with troubled family histories, having children provided a fresh opportunity to start again – to create a new family. As Anne Manne (2005:177) has written in reference to women who had suffered painful childhoods, 'The experience of nurturing acted as a healing process; giving a better childhood to one's own children created the possibility of a new beginning. Watching their children grow offered the deepest kind of healing'.

## OVERCOMING POVERTY

As discussed above, poverty is a direct and obvious contributor to homelessness. A childhood in poverty can also have a cyclical effect.

Generally the people that I've worked with have come from fairly low income, single parent families themselves, minimal education, and it is that cycle. And to break that cycle is very, very difficult because there's no real belief that they can. (K15)

Such backgrounds may provide little modelling of the benefits of education or grounds to imagine exiting poverty and achieving stable housing.

Without generalizing, I think those that are thrown out because they're pregnant are more likely to have had the stable background first, so they are more likely to have – not the whole set of living skills they require – but probably some common sense around money management and prioritization and things like that, and less likely to have had really bad childhood experiences so it may be a bit of an example at least to lean on when they're parents themselves. Whereas those that have been homeless for a long time and then end up pregnant and those that are coming through state care and then hitting the streets, I just don't think they have any experience of their own to build on, like what is a good parent? They don't know, 'cause they've never seen that, so I think the way out for them is a lot harder. (K17)

## Motherhood as a catalyst

Several studies of young mothers have noted that motherhood can provide an opportunity for improvements in life (e.g. Fessler 2003; Hanna 2001; Smith-Battle 2000; Greaves *et al.* 2002; DHS SA 2001). Key informants in this study generally agreed that motherhood was a catalyst for positive change in the lives of young women experiencing, or at risk of, homelessness. However, several observed that the potential could not always be realized. While young mothers tended to stress the positive changes and the redemptive effects of motherhood, key informants were just as likely to comment on the factors that hinder good outcomes (in terms of wellbeing and exiting homelessness). Several made the point that young mothers experiencing homelessness were a diverse group and individual and circumstantial differences led to diverse outcomes.

Irrespective of whether you're homeless or not, first time motherhood is a changing thing, even for those who are stable, incredibly more so, hopefully, for those who aren't stable, but to look at it negatively, there are those whose babies might as well have been a puppy because it's changed nothing. (K17)

Key informants focused on structural/societal level factors as well as family/individual level factors. One key informant said about motherhood 'in some cases it's the making of them, in other cases you'd have to say it's the breaking of them' (K110). In many cases they stressed how individual impetus and good intentions can be thwarted by factors outside the control of individuals. Some of the reasons for this were outlined above; those related to service provision will be detailed in the next section under service responses. Motherhood was seen to provide a purpose in life, a new sense of responsibility (not always successfully enacted), and a re-evaluation of one's place in society.

For some of them some of the risk-taking behaviours may have continued [if they hadn't had a child] ... some of the relationship choices may have continued, but then the other side to that too is some of them may have been able to continue on with school ... or to be a young person without having to think about the responsibility of being a parent and losing that developmental experience which is being a young person, so there's two sides. (K19)

It's always been so negative. 'Oh, look what you've done now, you've got yourself pregnant, nah, nah, nah, nah. But if they've got a baby that smiles at them ... they feel a real sense of achievement. It's the first time they can go 'Oh, I did that' ... Because they do cope brilliantly. (K110)

Oh my God. Like, she's mine. I made her. I made something so smart, so beautiful and, oh my God. (Kayla)

Although the majority of key informants saw changes in relation to improved self-esteem and greater future orientation, there was more divergence of opinion on these matters. Key informants said motherhood offered enormous rewards when young women saw themselves succeeding in the role. Concomitantly, when they perceived themselves as failing, they could experience poor self-esteem and/or guilt. Where there was greater future orientation, it was not always seen to lead to goal setting or action.

Overall, the changes in self-perception and priorities were seen to be reflected in positive behavioural change (such as reduction or cessation of substance abuse) that could both benefit wellbeing and ability to parent, and facilitate the establishment of more stable futures.

In key informants' experience, young pregnant women and young mothers are also more likely than single young women to reach out to family and services for help. They also observed that young mothers were more dedicated to exiting homelessness, as their level of desire for stability and security increased.

They're more determined, they're more likely to engage and more likely to see it as a top priority, the big influence is that they're now caring for another person ... I just know they're more proactive. (K13)

The level of desire to move out of homelessness *can* be an indicator of long-term success but structural and environmental issues make it hard to realize desired changes. Sometimes young women disengaged once their most pressing need – accommodation – was met.

Several key informants said there were commonly good intentions, enormous determination and huge capacity to parent well. Young women are well aware that in order to parent well they need to escape homelessness. Key informants, like young women, stressed how difficult young mothers' lives were and observed that many of those who succeed do so against enormous odds. Some of these problems were alleviated by the services available and others could be exacerbated by the service system. They noted both empowering and disempowering aspects to motherhood. Some of these were common to all mothers (for example, stress), some were particular to young mothers (discrimination and over-scrutiny) and others were specific to homeless young mothers (service system factors).

Age was not seen as the most important factor in how young women managed motherhood or in their chances of exiting homelessness.

That continuum of fantastic [parenting] to ‘God, I don’t care’ is across all populations and it’s got absolutely nothing to do with age. (K12)

Young women who had experienced long term homelessness, problematic substance use, poor mental health and/or lack of family connection were less likely to be in a position to experience positive changes associated with motherhood. For some, the birth of a child exacerbated their existing problems. Those who had become homeless due to pregnancy were generally regarded as having fewer or less significant underlying problems and less traumatic pasts than those whose pregnancy followed homelessness. They were therefore seen as more likely to achieve their goals in relation to motherhood and housing.

If they’ve just come out of home ... I think they cope a lot better, but if they have been very transient for two or three or four years [and] if they have a drug or alcohol addiction or mental health problem – it makes a big difference. (K14)

In this study it was the young mothers whose pregnancies followed homelessness, and who would appear to have the most obstacles to overcome, who described motherhood as being a positive turning point in their lives.

The longer I work in this field the more I come across the single mum who has struggled, seen a future for themselves and gone after it. So I don’t see a dead end for most of these mums. I see some struggles. I see some let downs and some fall downs and pick myself up again. I see that. For some of them I do see some sadness and huge challenges in their life and they may not be able to take an opportunity when it comes to them. Because they just don’t have those skills. But I’d say, by and large, the women that have crossed my path have huge possibilities. (K12)

### 3. Service Responses

I think at that point in their life where there is a crisis where they have got pregnant and they do have the child. There is an opportunity there for them to change and some will, but some need a lot more support for them to ... that’s where the service system sort of fails. (K14)

This section reports on how well the service system currently meets the needs of young mothers and how the response could be enhanced in order to capitalize on the opportunities associated with new motherhood. It draws upon both the interviews of young women and key informants. Key issues are reported under the following headings:

- Providing housing and accommodation
- Creating social networks
- Fostering health and wellbeing
- Improving socio-economic outcomes
- Enabling mobility
- Assisting with parenting and life skills
- Working together: homelessness and health

Young mothers spoke highly of the quality, breadth and timeliness of the services they received since pregnancy and motherhood. They generally mentioned being pleased with the practical assistance they received, including accommodation and provision of baby goods. Few could suggest ways that their needs could be better met. While young mothers reported isolation and lack of emotional and social support, they generally did not regard addressing these issues as the responsibility of the service sector. However, service providers commonly identified the necessity for services to respond to the need for social and emotional support as equally important to the provision of an accommodation response.

There’s that whole misconception that it’s all about the housing. Well that’s a roof over your head, ... So you may not deem the housing to be suitable or appropriate but in actual fact if it’s safe – the support is what is actually going to assist that person through their pregnancy. (K15)

#### Providing housing & accommodation

Shelter is fundamental to wellbeing. Young mothers and service providers indicated that the prompt provision of accommodation was crucial for young pregnant or parenting women, forming a basis for addressing all other problems (Rogers & Allwood 2005; Bessant 2003). Young mothers confront the same problems as other young people in accessing crisis and medium term accommodation and ultimately long term housing, either in the private rental sector or through the Office of Housing. Lack of capacity remains a problem in regard to both accommodation and public housing. Young mothers face additional barriers due to their pregnant or parenting status.

## SHORT TERM & MEDIUM TERM SUPPORTED ACCOMMODATION

### Crisis accommodation

Young mothers have limited crisis accommodation options due to the prevalence of the congregate accommodation model. Those who are pregnant may have difficulty obtaining accommodation unless such accommodation is short term with a confirmed exit strategy. Few refuges are equipped to provide appropriate, safe crisis accommodation to babies or children. Motels or hotels, which are often used to fill the gap, are poorly suited to accommodate children – with no kitchens, often no safe outdoor play areas, and single rooms which make it difficult to accommodate different sleeping times of parents and young children. They are also isolating, even when support workers are able to keep in contact. Many women feel unsafe in these environments and leave before other accommodation becomes available.

### Medium term accommodation – THM<sup>4</sup>

In addition to a shortage of properties and the difficulties associated with short term leases, key informants identified problems accommodating older partners, obtaining single occupancy (particularly for young women 3–7 months pregnant, as it is seen to be too early to provide family accommodation) and providing accommodation in appropriate locations (with proximity to support, services, shops and transport). Key informants who worked outside the SAAP system said that transitional accommodation was usually entered through the crisis system. While this has merit, it disadvantages young women ‘making do’ who ‘have to get much more in crisis’ before they can access accommodation (K11).

As mentioned earlier, most accommodation is tailored to either youth or families, with few services providing an accommodation and support response specifically to young pregnant women or parents.

They might not necessarily be tuned in to what a young person’s saying as a parent about what it is that they need, so their focus may be on the child, if it’s a family or a children’s service, or their focus might be on the parent if it’s a youth service, but it’s getting the dots to join up in an all-embracing response. (K19)

### SAAP support

Young mothers need longer accommodation and support periods than currently available. Key informants reported a need for ongoing outreach – a need commonly identified by studies elsewhere (e.g. Letherby *et al.* 2001; Rogers & Allwood 2005). This need pertained to a proportion of women leaving all types of supported accommodation, but was particularly important for those leaving short term accommodation. Several informants reported a shortage of services available to provide medium or long-term follow-up. In common with other young people experiencing homelessness, young mothers need continuity in regard to workers where possible. Key informants said they sometimes just need someone they can call for advice or who can link them up with

<sup>4</sup> Transitional Housing Management Program

education or employment down the track. One worker said: ‘I think the system sort of cuts them off at this point “Okay, we’ve housed you and done this, this and this for you, you should be right now” ’ (K14).

What we have found that is helpful is having an ancillary range of engagements/support onsite that are complementary but also outside of transitional responses. For example, a young woman may exit transitional into either public or private rental, but remain linked to our service through the young mums group, or peer leadership program or mentoring etc – none of which are time limited. (K19)

There’s not a lot of services that do a lot of follow-up, medium to long-term work ... Starting Out, that’s great. It would be great if that program was everywhere. (K14)

An ideal accommodation and support model would comprise a multi-stage response beginning during pregnancy and continuing in the form of outreach post-accommodation, with young women (and partners) able to gain access at the stage that meets their needs.<sup>5</sup>

## LONG TERM HOUSING

Private rental and public housing are the two common destinations young mothers residing in medium term accommodation aim for. Having children can reduce access to private rental but it can speed up an Office of Housing response. The following issues with post SAAP accommodation were identified.

### Private rental

Many young women in the service system have significant debt and/or poor rental histories (often partner-related). Private rental is extremely difficult to obtain for young mothers due to the tight rental market and discrimination against welfare recipients, young people, single or young mothers, and children. Pregnant young women are only eligible for Youth Allowance which is insufficient to support private rental. Of course, those under 18 years of age cannot sign a lease. Services played a role in helping sort out debt and assisting in the development of financial management skills.

Maintaining private rental can be equally hard. Few young mothers can afford to pay full weekly rental, even with rental assistance, a situation which necessitates sharing properties with friends, acquaintances or (ex)partners. These arrangements can be fraught; they also have the potential to break down leaving young women homeless.

The service sector has responded with a number of schemes to assist the achievement of private rental, including establishing relationships with local real estate agencies, acting as guarantors, or subsidizing rents for the first six months of a rental period. The new private rental brokerage program has the potential to make a significant positive impact in this area.

<sup>5</sup> For example: ‘Glen Mervyn’ Young Women’s Health Program in NSW, a 3 stage accommodation and support program primarily funded through the NSW Department of Health and the Australian Red Cross.

## PUBLIC HOUSING

Most young mothers applied for public housing through early housing applications. Long waiting times, even for Segment 1 and Segment 3 applications, put pressure on medium term accommodation. Housing available through such applications was not always of a good standard and was often located in areas far from support services, public transport, educational institutions, established social networks and employment opportunities. At times it was unsuitable for babies or young children. While meeting an immediate need, such housing was likely to increase isolation and curtail future opportunities. For these reasons it was also likely to break down in the future, leaving young families once more homeless. As Judith Bessant (2004) has noted it is also unsuitable for those trying to stop drug use.

Quite often we are finding that the waiting time for public housing allocations is considerable – more than a year, and that sometimes young women are bullied by bureaucrats to accept unsuitable housing (e.g. syringes on the floor, drug dealing in the estate and upper level housing with stair only access) or they will be taken off the list. (K19)

You virtually have to have a baby before you're eligible for a house that's suitable for a baby. ... The public housing that you get through early housing applications in many cases is really in need of some work ... they get housing that in many cases is inappropriate for babies, or at least children once children are walking so they'll often leave without any real thought of what that means for the long term so I think we set them up a little bit in terms of public housing. ... I think public housing is not a good solution for young people. ... It's often the only affordable solution and they'll get pushed in that direction for the services because the services need throughput of clients ... the only way to do that is to get them into early housing and in the areas where the work lists are short which is invariably the area with absolutely no supports whatsoever. You will take whatever they're offering you because it's great at the time and then six months after you've had a baby and reality hits and you're stuck in the middle of nowhere. (K17)

## Creating social networks

Key informants indicated that alleviating isolation was fundamental to assisting young mothers. In the absence of strong informal social support or ongoing mentoring, young mothers may continue to rely on services for social connection.

As a worker my top priority in working with young women is that they still feel very connected to their community – they've got links in the community and support. (K13)

It's no different to anyone else who's parenting, it's a tough road and it's full of joy and heartache and both ends of it are enhanced by the capacity to feel a connection to another person or to a community and I think that for the young women that we're working with, where we can facilitate or where we can assist them to build those links into the community that's where the hope is for me. (K19)

While this was part of the remit of the services working with young mothers generally, it was also a role that several other youth services took seriously. Strategies to reduce isolation – which also aimed to increase parenting and life skills – included peer support, mentoring and parenting group programs, along with innovative ways of linking young mothers to the community. Such programs are not linked to the constraints of a time limited intervention like SAAP and can be tailored and reviewed in line with the young mothers' need and growth. They should be funded and made available to all young pregnant and parenting young women in the homelessness service system.

Community involvement could take many forms. A few services stressed the importance of initiating ways for young mothers to contribute in some way to the community.

A number of informants mentioned the need for an increased number of (more) targeted, mentoring programs. Such programs could link a more experienced parent or person with a different background with a new parent in order to provide an informal support role relationship.

So those sorts of programs ... with trained and experienced volunteers and/or paid staff and coordination ... would take quite a bit of coordination to manage ... there's certainly a need for that. A lot of our referrals will be for support and support can sometimes just mean having somebody that's available for that young parent for them to just talk to, bounce ideas off, get ideas about parenting and so on, that is not necessarily something that needs a qualified worker. (K11)

The involvement of young women as supports to each other is significant, for example through Peer Leaders, young mums groups, new mums [are] welcomed by those more experienced, just as would be the case in the community where people are in more settled community networks. (K19)

Peer support may be provided through mentorship but it was more likely to occur through the provision of mothers/parents groups. Several informants made the observation that young mothers, in common with older mothers, have a need to share stories about their experience of motherhood. It was universally agreed that young mothers do not feel comfortable attending mainstream mothers groups. While not all young women wanted to attend young mothers groups those who did generally valued the social support provided. Mothers groups were seen as good enticements for young mothers to contact services. Attendance at mothers groups opened up the possibility of seeking other necessary support. Mentoring programs with screened, trained and supported volunteer role models from the community (including other young mothers) strengthen a community connection that is likely to live beyond the 'prescribed' support period.

Those young mothers moving into public housing are likely to be moving away from existing or any newly fostered social connections. They require post-SAAP accommodation outreach to help them establish connections in their new communities and bridge the gap until these are established. As one informant noted: 'A lot of young women will come back just for that social support. They're lonely.' (K14)

## BUILDING FAMILY RELATIONSHIPS

Young mothers may be isolated but they are still connected to birth families and (ex)partners even if only through shared history. They are daughters in one family and mothers in another. The positive and negative potentialities of relationships in both these families need to be taken into account in a holistic response. As Smith-Battle (2000), among others, has noted, parenting is a relational practice. Research indicates that family support and partner support can have a positive influence on parenting and improve a young mother's psychological and financial outcomes (e.g. Bunting & McAuley 2004).

We work in a family centred way with the younger mother usually as our primary client within the family. ... That's not just about the children. It might be about the partner, ex-partner, other household members. It might be extended family and looking at the family resources or the challenges that extended family can sometimes place. (K11)

## WORKING WITH PARTNERS

When working with young mothers there should be recognition of the importance of partner relationships in young women's lives and how these affect homelessness. This could be manifested in a number of ways. First, accommodating partners can assist young families to stay together – partners should be accommodated unless there are mitigating circumstances, such as violence. Second, informants indicated that there was a role in the provision of guidance to young women and their partners or ex-partners around healthy relationships and family violence. As pregnancy could increase young women's vulnerability to violence, it was an optimum time for education and assistance around this prevalent issue.

It's about getting them an understanding about what a healthy relationship looks like and then negotiating that in future relationships they may have. (K16)

## CONNECTING FAMILY

Being alert to the possibilities of family reconnection and working with services able to provide mediation and reconciliation will improve young mothers' chances of re-establishing positive relationships with their birth families. Optimum timing will vary but late pregnancy, birth and the early postnatal period are key times for fostering family reconnection. Dedicated brokerage funds for reconciliation and mediation should be accessed to facilitate successful outcomes.

## Fostering health & wellbeing

### IDENTITY & SELF-PERCEPTIONS

Improved self-esteem and confidence associated with motherhood can only occur with appropriate support provided to enable young women to succeed at parenting. This requires the accrual of parenting skills but it also requires specific ways of working and recognition of changing identity.

Young mothers' common experiences of stigma and negative assessments of their parenting ability necessitate ways of working that enhance self-esteem and build on the personal growth associated with motherhood. Key informants stressed the importance of demonstrating confidence in young women's ability to mother. Counteracting poor self-esteem is a crucial but difficult process. One key informant stated:

I do in a very purposeful way. I focus on the baby rather than them. I look at how that baby does and how that baby brings joy, how that baby is growing ... rather than 'how are you coping?' It's taking the focus off the mothering side of things and actually putting it on 'wow, your baby's growing beautifully – you must be doing a great job'. (K12)

Approaches that do not take developmental stage into account are counter-productive as young mothers will not engage with services they perceive to be judging their parenting. Some key informants said that it was important to recognize that their own views of appropriate parenting were very subjective and class-based and to focus any advice on the most fundamental aspects of parenting.

### RECOGNITION OF CHANGING IDENTITY

In addition to reducing social isolation and providing an opportunity to enhance parenting skills, young mothers groups provided a forum for young women to explore their new identities as mothers. Antenatal groups can also fulfil this role. One model that has been piloted at the Royal Women's Hospital, involving a co-facilitated course with Anglicare Choices, gave young mothers the chance to focus on identity changes during pregnancy and consider changes and goals in relation to their future identity as parents. This is a relatively neglected aspect in the provision of services to young mothers. Given the importance of the issue, such programs developed by specialist services should be expanded.

### MENTAL HEALTH

With good mental health identified as critical to how well young women manage motherhood and achieve stability in their lives, effective service responses in this field are crucial. There is a fine line between distress and mental illness; both require a response. Services need to be alert to the strains and stresses of parenting and the possibility of poor mental health associated with mothering, particularly preceding and following childbirth. Informants commented that there needed to be greater awareness of

postnatal depression and anxiety in the homelessness service sector. It was also suggested that young people's mental health services did not always acknowledge young women's role and identity as mothers in their diagnoses or in provision of services.

So they're looking at that person's mental health without really acknowledging the presence of a 2-year-old child. That's just weird. (K15)

The Maternal and Child Health Service can certainly play a role in the detection of postnatal depression, but there is a need for training for all those working with pregnant or parenting young women. Programs that provided counselling and therapeutic supports were highly valued although their limited availability was problematic.

I think generally young mums will often not be able to identify it themselves, and may not even be able to verbalize what they're feeling or question it. And if they're not surrounded by positive support, of whatever kind ... [if] there is a change in behaviour, it isn't noticed. ... Eventually they might filter through to a program like here and their child is now two and so they're actually diagnosed because we made that mental health connection as depression. ... I personally think that often it's been postnatal depression that's just grown. ... It's a common theme. (K15)

## REPRODUCTIVE & SEXUAL HEALTH

Current data collection does not provide information on the number of pregnant women accessing SAAP youth services or the number of pregnancies amongst SAAP youth clients. However, it is clear that many unintentional pregnancies are experienced by young people accessing youth accommodation and support services. Many young people have missed sex/life education in schools and at home, so their knowledge regarding reproduction, sexual health, contraception and pregnancy options may be significantly compromised. Many studies, including this one, find that young people are often shocked when pregnancy occurs and surprised by the realities of parenting. Youth homelessness services, especially those providing medium term support and accommodation, need to consider their role in pregnancy prevention. Youth specific health services provide an excellent opportunistic response but a proactive response is currently lacking. With additional resources youth health services would be well suited to deliver sexual and reproductive health education in SAAP youth services. However, more research is required to identify the best way to provide sexual and reproductive health information to this population.

## DRUGS & ALCOHOL

This study supports others, both in Australia (e.g. Bessant 2004; Quinlivan & Evans 2002) and overseas (e.g. Flanagan & Koktailo 1999; Teagle & Brindis 1998) that propose pregnancy as an optimum time for effective interventions in young women's drug and alcohol use. While individual services or workers in the homelessness service sector may respond to the need for help overcoming problematic substance use during pregnancy, this opportunity for change can be lost without a systematic response targeted to young

women. Young mothers appear to be extremely motivated to deal with problematic substance use but relapse can occur in the first year after the birth. Follow-up outreach support is necessary, preferably by specialist drug and alcohol services. There are drug and alcohol services that are sensitive to the needs of mothers and inclusive of children but there are many others that respond poorly to the needs of young mothers. See Bessant (2003) for a detailed discussion of this issue.

Different factors contribute to their substance use. So I guess there'd be not one specific point for everybody there but there isn't a better time to target substance use and try to prevent that ... It would be great if there was something out there – a specific program, an individualized program, that targeted substance use during the pregnancy. (K12)

## Improving socio-economic outcomes

Fostering a return to education or training is a strategy with long-term value. Studies show that young mothers do equally well or sometimes even better socio-economically than those from similar backgrounds who have their children later (see Bradbury 2006). However, homelessness creates added disadvantage and barriers and homeless young mothers are likely to need service-based support to succeed. Several factors affect young women's ability to access education and employment, most importantly: cost, geographic location (distance and lack of transport) and parenting responsibilities. With these issues in mind, informants made some useful observations on how best to facilitate education and training. Fostering a return to employment was not generally raised, except in relation to the need for childcare.

## TIMING

Access to education and training may be crucial but the timing of re-engagement must take into account the priorities of early motherhood. Mothering young children is extremely demanding; the early years of motherhood may not be the opportune time for educational engagement. There needs to be an ongoing focus on education and training that extends into the 20s. Some programs, such as the Youth Employment, Education and Training Initiative (YEETI), support young people up until the age of 25, however others, such as JPET, only assist young people until they are 21.

I think that the main priority is caring for their child, so that overtakes everything, and then there's definitely plans when the child gets a bit older ... 'yeah, I'll go back to school, yeah, I'll get a job' ... but I think it would boost their confidence a lot more if perhaps someone was supporting them in a role where they were still at home caring for their child but still having links to a computer ... to get their skills up. (K13)

## TAILORED EDUCATION

Some young mothers may find that existing educational and training arrangements suit them well; others may not be ready, or well resourced enough, to attend established institutions. Tailoring education to the needs of this group of young mothers requires

taking into account contextual factors of homelessness, parental demands, accessibility, social stigma and lack of social support. Flexibility must be a key component. In addition to the benefits of education in regard to enhanced employment opportunities and improved socio-economic outcomes, well-developed programs have the potential to address social isolation, improve wellbeing and broaden young mothers' conceptualizations of their identities. The form and location of such education requires cross-sector collaboration.

We were wanting to offer something here on site that would come attached with tutoring, access to IT, an online type arrangement too. We'd be able to offer some flexible modules around education. A whole lot of different integrated modules because it's that old thing: education leads to choices. (K9)

The other thing that can be done is education in the community and it may start at ... the Neighbourhood House TAFE type level ... engaging with this group, having programs that are relevant to them, having spaces that are suitable – actively working to bring them in. They all say they do it but they do it by default by not excluding them. I don't think they actively work to engage them. (K17)

## CHILDCARE

Cost, availability and quality are the key issues in regard to childcare. Centrelink can assist with cost of formal childcare for young women working or studying but availability remains a problem. Lack of transport can also reduce accessibility and therefore choice. There are also trust issues that make young mothers reluctant to leave their children in care. Awareness of stigma and fear of judgmental workers may also play a part in this reluctance. For those studying, lack of informal, after hours childcare can be an issue. Single mothers without social support from friends and family and not happy to leave their children in formal care (if available) were in an unenviable position if they wished to return to study or work.

Transience makes childcare hard to obtain, as waiting lists can be long and places become available after young women have moved on. Services can play a role in ensuring young mothers know how to apply for childcare places and financial assistance, and understand the necessity of notifying childcare providers of any changes in contact details.

Childcare is impossible ... in that area you cannot get childcare even if you're either working or you've got a medical certificate. If you just need a break ... you can't get it. So, it is a matter of who do you rely on and again we can have the most stable families that we want but occasionally we want a break from our kids or we're gonna go insane. (K17)

## Enabling mobility

Transport issues are over-arching, affecting access to social supports, health services and education and training. Participants from both groups highlighted access to transport, whether private or public, to be a significant and ongoing barrier to the attainment of goals.

In recognition of the difficulties associated with mobility, key informants stressed the benefits of services coming to young mothers. Most services involved in this study provided transport to young mothers to assist them attend appointments and sometimes mothers groups. Provision of this service is crucial, whether it remains the role of services or whether it can be devolved to some extent to volunteers.

[Generalist] parenting groups, they'll say 'Oh, of course they're welcome' but do they actively get out there with the enhanced maternal child health services, say 'Okay this is what we're running, we'll work with some volunteers to actually make sure these girls have got transport' – actually make it happen? (K17)

Young mothers need greater access to loans or other financial assistance to purchase and maintain cars. Enhancing mobility also requires assistance in gaining a license. Such assistance includes help with the cost of driving lessons and a license, access to a car and informal practice lessons, and the provision – or subsidization of the costs of – childcare. Although brokerage funds are available from the Youth Employment Education and Training Initiative (YEETI), young mothers in need are not necessarily accessing them; this could be due to lack of knowledge of the program or ineligibility because they are not engaging with employment or education. Services that have accessed YEETI funds report extremely positive outcomes. Dedicated brokerage funds, not tied to employment and education, to fund activities aimed at increasing the mobility of pregnant and parenting young women would be of great value. There may be scope for volunteer assistance with driving practice, possibly through service clubs, but the legal aspects of such a proposition would need investigation.

On a broader level, necessary steps include greater subsidization of public transport costs for young pregnant or parenting women (not involved with education and training) and thoughtful consideration of the location of new services and accommodation.

## Assisting with parenting and life skills

The needs of children, though not the focus of this report, must be recognized. Young mothers expressed concern about the impact of homelessness or associated problems on the wellbeing of their children and key informants described a service system only patchily attuned to the needs of accompanying children. Several workers were concerned by the shortage of children's workers accessible to those in the youth homelessness service sector. While the SAAP Act continues to define clients as those aged 15 and above, services will continue to struggle to provide suitable case managed intervention to

children. Children should be fully acknowledged as clients in their own right and their case management should be funded and counted towards agency targets.

A lot of the children are coming from experiences of trauma and violence and that's natural 'cause they have been living in a home where there has been domestic violence and a lot of the young mums are sort of feeling a little bit lost about what to do with the behaviours of that trauma. So that's something I think the service sector could look at supporting these young women in. (K16)

Some SAAP services provide life skills programs, in some cases incorporating parenting skills. All young mothers in the homelessness service sector should have access to such programs. Where the SAAP service is unable to provide them, young mothers should be linked in to services that specialize in supporting young mothers and their children.

## CHILD PROTECTION

As Bessant (2003) has noted, a shortage of accommodation inevitably leads to Child Protection interventions. Equally, provision of appropriate accommodation and support can prevent the need for intervention. Young mothers often fear Child Protection; a fear that sometimes springs from their own experiences as children. This fear can stop young pregnant or parenting women seeking accommodation and support. A number of informants and young mothers noted that although they had had good experiences working with Child Protection, the response can be over-reactive, indicating that young women's fears of Child Protection involvement are not entirely unfounded.

We've had investigations ... that haven't seemed to have given mums an opportunity to speak for themselves. ... And they've never actually had a chance to prove themselves as a mum ... mums that we've worked with that might have been a child of the department, there's been a real scrutiny on what they do and zero tolerance for cigarettes. I've seen really over-reactive responses to things like the fact that they might be exhausted and therefore yell when the baby cries in the night. But how many 40-year-old mothers yell when their babies cry? (K18)

Concern with over-scrutiny did not indicate that key informants did not recognize the crucial role played by Child Protection.

The statutory role of Child Protection was seen to sometimes clash with the voluntary nature of accommodation and support services. It was noted that there was room for improvement around communication and mutual case planning. In some regions it was noted that access to Children's Resource Programs offering secondary consults and support in navigating the Child Protection system has been extremely beneficial. The effects of recent legislative changes and program changes are yet to be felt.

The reason for being involved with the families can be quite different. The relationships with the families can be quite different and so expectations of each other are sometimes probably not so realistic, I suspect ... I do think that with the incoming Children, Youth and Families Act, there is a lot more emphasis around partnership and communication

and so on, so there's an opportunity there I guess to address some of those issues in a more formal sense. (K11)

## Working together: Homelessness and health

There is clearly a need for the homelessness and health sectors to work closely together; the existence of a fragmented health and welfare system and its effects on young pregnant and parenting women has been documented elsewhere (Rogers & Allwood 2005; Bessant 2004). In 2007, the 'silos' remain. However, key informants in this study offered some examples of successful collaboration between Maternal and Child Health Services, hospital-based maternity services, young mothers support services and SAAP services.

SAAP and young mothers support services had various levels of connection with Maternal and Child Health Services (MCHS) and the Enhanced Maternal and Child Health Service. The Enhanced Maternal and Child Health Service was welcomed as an appropriate health response to vulnerable young mothers. Some informants said that they had heard of the program and sought out information, while others had been approached by their local MCHS. Some informants from SAAP services were relatively unaware of the enhanced program. A few services stated that they were able to co-ordinate visits during the early months of parenting.

Generally speaking the Enhanced Maternal and Child Health nurse or the centre based service is kind of a given, it's one of our first points to, to refer into and in terms of feedback from the families, generally speaking it's something they find really useful and the nurses that are doing that Enhanced Service have particular interest and skills in outreach and working with vulnerable families. (K11)

Establishing close connections between SAAP services and MCHS can help alleviate young mothers' concerns that MCHS nurses will see them as bad parents. These concerns reduce the likelihood that they will attend the local health service.

We've now got a buddy system. So when we have a young person coming into the program that we know is going to have a baby, we link them in with the Maternal and Child Health nurse. The buddy system ensures that there's probably only four nurses that we will have contact with so that enables us as workers to establish that relationship so I can confidently say to the young mum, "look she's great" ... and that totally empowers them – they're comfortable, they're confident. (K15)

Key informants reported that the quality of the Enhanced MCHS response varied greatly, and it was suggested that more training was needed especially in relation to awareness of intimate partner violence.

There was some confusion about referral processes to the enhanced service, and key informants knew of cases where young vulnerable new mothers were not referred to the enhanced program. To ensure mothers experiencing homelessness received the valuable enhanced service, SAAP services need to be well informed about what the service offers and the referral processes.

The development of closer working relationships between SAAP services, MCHS and the Enhanced Service – and any wider adoption of existing successful local initiatives – depends upon liaison between individual services. Without a system-wide approach, change will be piecemeal. The government prioritization of a place based planning approach holds out some hope but the establishment of such a system will take considerable time. In the meantime, improved communication networks, for example the inclusion of SAAP services on any appropriate MCHS mailing lists, could be a starting point.

Client crossover suggests that benefits could also result from closer working connections with maternity hospital programs, especially young mothers clinics providing antenatal and postnatal care. SAAP services accommodating young mothers can assist clients to participate in young mothers groups run by local and non-government services.

Community services targeting young mothers, such as Connections Starting Out program and Anglicare Choices program were seen as excellent services; several key informants mentioned such programs should be established in all regions.

As with all client groups, young mothers require an integrated, holistic response, a response that provides specialist services where appropriate but wherever possible provides the necessary support and programs in environments where young mothers and their children have already established connections and developed a sense of belonging.

It is important to offer supports to young women in services where they have a connection and a sense of community rather than sending them all over the countryside. However, at the current stage of play there are few services for young mothers where housing, social, parenting skills and support, children's needs, etc can be addressed onsite. (K19)

## Conclusion

The relationships between homelessness, pregnancy and motherhood are complex.

As outlined above, young women often have a number of pregnancies and may experience long periods of unstable accommodation or move in and out of homelessness over time. This makes it difficult to identify whether young pregnant women supported in homelessness services are more likely to have become pregnant after becoming homeless or vice versa. In this study, just over half of the young women interviewed had been or were homeless prior to the first pregnancy they carried to term. Almost half of the key informants primarily came in contact with young women whose pregnancies to term followed homelessness; the others said they saw equal numbers of cases where pregnancy preceded or followed homelessness. Pregnancy was sometimes a trigger for homelessness – being thrown out by parents because of disapproval or on account of overcrowding. Around one-third of the key informants said that becoming homeless as a result of pregnancy was particularly common for young women from African or Asian backgrounds.

Pathways out of homelessness depend on many factors – socio-economic status, mental health and wellbeing, drug and alcohol use, level of trauma from the past, social support, appropriate service support and accommodation and access to secure housing. Not all of these are directly connected to motherhood. However, when we examine these contributing factors to ongoing or iterative homelessness, it is clear that to some extent all are inextricably linked to the experience and the state of motherhood. One young mother said 'Just the whole world changes'. Motherhood changes all aspects of the lives of women who experience it. It becomes the context in which life is lived. For the young women in this study it was the context in which homelessness was confronted and the lens through which they viewed the future.

This study confirms that becoming a mother is a significant turning point, with the potential to drive positive change in the lives of young women who are homeless or at risk of homelessness. This is not to suggest that all young mothers will experience improvements in their lives associated with motherhood, although an overwhelming majority of participants in this study (n=20) said they had made improvements in their lives since having a baby and only two thought their lives would be better if they hadn't become mothers. Certainly, motherhood is not a solution to homelessness. However, in recognizing the hardships young parenting brings, we should not miss the opportunities. Young mothers in this study clearly articulated the joys of motherhood along with the constraints. Many regarded motherhood as a form of redemption. They spoke of this in the strongest terms, indicating that becoming a mother had saved them from destructive behaviours and prevented them heading towards early death by suicide or drug overdose, incarceration or ongoing chaos and homelessness.

For those young women who had suffered deprivation, neglect and rejection, the giving and receiving of love brought enormous rewards – providing self-esteem, identity, and a purpose in lives often bereft of love or care. Young mothers are often represented as

emotionally needy but the young women in this study enjoyed the opportunity to give as well as receive love and affection. This report calls for recognition of the importance of the emotional and the relational in the lives of young mothers.

It is the role of the homelessness service sector to optimize young mothers' chances of realizing the opportunities they see in their new roles. The provision of appropriate crisis and medium term accommodation with timely exit to secure and suitable housing are fundamental requirements for good outcomes – requirements the system continually struggles to meet. Key informants stressed that support is equally crucial to young mothers' futures. This support must take the form of facilitating community connection and nurturing positive familial or partner relationships, alongside the provision of programs and individual casework responses that address, not only the needs common to young clients, but the particular needs of young mothers. Although youth accommodation and support services were not generally resourced to provide an appropriate response to young mothers or their children, some services were providing excellent responses within the constraints of their operational models.

To improve the current homelessness service sector response to young mothers, two strategies are necessary. First, to develop more responses targeted to young mothers within the SAAP sector. Second, to improve collaboration with the health service sector.

In recognition of the number of young families currently accessing the youth homelessness service system, current accommodation and support models need to be resourced (requiring training and funding) or new services need to be developed. The lack of appropriate crisis accommodation is a pressing matter requiring the allocation of dedicated accommodation within the current program or through the development of purpose-built crisis accommodation. In relation to medium term accommodation, location and length of lease are areas needing attention.

Key informants know from experience that the desire of young mothers to give their children 'better lives' than they themselves had experienced are not always realized. To avoid the intergenerational cycle of children being taken into care, a more robust outreach capacity post-SAAP accommodation is essential. An ideal model comprises a multi-stage response beginning during pregnancy and continuing in the form of outreach post-accommodation, with young women (and partners) able to gain access at the stage that meets their needs. Such a model has the advantage of continuity and certainty – young mothers have extended accommodation and can focus on issues other than where they will be moving next.

Accompanying children must be counted as clients. Fulfilling the rights of the most vulnerable group accommodated under SAAP entails targeting programs to their needs in addition to providing accommodation, and support to parents. Children's needs are commonly considerable and cannot be met without additional resources. A solution is urgent; this is where early intervention should truly start.

Young pregnant and parenting women need very specific health care requiring closer collaboration with the health sector, particularly the Enhanced Maternal and Child Health

Services and the young women's clinics of maternity hospitals. Specialist community services running programs for young mothers also play an important role. The fact that they are not available in all regions is regrettable. However, young people tend to engage and maintain involvement where there is a sense of belonging and this necessitates specialist responses in general youth services.

Earlier research with young mothers has identified many of the same issues reported here but this study contributes evidence that in relation to homelessness, young motherhood can be a catalyst for change on a number of fronts and thus provides an ideal moment for effective interventions.

A sense of purpose in life and hope for the future do not solve complex health or social issues, nor do they counter structural problems such as poverty or a shortage of affordable housing. However, they are pre-requisites for moving through homelessness. Young mothers are highly motivated; we need a homelessness service sector that is ready to assist them to reach their goals.

## APPENDIX: LIKERT SCALE

	Strongly agree	Somewhat agree	Undecided	Somewhat disagree	Strongly disagree	Not applicable
Children should see their grandparents	<b>14</b>	6	1	1		
Becoming a mother has made me grow up faster	<b>16</b>	3	1	2	0	
I'm not old enough to handle being a mother	1	3	2	3	<b>13</b>	
I feel better about myself now I'm a mother	<b>9</b>	6	4	1	2	
Life is much harder now I'm a mother	4	7	1	3	7	
It is better for my child to have nothing to do with my parents	1 (mother only 1)	2	4	2	<b>12</b>	
My child has given me a reason to live	<b>18</b>	2	1		1	
Having a baby has made it harder for me to get out of homelessness	1	3	2	3	<b>10</b>	3
Having a baby has made me closer to my family	4	8	1	4	4	1
I've made improvements in my life since I had a baby	<b>17</b>	3	2		0	
My life would be better if I hadn't had a baby	1	1	2	1	<b>16</b>	1 missing data
I feel more positive about the future since having a baby	<b>11</b>	5	5	1		
I hope my son or daughter doesn't have a baby at the age I did	4	8	6	2	2	
Having a child that loves me makes me care about myself more?	7	<b>10</b>	4		1	
Workers or services have helped me a lot since I got pregnant and had a baby	<b>13</b>	4	1	2		2

Missing data for 2 participants (n=22). Over 10 responses in one column bolded for emphasis.

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