



Promising Practice Profiles

Project title	Connecting Young Parents
Project practice	Multi-sector collaborative early intervention strategy for young parents in rural communities.
Project undertaken by	Upper Hume Community Health Service
Start date	November 2005
Focal areas	<ul style="list-style-type: none"> • Healthy young families • Supporting families and parents • Families and children's services working effectively together
Program	Local Answers
Issue	<p>During 2003 and 2004 two local agencies, Upper Hume Community Health Service and Youth Emergency Services, supported La Trobe University students undertaking research in the area of young parents. The resulting reports, <i>“Teenage Pregnancy in Wodonga: An overview”</i> and <i>“Support Needs of Pregnant and Parenting Young Women who are Homeless or at Risk of Homelessness”</i>, provided an overview of local data and highlighted the unmet needs of these young people with regard to pregnancy and sexual health issues.</p> <p>The reports evidenced the increasing concern from local youth workers about high rates of teen pregnancy and associated sexual health issues in the Albury–Wodonga area. At an initial meeting of 23 local service providers and schools in December 2004, to discuss the report findings, three main issues were identified: a general lack of awareness of other services; a need to meet regularly; and a need for concerted local action.</p> <p>The Teenage Pregnancy and Sexual Health Working Party was formally established in early 2005 to bring together service providers from both sides of the NSW/Victorian border to address issues of teenage pregnancy and sexual health. The group is now a working party of the Upper Hume Interagency Team, which acts as the Youth Platform of Upper Hume Primary Care Partnership, and brings the working party within regional health structures and networks.</p> <p>The program “Connecting Young Parents” was developed by the working party to strengthen the connectedness of young parents and their families with services, including education. The aims were to build social capital for this vulnerable group, to increase knowledge and links with services, and to enable services to more effectively identify and meet needs with early intervention strategies rather than at crisis points.</p>
Program context	<p>Upper Hume Community Health Service (UHCHS) is a community health agency based in Wodonga in North East Victoria. The aim of UHCHS is to promote total health care for all individuals in the community, including physical, social and emotional wellbeing. This is achieved by delivery of flexible services that are accountable, consumer driven and makes judicious use of partnerships to deliver a broad range of relevant services.</p> <p>Connecting Young Parents (CYP) is a project designed to address the complex needs of a vulnerable population group, rural and regional young parents aged under 20 and their families. CYP does this through the development of broad multi-sectoral</p>

collaboration, partnerships and pathways in Albury–Wodonga. The young people engaged in this project often have:

- low levels of knowledge about health and support services and systems;
- low levels of engagement with relevant and appropriate services;
- high levels of social isolation;
- a lack of contact with peers who are also pregnant and/or parenting;
- ceased engagement with the formal education system; and
- multiple issues in relation to housing, finance, relationships & self-confidence (particularly in relation to parenting).

CYP faced the common challenges of supporting those with complex needs in a context of limited rural and regional resources. This situation was compounded by a location on the NSW/Victoria state border, which necessarily involved working with differing delivery systems in the youth, health, education and other service sectors.

Given the context, the complexity of needs involved, and the scarcity of resources, the project has generated outcomes through the creation and maintenance of a committed, dynamic and broad multi-sectoral network.

CYP has forged and sustained strong partnerships that are supported by a focused group of youth, education, health and related agencies on both sides of the border. These partnerships result in a network of active collaboration that delivers multiple sets of outcomes simultaneously, to different partners. This Promising Practice Profile focuses on how this process was developed and sustained, from the initial stages of establishment through to the current day. This profile also details the outcomes that the CYP has achieved in expanding service capacity for young parents.

The primary aim of CYP was to expand local service capacity to better meet the needs of young parents and their families. The objective was to do this by creating networks with services and between services in a way that created multiple gateways and ongoing pathways of connectedness for young parents who needed or desired support.

Within this overall objective, Connecting Young Parents was designed to meet the needs of vulnerable families through delivering on the ground outcomes in five key areas:

- expanded service provision for young parents;
- connecting young parents with local services;
- strengthening the parenting skills of young parents;
- developing social networks for young parents; and
- linking young parents into further education.

Connecting Young Parents achieves these goals through using a network and partnership approach. By applying both community development and action research techniques, the network creates enough structure to facilitate progress, while preserving enough flexibility to maintain sufficient responsiveness to emerging and evolving needs. The network process also enables the ability to deliver differing sets of objectives simultaneously.

Practice description

CYP has generated social capital and long-term engagement of young parents with services that will positively impact on their long-term health and that of their families.

A major factor underpinning these outcomes has been the development of a *dynamic multi-sectoral partnership approach* to meeting the complex needs that often affect the lives of young parents and their families.

The Albury–Wodonga Teen Pregnancy and Sexual Health (TPSX) network is a broad multi-sectoral partnership including over 50 agencies from the youth, health, education, family services, housing, Indigenous and other community sectors. All of these agencies may come into contact with young parents and their families as part of their everyday role and responsibilities, but most usually offer generic rather than tailored services to this target group.

Albury–Wodonga TPSX is unusual in that it is far broader than the usual cross-sector

collaborations that occur in health, or education, or family services. This breadth and diversity makes appropriate responses to complex needs more possible and more positive impacts and outcomes for vulnerable families more likely.

Various factors have been critical to the development of this network.

These factors are:

- Building the network through
 1. Establishment of a multi-sectoral network
 2. Development through growth and formalisation
 3. Semi-formal and responsive structures
- Maintaining the network through
 1. Activity that engages network members
 2. Respect for difference & diversity
 3. Regular fluid communications and
 4. Connections with other networks
- Creating valued outcomes through
 1. Ability to deliver multiple goals simultaneously
 2. Adopting a solution focused approach
 3. Staying with a practical on-the-ground focus
- Connecting with young parents through
 1. Building on young parents networks
 2. Valuing and responding to young parents voices

Case study illustrations of critical factors

The following section of this profile discusses each of the critical factors in turn, making reference to the delivery of particular programs within the CYP initiative, such as “Caring for Kids”.

Caring for Kids was developed as a course for young parents that:

- effectively re-engages young mothers with education through offering part-completion of the Certificate III in Children’s Services;
- offers young parents (and employment agencies) a viable pathway to employment through its focus on a workplace qualification;
- strengthens parenting skills through a focus on those competencies in the Cert III that emphasise practical skills relevant to parenting;
- builds links with education, health and support services through its strong support of, and connections with, staff from these services; and
- creates social connectedness by providing a group of young parents the opportunity to share their common experiences.

The outcomes of programs such Caring for Kids have been made possible by, and illustrate the benefits of, the strong cross-sector network approach.

Building the network

There have been three main elements to this factor:

1. Establishment of a multi-sectoral network

The network was initially established by UHCHS (as a community based agency) circulating a request for expressions of interest through existing local networks to assess need, interest and ability to participate in further work together. At an initial meeting of 23 services providers and schools in December 2004, a local working group was formed with a decision to meet regularly and develop a framework for action. Three main issues in relation to services for young parents were identified: a need for concerted local action; a general lack of awareness of services in other

sectors; and a need for regular communication channels.

2. Development through growth and formalisation

Over time the initial working party evolved into a more formal body called the Albury–Wodonga Teenage Pregnancy and Sexual Health (TPSX) Network. This was first established in 2005 to bring together service providers from both sides of the border to address issues of teenage pregnancy and sexual health. The group is now a working party of the Upper Hume Interagency Team, which acts as the Youth Platform of Upper Hume Primary Care Partnership. This status as a working party attracts formal recognition on both sides of the border, bringing the network within regional health structures and networks. Growth of the network has been achieved through taking information regularly to and through other sector network meetings (e.g., Youth Affairs) and so publicising the existence of the network and being seen to be a group that achieves practical outcomes on the ground.

3. Semi-formal and responsive structures

The network is semi-formal, offering enough structure to ensure consistency and facilitate progress, while still maintaining enough flexibility to remain responsive to local needs as they change over time. This is particularly important when responding to the often rapidly changing needs of young parents. At an agency level this means that partnerships can remain fluid and flexible enough to stay vibrant and responsive to changing agency requirements as they evolve over time (e.g., one of the local housing agencies was instrumental in helping establish a young parents group, however once it was up and going they stepped back, being replaced by staff from other agencies).

Responsiveness means that partnerships can cater to the interests and strengths of changing personnel (e.g., one staff member might be interested in supporting young parents in their parenting, others might be more interested in creating ante-natal services). This semi-formal structure means that any issues and projects identified at network meetings that require further attention can be developed through a series of informal time-limited working groups bringing together those with a particular interest in this issue.

Maintaining the network

There have been four main elements to this factor:

1. Activity that engages network members

In busy agencies, active and effective engagement is crucial to ongoing success. Agencies have been gathered together around a shared local goal and identified need, supporting young parents. CYP brings together staff members of agencies from diverse sectors who do not usually come into close contact with each other. The leverage point is the shared concern to develop effective collaborative action.

Young parents goals are also regularly considered in the development of the network, they are regularly consulted on developments, attend network meetings, and any new projects are designed to attract and appeal to the goals that these young parents have. Therefore the activities that network members offer are supported not only by other services but also by the young parents themselves. The Caring for Kids course has a vocational education focus. Referrals to the course come in roughly equal proportions from three sources: youth support services; children and family services; and word-of-mouth.

2. Respect for difference and diversity

Whilst all of the agencies in the network will have their own philosophy and mandate that they work within, the network successfully manages to respect differences and bring network partners together around a shared goal that is strategic in intent. It may be that some network partners come together on certain issues, yet differ in other areas, and in these cases the network structure remains flexible and fluid enough to allow this to work in operation. Given that the network is based upon cross-border and multi-sectoral partnerships, this ability to respect and cater to differing agendas, yet identify commonalities, is a crucial factor in maintaining ongoing support and commitment.

3. Regular, fluid, communication

A simple, regular, reliable communication pattern has been established that is now an expected part of border communications. Monthly Albury–Wodonga TPSX network

meetings take place on both sides of the border and are formally documented. At these meetings information is shared, issues are acknowledged and discussed, and possible projects and developments are identified. Guest speakers from within and outside the region are a regular feature, bringing examples of new ideas and good practice in front of network members on a regular basis. Young parents also regularly attend, to give feedback about projects that they are involved with, offer an opportunity for consultation, and join in the discussions. Agencies who cannot attend are kept in touch through a strong email network, and this network is active throughout the month as a means of channelling information, resources, and relevant research throughout the network and its members.

4. Connections with other networks

Strong two-way communication has also been established with other complementary networks on both sides of the border such as Youth Services, Schools, Children and Families, and Families First. Network presentations and summaries are regularly given at these meetings, providing opportunity for further information and the opportunity to answer any questions they may have. Strong communication mechanisms have also been established with other services, resulting in regular requests to support input from young parents for discussions with local council or the local hospital breastfeeding project.

Creating valued outcomes

There have been three main aspects to this factor:

1. Ability to deliver multiple goals simultaneously

It has been important to manage and cluster competing sets of priorities so that different sectors can see their goals delivered simultaneously. With so many different sectors, this can at times be challenging. However the number of projects and activities involved in this network means that different services get involved in different projects.

The Caring for Kids program developed a course for young parents that addressed multiple, cross-sector needs such as: education, employment, parenting skills and social networking. However other activities have involved different agencies. The best example of this would be the Regional Teen Pregnancy and Parenting forum which was organised by staff from six organisations and had attendees coming from as far afield as Canberra and Seymour. Such forums are complemented by the ongoing support groups for young parents such as “Dads, Mums and Pregnant Tums” (which is supported by the City of Albury, the Albury–Wodonga Women’s Centre and Upper Hume Community Health) and the young mums group by City of Wodonga Maternal Child Health Service staff.

2. Adopting a solution-focused approach

Through this network, professionals, agencies and sectors have been brought together in a novel and innovative manner. For example, a housing worker now has strong access to maternal child health or education services for young parents. This has a direct impact on services and information available to young parents, with both services and young parents having consistent and ongoing access through the network to further information and/or contacts on an as-needs basis. Another example would be the incorporation by a homelessness worker of information on local ante-natal education classes for the young parents with whom they have contact.

3. Staying with a practical frontline focus

One of the most pertinent aspects of this network is that it deliberately consists of frontline staff and workers, and thus remains very solution focused and practical in intent. Those attending the meetings are staff who deal with young parents in their every day work, working with them to create the connections and engagement that will affect their long-term health outcomes. One local youth agency sends a staff member who has self-nominated as the young parents contact point—she comes to meetings and then passes the information around her agency regularly. This practical agenda means that the network focuses on addressing gaps and needs in the everyday lives of young parents. The involvement of frontline staff is important in explaining why the network has remained so vibrant and meaningful. Advocacy on a broader scale does occur, but tends to be bottom-up, aiming to address a particular need or gap in resources that has been identified by those involved (e.g., support for

a petition by a young parent to get night-time services).

Connecting with young parents

Networks tend to be seen as a service/agency issue—however this network also values the input and role of young parents. There are two elements in this factor:

1. Building on young parents networks

The project uses young parents' own networks to draw in those not already engaged with services on a regular basis. Many young people in rural communities know each other, and have friends who are in the same situation. These young parents are encouraged to bring their friends along to try new programs for the first time, therefore enabling contact to be made with them by the network. One place at which this is likely to occur is the young parents' group—Dads, Mums and Pregnant Tums—which is facilitated by the network, but run by young parents themselves.

During the life of the project over 100 young parents have been directly involved in CYP in some way or another. Some have consistently participated for two years and others drop in and out of programs and activities according to their needs for support.

2. Valuing and responding to young parents voices

Network activities are focused on the needs of young parents, but those young parents are not seen as passive recipients. An example would be the Youth Week 2006 stalls in Wodonga and Albury which promoted the new "Young Women's Business" leaflet. These stalls were manned by service staff and young parents, with banners made by students at the local secondary college. Similarly, when network activities are offered, young parents will be asked what they would like to happen next, and young parents are involved and consulted when new projects are developed to address gaps. One example would be when the Caring for Kids class in Term 3, 2006 were consulted about further activity, identifying a desire to do more education, possibly a cooking program of some kind. As a result, "Snack Attack" was created with the course named by a young mum, and seven students transferring straight from one course to the other.

Research base

Research evidence and related literature about the effectiveness of the concepts informing the CYP approach is considered under four key themes.

Meeting the complex needs of rural and regional young parents

Data from the Victorian Department of Human Services (DHS) shows births to mothers under 20 years of age remain consistently higher in rural areas than metropolitan areas. In the Hume region, this figure was 5.2% of all births in 2002 (i.e., 2 to 3 times the rate of some metro areas) and by 2005 had risen to 6.4% of all births (DHS, 2006). Research carried out by local services and universities (Jenner, 2003; Phillips, 2003), combined with anecdotal information and operational data from local youth agencies and health services, suggests that this situation is consistent in the numbers of young pregnant women (15–25) giving birth in our surrounding area. Data for 2005–06 shows births to young women 25 years and under at Wodonga Regional Health Service were 418. This figure represented 25.8% of total births (WRHS, 2006).

Risks for pregnant and parenting teenagers are likely to be higher in rural and regional areas (Carter & Spear, 2002) with these areas also likely to suffer from resource paucity (Wagner & Micek, 2005), insufficient services to meet pregnancy and parenting needs (DHFS, 2005) and service delivery difficulties due to the geographically isolated nature of many communities (Anderson, 2003).

There is considerable evidence that those becoming a mother as a teenager are more likely to have other children when young, more likely to live in reduced circumstances and less likely to finish any form of formal education (Pittaway, 2006). The research cited also shows that the babies of teenage mothers are likely to have poorer outcomes compared to babies of older mothers, due to pre-existing socio-economic conditions (Pittaway, 2006).

Very little consistent data on young parents exists in Australia. However a study in South Australia (SHine SA, 2007) recently showed that:

- the teenage confinement rate had risen among the most disadvantaged;
- understandings of issues in relation to pregnant and parenting teenagers tend to be defined as social or welfare issues rather than rights or equity

based issues; and

- very little data are collected about this group as a whole, particularly in relation to engagement with education and consequent longer-term outcomes.

The SHine Report (2007) stated that pregnant young women who are school aged rarely go on to complete Year 12, and that young mothers face complex barriers continuing their engagement, or re-engaging, with education. Many young women start from a background of exclusion and poor educational achievement, and this is very easily reconfirmed and reinforced by various forms of exclusion during pregnancy and parenting (SHine, 2007).

The need for cross sector partnerships

The need for partnerships in health today is generally recognised, particularly in contexts of limited resources and when dealing with complex sites of presenting issues (Beagehole et al., 2004). From a public health perspective, the current challenges demand a response of collective action. Modern public health practice needs to include factors such as leadership, collaborative action across all sectors, and a multi-disciplinary approach to all determinants of health (Beaglehole et al., 2004).

From a community health perspective, partnerships can be defined as voluntary collaborations of diverse organisations coming together around a shared interest in improving community health (Mitchell & Shortell, 2000) and producing a shared effort to achieve meaningful and sustainable outcomes (Munt, 2003). The development of partnerships and the need for strong communication have also been identified as core issues in a recent study for the Health Promotion Association of Australia (James et al., 2007).

Overcoming the challenges of rural cross-sector partnerships

Although partnerships are a recognised way forward, getting them to work on the ground can be difficult. Multi-sectoral collaborations are a way to address social determinants of health and disease; however, members of the collaborative action often experience problems associated with inter-organisational relationships and health care challenges (Mitchell & Shortell, 2000; Scott, 2005). In a rural Australian context, cross-sector collaboration is complicated by the fragmentation and diversity in health and welfare service delivery structures (Keating & Sheridan, 2002).

A formal, structured way of addressing the challenges is to develop regional health plans that develop collaboration through interagency task groups, networking groups for workers and coordination positions in order to overcome difficulties and operationalise service partnerships (Fuller et al., 2004). The disadvantage of this is that rural and regional locations usually suffer from a lack of resources available to undertake such work, although this pressure can create a momentum all of its own. Wagner and Micek (2005) argued that community-based organisations develop collaboration and partnerships as a form of paucity management practised in response to contexts of limited resources.

Extending existing models of cross-sector partnerships

Existing cross-sector collaborations, such as Queensland's Child Care and Family Support Hubs, have been designed to provide accessible integrated care, education and health services to vulnerable families (Tayler et al., 2004). However, the multiple barriers that will play a role in perpetuating disadvantage for vulnerable families need to also be kept in mind in the development of service based partnerships (Butterworth, 2003).

This project has extended the "Hub" type model used elsewhere (Tayler et al., 2004) to meet the complex and changing sets of needs of young parents. By amalgamating many sectors into one extended network, non-traditional partners such as health, youth, education, family services, homelessness and Indigenous services have been brought together with the ultimate aims of developing social capital, increasing young parents community connectedness and strengthening their links with vocational education.

Outcomes

Connecting Young Parents (CYP) is a project that successfully addresses the needs of a vulnerable population group (i.e., rural and regional young parents aged under 20 and their families) through developing a broad multi-sectoral collaboration,

partnerships and pathways in Albury–Wodonga.

Over the past two years, this collaboration has resulted in:

Outcome 1—Establishment of a broad, deep multi-sectoral network

Outcome 2—Provision of coordinated service information

Outcome 3—Active engagement in ongoing multiple partnerships

Outcome 4—Expansion of service capacity and choices

All of these four outcomes have, in turn, contributed towards the final outcome:

Outcome 5—Increased connectedness of young parents through a variety of projects in which young parents have successfully linked with local services, engaged with social networks, strengthened their parenting skills; and been connected into further education.

Evidence of outcomes

Throughout, CYP projects have been planned, documented and monitored internally by the project manager. The ongoing evaluation has used both qualitative and quantitative tools, and has included regular reviews of programs with partners, network members and young parents and revision of network strategic planning.

Outcome 1—Establishment of a broad, deep multi-sectoral network

This outcome has been monitored through regular review of network members and the sectors they represent. Sectors currently involved include: primary health; mental health; community health; maternal and child health; children and family services—including Family First, the Victorian Department of Human Services (DHS) and the NSW Department of Community Services (DoCS); youth support; housing; community legal services; Indigenous support; Indigenous health; education (including schools); and vocational training.

This outcome has also been monitored through the attendance lists of the monthly meetings. Attendance usually runs at 8–16 members, peaking at 30 for some guest speakers (such as Professor Julie Quinlivan, Professor of Obstetrics and Gynaecology, University of Melbourne).

Network meetings are minuted and act as a forum for discussing and raising issues and perspectives relevant to successful practice with young parents.

Outcome 2—Provision of coordinated service information

Network meetings and working groups have become an informal and easily accessible method of sharing information, building knowledge, discussing issues and identifying future projects. In this way service knowledge is shared in an ongoing manner. All network meetings are minuted and working groups/project groups are encouraged to document progress and report back to the monthly meetings.

One of the first elements of this project was the production of the “*Young Women’s Business*” leaflet, which detailed core service contact points for young people in relation to sexual health, pregnancy and/or parenting. This leaflet has been reprinted and widely distributed to health, youth and education services. Anecdotal evidence is that young women are presenting at services already in possession of one of these leaflets and that all attendees at a recent ante-natal class already possessed a copy of the “*Young Women’s Business*” leaflet.

Network partners have also worked together to produce information aimed at easing service knowledge and coordination. One example is the Medical Centre list produced by one of the employment agencies which outlines contact details for practices across the local area as well as detailing which practices are accepting new patients/referrals.

Outcome 3—Active engagement in ongoing multiple partnerships

This outcome has been monitored internally through record keeping, agendas and minuting of all network business. Working groups have been regularly established and files of business, records of progress and notes of decisions and further actions are maintained in these files. New and evolving services are documented, with information fliers circulated and kept at hand for future reference.

The list of projects that the diverse membership has created covers everything from ante-natal classes to parenting book launch at youth week to courses for young parents.

Outcome 4—Expansion of service capacity and choices

Through the network meeting, members share information and knowledge about what services exist locally and referral capacity and criteria. The project worker has also provided an accessible entry point for anyone that wants to ask what they might be able to access locally. Informal records have been kept of these kinds of information requests.

A new resource was launched by a young mum at the Regional Teen Pregnancy and Parenting forum. A book that was developed by Women's Health Goulburn North East and tells the story of a young woman's journey through pregnancy.

Various formal professional development opportunities have also been facilitated through the network. These include: an early intervention training program, "Core of Life"; and a Regional Teen Pregnancy and Parenting Forum that featured speakers from Sydney, Melbourne and Adelaide, and 87 attendees who came from as far afield as Canberra and Seymour.

Outcome 5—Increased connectedness for young parents

Records are maintained of all direct contacts made with young parents each quarter, and these are regularly updated to provide an ongoing record for each young parent. (These records also form the basis of FaHCSIA reporting every quarter.)

Evidence is also collected from the operating data of services to provide a picture of the total number of young parents in the region and how many young people present at particular services (e.g., homeless). Informal evidence of increased levels of connections show in the enrolments in the local young parents ante-natal classes, the last two of which have been booked out.

The Caring for Kids program (see Practice Description section) demonstrates how the CYP has ultimately led to increased connectedness for young parents. Participants have been successfully linked to education, their social networks have developed, they have engaged in parenting programs, and are connected to local services.

Evaluation shows that referrals are being made through both service and young parents' networks. For example, the young parents expressing an interest in Caring for Kids had been told about the course from a variety of sources, of which the main three were children and family services (29.7%), word-of-mouth (26.4%) and youth support agencies (25.3%). Evaluation for Caring for Kids also covers self-perceptions of social connectedness and parenting competence.

Case studies are also utilised as part of the evaluation process. For example, a conversation six months ago at young parents group between a "new" mum ("*Andrea*") and someone we had been involved with for a year ("*Briony*"). Andrea was isolated, going out only once a week, and asking Briony how she managed to be doing something every day of the week. Briony said that a year ago she was at home alone with a 3-week old baby, and knew no-one. Then she got involved with one of the CYP courses. Now she does something every day except Saturdays. Briony is now a core leader in the young parents group and was one of the organisers of a Christmas function at which 18 young parents went out together.

Policy analysis

This project is consistent with the intent of the Local Answers Program. Although formal evaluation (internal) results are not yet available, the project has demonstrated its achievements in a range of areas including the establishment and ongoing operation of a multi-sectorial network. In particular, there is evidence the collaborative action approach used in the project has strengthened the capacity of the local service systems to address unmet needs and to better respond to the needs of the identified target group. The project has also enhanced the capacity of the community to support young parents to access and utilise education and further training opportunities.

The project concept is both innovative and replicable; however, it will be of interest to see which elements emerge as critical to the ongoing functioning of the agency and young parents' networks and the sustainability of the outcomes to which the collaboration has contributed. Further data from the evaluation on the capacity to create fluid but committed partnerships across such diverse membership will be of particular interest.

Project evaluations

Internal evaluation in progress (process and outcome evaluation using qualitative and quantitative methodology).

Project related publications

Young, I. (2008). Caring for Kids. *New Transitions*, 12(1), May 2008. www.yanq.org.au/content/view/1030/9/

References

- Anderson, L. (2003). *The Connecting Families Project*. Paper presented at 8th Australian Institute of Family Studies Conference, Melbourne, 12–14 February 2003. Melbourne, Vic: Australian Institute of Family Studies. www.aifs.org.au
- Beaglehole, R., Bonita, R., Horton, R., Adams, O., & McKee, M. (2004). Public health in the new era: Improving health through collective action. *The Lancet*, 363(9426), 2084–2086.
- Boulden, K. (2001). *Pregnant, present and proud: Keeping young mums in education*. Sandgate, Qld: Association of Women Educators.
- Butterworth, P. (2003). Multiple and severe disadvantage among lone mothers receiving income support. *Family Matters*, 64, 22–29.
- Carter, K., & Spear, H. (2002). Knowledge attitudes and behaviour related to pregnancy in a rural teenage population. *Journal of Community Health Nursing*, 19(2), 65–75.
- DHFS. (2005). *Making choices. Young people and pregnancy in Tasmania*. Hobart: Department of Health and Family Services.
- DHS. (2006). *Perinatal morbidity statistics 2005*. Accessed online at <http://www.health.vic.gov.au/perinatal/stats/birthsvic05.htm>
- Fuller, J., Edwards, J., Martinez, L., Edwards, B., & Reid, K. (2004). Collaboration and local networks for rural and remote primary mental healthcare in South Australia. *Health & Social Care in the Community*, 12(1).
- James, R., Howat, P., Shilton, T., Hutchins, C., Burke, L., & Woodman, R. (2007). *Core health promotion competencies for Australia*. Retrieved 5 March 2008, from <http://www.phaa.net.au>
- Jenner, R. (2003). *Teenage pregnancy in Wodonga*. Wodonga: Upper Hume Community Health Service.
- Keating, T. P., & Sheridan, L. (2002). Capacity building and the inter-organisational field: The rural health promotions development program. *Australian Journal of Primary Health*, 8 (1). Retrieved 25 November 2008, from <http://www.latrobe.edu.au/aipc/ajph/8.1%20abstracts/keatingetal.pdf>
- Mitchell, S. M., & Shortell, S. M. (2000). The governance and management of effective community health partnerships: A typology for research, policy, and practice. *The Milbank Quarterly*, 78(2), pp 241–289.
- Munt, R (2003). Building collaboration. *Stronger Families Learning Exchange Bulletin*, 3(Winter), 6–8.
- Office of Children and Young People. (2002). *Families First area planning guidelines*. Sydney: Author.
- Phillips, L. (2003). *Support needs of pregnant and parenting young women who are homeless or at risk of homelessness*. Albury: Youth and Family Services.
- Pittaway, S. (2006). *Discomforting the research spirit: Uncomfortable narratives of being and becoming a researcher*. Paper presented at 2006 Association of Active Educational Researchers Conference, Tasmania. <http://www.aare.edu.au/06pap/abs06.htm>
- Scott, D. (2005). Inter-organisational collaboration in family-centred practice: A framework for analysis and action. *Australian Social Work*, 58(2), 132–141.
- SHine, SA. (2007). *HYPE: Healthy Young Parents in Education. Final report*. Adelaide: SHine.
- Taylor, C., Farrell, A., Tennent, L., & Patterson, C. (2004). *Child and family hubs and social capital*. Brisbane: Commission for Children and Young People.
- Wagner, R., & Micek, S. (2005). Partnerships and collaborations as paucity management practices in rural and regional community-based human service organisations. *Third Sector Review*, 11(1).
- WRHS. (2006). *Wodonga Regional Health Service annual report 2006*.

http://www.wrhs.org.au/corporate/annual_report.htm

Young, I. (2008). Caring for Kids. *New Transitions*, 12(1).
www.yanq.org.au/content/view/1030/9/

Contact

Ilena Young
Coordinator—Young Parents Programs
Upper Hume Community Health Service
P.O.Box 173, Wodonga VIC 3747
(02) 6022 8803
iyoung@uhchs.vic.gov.au

Website

<http://www.uhchs.vic.gov.au>

More information

More information on the Promising Practice Profiles can be found on the Communities and Families Clearinghouse Australia website.



Communities and Families Clearinghouse Australia

Australian Institute of Family Studies.
Level 20, 485 La Trobe Street, Melbourne Vic 3000.
Tel: (03) 9214 7888. Fax: (03) 9214 7839.
Email: cafca@aifs.gov.au.

www.aifs.gov.au/cafca