Final report:

Communities for Children:

KidStuff for Young Parents
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Introduction

The evaluation of the KidStuff for Young Parents programs provided by the Communities for Children initiative (CfC) is presented here. This report is divided into three sections. The first section presents the background information on the CfC initiative including an outline of the demographic and epidemiological outcomes for children in the area of focus for this evaluation. Additionally, the introduction outlines some of the theoretical basis for the models of care and the therapeutic models of care that are common in all the programs provided. The second section describes the implementation of the programs and the evaluation of the programs based on the therapeutic models of care specific to the KidStuff
for young parent’s program provided by Metropolitan Youth Health through Anglicare SA, and UnitingCare Wesley, Port Adelaide communities for Children programs. The third section of this report provides the results of the research; discussions; conclusions, and a set of recommendations for future program improvements and research.

Background

There are known linkages between child maltreatment and levels of economic and social stress that are generally prevalent in areas of relative disadvantage (Access Economics Pty Limited 2008, Maggi, Irwin et al. 2010, AIHW 2012). Accordingly, Communities for Children (CfC) was established in 2004 following a decision by the then Australian Government to establish the ‘Stronger Families and Communities Strategy’ (2004–08). Communities for Children was one of four streams of the Strategy, with the aim of addressing the risk factors for child abuse and neglect before they escalate, and to help parents of children at risk to provide a safe, happy and healthy environment and life experiences for their children and thus circumvent the deleterious health, education and welfare outcomes for children at risk.

Underpinned by the social determinants of health (Maggi, Irwin et al. 2010), the CfC initiatives key feature in the strategy is to engage adults in activities with and for their children. Promoting the foundational developmental needs of children and enhancing the parental capacity of the families undertaking the programs. These programs include home visiting, early learning and literacy programs, early development of social and communication skills, parenting and family support programs, and child nutrition (Allen 2011, AIHW 2012, Australia 2014). The CfC is a place based strategy aimed at improving an areas’ childhood disadvantage factors. Thereby improving key social determinants of health.

UnitingCare Wesley Port Adelaide and Anglicare SA are the Facilitating Partners of CfC and, as such, acts as a broker in engaging the community in the delivery of children’s and parent’s programs aimed at enhancing community outcomes (Muir, Katz et al. 2010). The CfC initiative aimed to improve the coordination of services for children 0-12 years and their families in order to minimise the impact of area-based disadvantage (Muir, Katz et al. 2010). Further, the initiative aimed to build community capacity to provide appropriate, targeted
and enhanced services delivery and improve the community context for children (Muir, Katz et al. 2010). The whole community approach to improving child development incorporated the needs of the community (Muir, Katz et al. 2010). This report presents the findings from the evaluation of the KidStuff program that supports young parents to parent their children appropriately.

The KidStuff Program provides access to young pregnant women and young parents on topics that seek to address and circumvent the deleterious impacts on infant and children of young maternal age. Barriers to service access for young parents include: feelings of shame, lack of education (young parents are disengaged from primary and secondary school), lack of transport (young parents are too young to hold a driver licence), disengagement from mainstream medical services (young parents are stigmatised in mainstream services) and inadequate knowledge on infants and children’s needs. The programs delivered on two separate sites, one in the northern suburbs, and one in the western suburbs, provide intensive and integrated service delivery approaches supporting access to multiple services and resources. Access includes Centrelink, housing support, medical and health services for the parents and their children. The program directly targets parent/child relationships, child development, parent development (parents are adolescent and have developmental needs), parent and child immunization, along with preschool, kindy, school, and work ready programs.

**Theoretical Basis for the Program Models**

**Targeted relationship based programs**

Mwangi et al. 2013, Roos, Mota et al. 2013, Kuehn 2014). Of note, the use of parenting programs have been effective in decreasing emotional and behavioural problems in children (Wyatt Kaminski, Valle et al. 2008). This includes children with behavioural conduct disorder, oppositional behaviour, attention-deficit hyperactivity disorder, and anxiety disorders (Wyatt Kaminski, Valle et al. 2008, DoCS 2009). In addition, there is evidence that investing economically in early childhood programming for children in disadvantaged circumstances has sustained benefits for the community and from a human resources perspective (Belfield, Nores et al. 2006, Mustard 2006, Noble, Norman et al. 2006, DoCS 2009, Moffitt, Arseneault et al. 2010, Bartik 2011, Reynolds, Temple et al. 2011, Richter and Naicker 2013). Early Child Development (ECD) research has established that infants and children, who participate in well-conceived ECD programs tend to be more successful in later school for example in kindergarten, primary and high school, are more competent socially and emotionally, and show higher verbal and intellectual development during early childhood than children not enrolled in high quality programs (Mustard 2006, DoCS 2009, Dockery, Grath et al. 2010, Mustard 2010, Reynolds, Temple et al. 2011). Ensuring healthy child development, therefore, is an investment in a country's future workforce and capacity to thrive economically and as a society (Reynolds, Temple et al. 2011). Figure 1.1 below illustrates the interconnections between health, welfare, and the community.
Supporting children and parents through community based programs is soundly theoretically based as figure 1.1 is based on the bio-ecological theory of development (Sawyer, Gialamas et al. 2014). The Communities for Children program offered through UnitingCare Wesley Port Adelaide, provides Early Childhood Care and Development and Parenting programs, to target the most vulnerable and disadvantaged members in society, with the goal of reducing risk factors and improving family functioning and wellbeing. Mitigating risk factors such as young maternal and parental age on infants and children. The KidStuff for Young Parents programs also aids in addressing the deleterious impacts of intergenerational poverty. An evaluation of the programs efficacy is necessary in order to ensure funds have been well spent and to secure continued funding and expansion of such programs.
Social determinants of health (SDH)

The health of children is determined within the context of the environments in which they are born, grow, live, play, and learn (Krieger 2001, Marmot and Wilkinson 2006, Brandt and Gardner 2008, Solar and Irwin 2010). A range of determinants have been identified that shape the health of children and families. These education, housing, employment, health access, income, gender and social processes, such as social support and social exclusion and are coined the Social Determinants of Health (Krieger 2001, Marmot and Wilkinson 2006, Brandt and Gardner 2008, Solar and Irwin 2010). As such the SDH are the aspects of people lives in which they are born, grow, live, work, and age (Maggi, Irwin et al. 2010). This definition incorporates a variety of factors that impact on children and influence their adult health status. The SDH represent a broad array of characteristics that are not biological or genetic but result from the social, physical, and community environments (Maggi, Irwin et al. 2010).

The social determinants of health (SDH) are recognised as measures of individual and structural characteristics that can be addressed to assist families and communities to move away from vulnerability (Wilkinson and Pickett 2005, Wilkinson and Pickett 2009, Maggi, Irwin et al. 2010, Solar and Irwin 2010, Shonkoff and Garner 2011, Sinclair 2014). The concepts that define the SDH enable research into the structural and intermediary influences on health outcomes. Significantly, these concepts provide a means of understanding differences in health outcomes for different population groups (Hetzel, Page et al. 2004, Wilkinson and Pickett 2005, Wilkinson and Pickett 2009, Solar and Irwin 2010, Shonkoff and Garner 2011, Sinclair 2014).

Additionally, the Social Determinants of Health (SDH) provides a framework for exploring health inequities against services that provide supported, wrap around, models of care and intervention, which deliver individual support across a broad range of determinants of health through links with community health, education and welfare services. The development of models of care that address health inequities have been shown to deliver a significant improvements (25%) in children’s development, behaviour, education, and health outcomes (Lynam, Loock et al. 2010). Furthermore using community based relationship partnerships
in the delivery of targeted parenting programs builds community capacity in families that are often difficult to engage having multiple complex problems (Lynam, Loock et al. 2010). As the programs provided by CfC promote the community based delivery ethos then using the SDH measurements could also highlight the impact of these programs on the community. The program reviewed in this report ‘KidStuff’ is a parenting program aimed at capacity building skills in young parents. It is delivered in the Northern and Western regions of Adelaide. The socioeconomic indicators and child developmental vulnerabilities will be described below.

Our clients

Communities for Children Programs

The Communities for Children Facilitating Partner programs are funded by the Australian Government Department of Social Services aimed at delivering strong outcomes for Australian families with a focus on early intervention and prevention to provide programs for children aged 0-12 years and their families (AIHW 2012, Stewart 2014). Research shows that children living in poverty are exposed to higher levels of stress and this interferes with their ability to learning and meet developmental milestones (Margolin and Gordis 2004, Suor, Sturge-Apple et al. 2015). Furthermore, the differences in cognitive ability are evident at aged four (Margolin and Gordis 2004, Suor, Sturge-Apple et al. 2015). The North West Adelaide Region has been recognised as an area where children experience high rates of developmental vulnerability (Australian Early Development Census 2015). There are five measures that outline domains of vulnerability for Australian children in the Australian Early Development Census (AEDC). The five domains are: physical health and wellbeing; social competency; emotional maturity; language and cognitive skills (school based), and, communication skills and general knowledge (Australian Early Development Census 2015). In Australia 6.8% of all children aged 0-12 years are assessed as being developmentally vulnerable in one or more domains (Australian Early Development Census 2015).

The Western Adelaide Region

In the Western Region of Adelaide 29.1% of children are assessed as developmentally vulnerable in one or more domains and a further 13.9% assessed as developmentally
vulnerable on two or more domains (Australian Early Development Census 2015). Of significance, is the decrease in the percentage of children assessed as vulnerable during the time the Communities for Children (CfC) programs have been implemented. In 2006, for example, 42.9% of children in the Western Region were assessed as developmentally vulnerable on one or more domains. This has decreased significantly to 29.1% in 2012, a change of -13.8% (Australian Early Development Census 2015). Furthermore, the percentage of children assessed as developmentally vulnerable on two or more domains in 2006 was 23.7%, and in 2012 this had decreased significantly to 13.9% a change of -8.7% (Australian Early Development Census 2015). While the Western Region of Adelaide is still behind the Australian average of 6.8% (Australian Early Development Census 2015) however, initiatives such as the CfC programs aim to address children’s vulnerability.

The Northern Adelaide Region

In the Northern Western Region of urban Adelaide the Australian Early Development Census (Department of Education 2015) found that in 2012 36.4% of the children were assessed as being developmentally vulnerable in 2 or more domains and in 2015 this had decreased to 22.6%. Furthermore, in 2012, 48.7% children in the Northern urban areas of Adelaide were assessed as developmentally vulnerable in one or more domains. In 2015 this had improved to 41.7%. While this improvement was not statistically significant it does demonstrate some positive change in the developmental vulnerability of children living in this area. Of note, these scores are well below the Australian average of 6.8% developmental vulnerability in one or more domains. The Uniting Care Wesley Port Adelaide CfC programs have been introduced in areas of highest need in order to circumvent some aspects of developmental vulnerability.

Significance of the research

Programs targeting parents of children who are at risk aim to decrease the impact of the SDH and address the children’s potential level of complex vulnerabilities that accumulate to produce poorer adult health outcomes (Keys 2009, Gibson and Johnstone 2010, Muir, Katz et al. 2010, Solar and Irwin 2010, Department for Education 2011, Nelson and Mann 2011, Kilmer, Cook et al. 2012, McCartney 2012, McCoy-Roth, Mackintosh et al. 2012). Importantly, the use of parenting programs and intensive playgroup programs has effectively decreased emotional and behavioural problems in children while increasing

The CfC program offered through UnitingCare Wesley Port Adelaide, provides early intervention and prevention programs, to target the most vulnerable and disadvantaged members in society, with the goal of reducing risk factors and improving family functioning and wellbeing. This report details research that aimed to explore the relationship between CfC programs delivered in Western Adelaide and the social determinants of health for the children and families who have used the service. Whilst such programs appear sound from a theoretical perspective, unless there is evidence of the outcomes of the program, the work cannot be validated for continued funding or for wider application. This type of analysis and research provides the bridge between policy objectives and the practice applications of policy. This research provided the next keystone step in examining the broader impact of individually tailored programs.

Research and Evaluation
The research and evaluation process used external evaluators to implement the research aims, objectives and process outlined below. This provided an unbiased review of the KidStuff program across two sites.

Overall research aim and objectives
The research evaluated the relationship based programs that were delivered to at risk children in Western and Northern Adelaide region (2015-2016).
AIM
To explore the relationship between CfC programs delivered in Western Adelaide between 2014 to 2016 and the social determinants of health for the children and families who have used the service.

OBJECTIVES
1. To identify the SDH impacting on the children and families using the service
2. To assess the correlational relationships between the services provided and the extent to which these address the SDH.
3. To develop a set of recommendations that would enhance the programs’ capacity to improve the SDH for this population group.

These objectives represent the first step in determining the extent to which the CfC programs impact on the children broader social outcomes.

Ethics
Flinders University’s Social and Behavioural Human Research Ethics Committee approved the ethics protocol on the 6th of February 2015 and is valid for three years (SBREC 6719).

Approach to research
This mixed methods research project comprised of two stages. The first stage involved:

1. The literature review explored the theoretical and evidence base for the programs provided by the CfC service providers.

Stage two included:

1. A combination of interviews and focus groups with providers, staff, parents and children.
2. Thematic analysis to provide an in-depth understanding of the impact of these programs on several SDH outcomes.

Quantitative Methodology
Data was only analysed quantitatively when data met adequate standards. Internationally, research states that this population group (young parents) is extremely difficult to engage
(Lukie, Skwarchuk et al. 2014, Fall, Sachdev et al. 2015, Lakhani and Macfarlane 2015). This is exacerbated by their: low levels of literacy; the lack of access to transport due to young age; lack of engagement with mainstream services, and personal developmental stage (Lukie, Skwarchuk et al. 2014, Fall, Sachdev et al. 2015, Lakhani and Macfarlane 2015). These complicated and multilayer characteristics affect the population group’s abilities and capacity to complete quantitative data measures. Consequently, programs directed at young parent cohorts do not rely on quantitative feedback due to the lack of compliance and survey completion. Additionally, quantitative data in this situation would lack the depth in information regarding issues that influence choices on many aspects of the young parent’s family life. The necessary evidence can be addressed through in-depth interviews or other qualitative approaches. This is addressed by the inclusion of narratives that allow families to express how these SDH impact on their children and families.

For example, the information from the in-depth interviews, observation data, and focus groups methods of data collection each informed the use of different types of analysis (Milton Keynes Primary Care Trust 2002). These characteristics where explored further in the qualitative data collection process (Milton Keynes Primary Care Trust 2002, Denzin and Lincoln 2011). The qualitative data will inform future survey questions, focus group questions, interviews and evaluations. This circular process ensures triangulation and robustness of all data collection and the research process.

The predominant research methodology used in this evaluation is qualitative (Milton Keynes Primary Care Trust 2002, Denzin and Lincoln 2011, Parry and Willis 2013, Ivankova 2014). In keeping with appropriate and ethical research design, the use of multiple types of key informants was fundamentally in providing program analysis on the effectiveness of the program in achieving its goals (Milton Keynes Primary Care Trust 2002, Denzin and Lincoln 2011, Parry and Willis 2013, Ivankova 2014). The use of multiple key informants provides insights into many aspects of the program and its links to other service providers that are necessary in addressing the children’s vulnerability. The use of multiple sources of information improves the robustness of the research (Milton Keynes Primary Care Trust 2002, Denzin and Lincoln 2011, Parry and Willis 2013, Ivankova 2014). The inclusion of qualitative data is important as it bridges the current gap in evidence provided by quantitative data.
Qualitative Methodology
The qualitative component of the study was within the broad framework of critical social theory. This enabled the researchers to consider multiple positions, such as gender, race and poverty as they affect the SDH outcomes of children and families. Importantly, it situates the research as inquiry to inform change.

The subjective nature of qualitative enquiry has a number of relatively stable criticisms. The qualitative researcher selectively collects and analyses data that is not representative (Bogdan and Taylor 1975, Milton Keynes Primary Care Trust 2002, Denzin and Lincoln 2011, Parry and Willis 2013, Ivankova 2014). Generalisations are consequently not appropriate however, this type of research and analysis process is effective in evaluating the specific nuances of community based programs (American Academy of Pediatrics (AAP) 2008, Gittelsohn, Steckler et al. 2008). Qualitative enquiry is only appropriate as a research design where an in-depth understanding is required of a group of people who have been purposefully selected (Patton 1990, Gittelsohn, Steckler et al. 2008). Furthermore, qualitative research approaches ensure that research is both culturally and geographically appropriate as it has its roots in applied anthropology, sociology, social marketing, and educational psychology (Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011). Here the data collection processes selected specifically explore the outcomes of the UnitingCare Wesley Port Adelaide and Anglicare SA programs on the parents, infants and children’s outcomes. Ensuring that the application of the qualitative methods used remains valid and robust.

The qualitative data, stories and narratives provide a personal perspective on life and family circumstances. This source of information is useful and highlights the influences on how children and families cope with adverse life circumstances and make decisions (Bogdan and Taylor 1975, Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011).

Data Management and Analysis
All copies of transcripts and any other pertinent qualitative and quantitative data sets remain in a locked cabinet at Flinders University for seven years and then destroyed to comply with A.F.I. legislation.
Qualitative data management and analysis were completed in two separate but related steps in a procedure recommended by Patton (Patton 1990, Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011). The recordings were transcribed verbatim and pseudonyms assigned as the initial step to managing and analysing the data. Qualitative data was analysed manually. Transcripts were disseminated into their component parts with reference to the original question categories. Respondent selections were separated and colour coded in a procedure outlined by Cavana et al (2001). Care was taken at this point as all data taken at the first instance as relevant and useful. There was a need to carefully identify statements that were made by the participants on issues that were not core to the focus of study, yet remained important, and those statements that were more clearly relevant.

The data was then inductively analysed. Patton (1980, p.306) describes inductive analysis as patterns, themes and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis (Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011). Themes that emerged from the data were analysed in terms of the constant comparative method as described by Glaser and Strauss (1967). This method requires that themes be examined as they emerge directly from the raw data and compared to each other to ensure they are not different aspects of a previously designated theme (Glaser and Strauss 1967, Cavana, Delahaye et al. 2001, Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011).

Marshall and Rossman (1999) note that an alternate understanding will always exist and the job of the researcher is to argue and reason why the explanation associated with the data is a better explanation than the alternate understanding. Patton (1990) warns that researchers are always at risk of being accused of imposing an understanding that reflects the researcher’s world better than the world being studied. The search for alternate understandings was considered and one method that could be used was to counter this accusation.
Selection of participants
The use of multiple sources of information and informants enhances the validity and robustness of the findings (Parry and Willis 2013). Therefore, selecting the participants in the qualitative phase consisted of an evaluation of their provision or use of the programs that then resulted in their inclusion due to their key informant status. Furthermore, the managers of the programs provided important theoretical knowledge and background on program development and implementation. The selection of managers, staff and parents is important in improving the robustness and validity of the research findings (Parry and Willis 2013).

Parents
The young parents, as consumers of the service, provide valuable insights into the processes of engagement by staff in the delivery of the program (Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011). The young parents also provide information on the effectiveness of the programs delivery (Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011). Along with information on the success of the programs in achieving its goals (Gittelsohn, Steckler et al. 2008, Denzin and Lincoln 2011). The young parents’ data outlined the extent to which the program improved the care of their infants and children, knowledge on child development, engagement with health and welfare services, and their willingness to undertake further study to improve employment prospects.

The young parents provided insights into the extent to which the programs met their needs as young parents. Along with the programs desired goals and learning objectives. All the programs provided aim to improve the lives of the infants, children and parents. Along with addressing the deleterious health, welfare and developmental outcomes experienced by infants and children of young mothers. Interviews with the parents are thus imperative if these characterises are to be assessed in-depth. The use of surveys with this particular population cohort have been trialled and found to be of limited value (Gittelsohn, Steckler et al. 2008, Hesse-Biber 2010, Denzin and Lincoln 2011, Fargo, Munley et al. 2013, Graham, Hill et al. 2014, Fall, Sachdev et al. 2015, Foster, Diamond et al. 2015) due to: low literacy levels (Gittelsohn, Steckler et al. 2008, Holta, Buckley et al. 2008, Hesse-Biber 2010, Denzin and Lincoln 2011, Fargo, Munley et al. 2013, Gilardi, Guglielmetti et al. 2014, Graham, Hill et al. 2014, Ito, Morikawa et al. 2014, Lukie, Skwarchuk et al. 2014, Fall,
Sachdev et al. 2015, Foster, Diamond et al. 2015); a reluctance to comply (referring to adolescent developmental stage of parents) (Holta, Buckley et al. 2008, Gilardi, Guglielmetti et al. 2014, Ito, Morikawa et al. 2014, Lukie, Skwarchuk et al. 2014, Fall, Sachdev et al. 2015); and resistance to participate in programs or directives that emulate secondary education processes (Holta, Buckley et al. 2008, Gilardi, Guglielmetti et al. 2014, Ito, Morikawa et al. 2014, Lukie, Skwarchuk et al. 2014, Fall, Sachdev et al. 2015). Therefore, the success of the program needs to be measured in a manner consistent with the engagement needs of the population group as failure to do so would result in data of limited value. The use of surveys may need to be delivered in an individually focused, face-to-face and supportive environment to address this vulnerable populations requirement and the need for data collection.

Staff
The staff provided theoretical basis for the programs provided along with information and insights into the application of the knowledge in practical strategies for the young parents to use in caring for their infant and children. This aided in the circumvention of young maternal age deficits on infant/child health, welfare and development.

Facilitator Qualifications
The staff providing the KidStuff program represent the interdisciplinary workforce required to address the complex needs of adolescent parents in order to minimise infants and children's vulnerabilities. The staff qualifications of the facilitators include:

- Bachelor of Social Work
- Registered Midwife
- Cert IV Youth Worker
- Diploma in Community Services Work
- Bachelor of Education
- Cert IV Training and Assessment

This staff mix provides an interdisciplinary approach to the child focused therapeutic and intensive interventions provided by the KidStuff programs.
Facilitators Professional Development

The facilitators of the KidStuff for young parents programs hold a unique skill set and level of expertise which includes; youth health, education and parenting. The professional development/expertise training and support for the staff employed in the KidStuff program includes the following:

- Youth Health
- Early Child Development
- Circle of Security
- White Ribbon- Domestic Violence Training
- Attachment theory and practice
- Cultural Awareness Training
- Responding to Abuse and Neglect
- What's the Buzz
- Sexual Health
- Narrative Therapy
- Ascend-Access and Respond to Individuals at Risk of Suicide
- Therapeutic Trauma Informed Counselling, Intervention and Support
- Playtime Learning

The ongoing commitment of management and staff to professional development enhances the delivery of sound, theoretically based, best practice, and evidenced based preventative and intervention based programs. This mix provides an interdisciplinary approach with a youth and child focused approach to the therapeutic interventions provided by the programs. The inclusion of trauma informed practice and counselling, and knowledge of Domestic Violence is important as some of the young mothers have been sexually assaulted, abused and neglected as children, and witnessed or experienced domestic violence. Additionally, some of the young parents in the KidStuff program were under the Care-of-the-Minister and had been removed from their family of origin. For these young parents the behaviour modelled in their family of origin led to the abuse and neglect of children thus different roles models and parenting behaviours are required if these young parents are to succeed as parents.
Interview questions

Questions asked were open ended and simple in structure to elicit the participant’s in-depth responses and to obtain responses unconnected with the researcher’s experience or bias. The interview and focus groups covered several characteristics highlighted by the quantitative evaluation:

- The type of program;
- The usefulness of the program;
- The impact of the program[s] on other aspects of the participants lives (e.g. the SDH);
- Implications for changes;
- Impact on health (mental and physical);

The above considerations were used as a guide for the design of the questions. The data collection took place in the western and northern regions of metropolitan Adelaide South Australia.

Community engagement strategies

A research reference group was established from the various agencies delivering the CfC programs. This enabled the collaborative involvement of the service providers into the research process ensuring the final recommendations are usable. The research reference group verified the research processes to be used in collecting data from the young mothers/parents as this specific vulnerable population group is difficult to engage.

Initial meetings with the managers and staff enabled the researchers to ensure that data collection processes were consistent across the two sites enhancing validity. The depth and breadth of the services delivery was captured by the research process assisting in an effective representation of the service in the research process and subsequent report. Additionally, the first meeting outlined the researcher’s roles and responsibilities along with establishing the key stakeholders and informants required in data collection and research processes to meet research standards of robustness and validity (Denzin and Lincoln 2011, Parry and Willis 2013).
The researchers analysed the interview responses from management, staff, and young parents. The analysis was presented to the reference group for consideration and comment. The results of the first two phases informed the development of a set of recommendations for future service delivery of preventative interventions to children at risk and their families as well as provide a framework for future service evaluations and data collection. These could be used to ensure the effectiveness and viability of the CfC programs using an evidenced based perspective.

This report is divided into three sections. The first section provides an explanation of the United Care Wesley Port Adelaide, Communities for Children program, children outcomes in the regions being evaluated, the impact of disadvantage and the program KidStuff. The second section reports on the methods used in the evaluation of the Northern and Western KidStuff program and the third section presents the results of the evaluation. Sections on the theoretical models that inform the intervention program, the professional qualifications of the program facilitators, and the findings from the research evaluation are followed by the limitations of the research processes and the conclusions of the research evaluation.
Section two: KidStuff for Young Parents

Introduction

This section reports on research with the KidStuff program. The KidStuff program is targeted at young pregnant and parenting people and their infants. It is funded by Communities for Children (CfC). The research explored the relationship between Communities for Children (CfC) programs delivered in Western Adelaide and some of the Social Determinants of Health (SDH) for the children and families who have used the service (Lynam, Loock et al. 2010, Solar and Irwin 2010). Communities for Children (CfC) provide prevention and early intervention approaches to improve outcomes for children (0-12 years old) and families who are considered to be at risk. These programs are sound from a theoretical perspective. The KidStuff Young Parents program incorporates: Youth and Child focused, Circle of Security; Attachment Theory; Systems Theory, Strengths Based Perspectives, Narrative Therapy, Trauma Informed Therapeutic Counselling, Intervention and Support; life skills, and an introduction and pathways to further education (see Program Logic Appendix A). The KidStuff program also addresses the broader constructs of the Social Determinants of Health (SDH) such as education, access to services and aspects of service delivery (Lynam, Loock et al. 2010). Further, the Social Determinants of Health...
(SDH) frameworks provide a means of exploring the impact of social phenomena, for example limited: income, health access, community capacity, and family support, on individual aspects, such as health and wellbeing outcomes. The type of analysis and research undertaken for this evaluation provides the bridge between policy objectives and the practice applications of policy on SDH outcomes (Stewart 2014).

The young parent, staff and management interviews in the finding section of this report, demonstrates the extent to which the KidStuff program meets the desired aims, learning objective, and goals. Of note, is the need to provide knowledge and information that, whilst addressing the participants' deficits, is mindful of their disengagement from formal secondary education schemes. Therefore, the KidStuff young parents program uses unique and innovative methods of engagement, knowledge transfer and information delivery. The high levels of engagement and the uptake of the information, knowledge and strategies by the young parents (themes section) reflect the success of this program.

The positive impact of intensive and targeted programs addressing complex vulnerability inherent in parents with young maternal age, mental issues and poverty to improve infant and child’s development is well-documented (Cox, Chapman et al. 1996, Bowen, Duncan et al. 2013, Bowen, Baetz et al. 2014). Conversely, the use of programs that merely address childcare needs, as opposed to, intensive parenting, and child support and developmental needs, are detrimental to infant/child/parent relationships and may increase levels of vulnerability experienced by the infants and children.

**Economic rationale / Social return on investment**

The KidStuff Young Parents program provides intensive and comprehensive support for young mothers and their children (Hayes, Wise et al. 2014). The combination of the supportive care of the mothers and their children, and the occasional crèche for their children is vitally important in providing a successful intervention to mitigate the profound negative impacts of young maternal age on children (Allen 2011, Deloitte Access Economics and PANDA 2012, Bowen, Duncan et al. 2013, Bowen, Baetz et al. 2014, Hayes, Wise et al. 2014). According to the RAND corporation and others, for every $1 spent in Australia (and other OECD countries) on early intervention programs to enhance

Further, the programs are cost effective as currently 33 children are supported by 3 staff. There is a Social Worker, and 2 Community Health Workers delivering 2 hours of family interventions per week, for 6 weeks, each term, per family. To provide this level of interventions to each family individually would require 5.2 FTE staff and 198 hours per week.

Theoretical Basis for the Program Model

Literature review

A thorough review of the literature was undertaken, however due to time and space constraints only a small portion is presented here. The manager and staff conducting the programs outlined the theoretical basis by providing program outlines and evidence materials. The literature review was conducted by the researchers using the following literature data bases: Google Scholar, CINHAL, PubMed and PsycINFO. The literature review below provides information on the impact of maternal age on child development along with theoretically and evidence-based programs used to improve children’s health, welfare, social and psychological outcomes. The five main theoretical premises for the KidStuff Young Parents programs are: Attachment Theory, Strengths Based Perspectives, Trauma Informed Counseling, Intervention and Support, Youth and Child Focused, and Circle of Security, and these are discussed in the section following the impact of maternal age on children’s outcomes.
The Impact of Maternal Age on Children

Teenage motherhood is acknowledged internationally as a factor in poor child development (Chittleborough, Lawlor et al. 2011, Fall, Sachdev et al. 2015). Numerous longitudinal studies have demonstrated that younger maternal age < 20 years impacts negatively on a variety of child developmental outcomes (Chittleborough, Lawlor et al. 2011, Fall, Sachdev et al. 2015) and these include: behavioural, social, and nutritional (Fall, Sachdev et al. 2015). Young mothers often do not complete schooling and on the whole have lower educational levels than older mothers (Fall, Sachdev et al. 2015). This impacts on their future employment opportunities and ability to maintain long term paid employment (Fall, Sachdev et al. 2015) resulting in lifelong poverty for the mother and infant. Additionally, the offspring of young mothers often fail to finish their schooling (Fall, Sachdev et al. 2015) perpetuating intergenerational poverty.

According to previous research, mothers in younger age groups can be behaviourally immature, lack knowledge and role models for appropriate parenting behaviours, and may therefore be, inattentive and unresponsive to an infant’s needs (Myrskyla and Fenelon 2011, Fall, Sachdev et al. 2015). This deficit in infant care has lifelong impacts on subsequent adult development. Offspring of young mothers have high levels of morbidity and mortality, lower self-rated health scores, of smaller stature, and higher incidence of obesity and chronic illness than offspring of older mothers (Myrskyla and Fenelon 2011, Fall, Sachdev et al. 2015).

Furthermore, low literacy levels in younger mothers resulting from early school leaving impacts on the young mother’s abilities to navigate complex social structures such as welfare and housing services (Cortis, Cowling et al. 2008, Fall, Sachdev et al. 2015). Completing social security forms can be an obstacle in obtaining welfare and social support (Cortis, Cowling et al. 2008). Therefore, programs aimed at assisting young parents often incorporate a broad set of skill developments far exceeding the usual parenting support provided by other parenting courses and supported playgroup interventions (Cortis, Cowling et al. 2008, Price-Robertson R 2010). Thus extended levels of intervention and support are necessary if the deleterious health, welfare, social and psychological impacts of young motherhood on infants and children are to be circumvented (Cortis, Cowling et al. 2008, Price-Robertson R 2010).
Additionally, younger mothers are more likely to suffer with social isolation, postnatal depression, and poverty all of which adversely impact on mother/child attachment (Cortis, Cowling et al. 2008, Price-Robertson R 2010, Fall, Sachdev et al. 2015). The impact of young maternal age, social isolation and poverty can culminate into perinatal depression. Perinatal depression complications include: premature birth; surgically assisted births; impaired obstetric outcomes, and obstetric complications (Bergink, Kooistra et al. 2011, Myrskyla and Fenelon 2011, Bowen, Duncan et al. 2013), while Perinatal depression complications may include: maternal psychological impacts including: self-harming thoughts, suicidal ideation, and psychosis (Cox, Chapman et al. 1996, Bergink, Kooistra et al. 2011, Ji, Long et al. 2011, Bowen, Bowen et al. 2012, Matthey and Ross-Hamid 2012, Bowen, Duncan et al. 2013). Consequently, perinatal depression affects the interaction between the infant, mother and family physically, socially, and psychologically. Attending to the needs of the infant is impacted by young maternal age and its subsequent exogenous characteristics.

While maternal age at first childbirth has been increasing in Australia to on average > 30 years, a proportion of the population continue to become young parents, at < 20 years (Chittleborough, Lawlor et al. 2011). The children of young mothers are at higher risk of developmental, social and behavioural problems (Liegh and Gong 2007, Chittleborough, Lawlor et al. 2011). Australian Treasury research concludes that children born to young mothers, especially teenage mothers fair worse than children born to mothers in their 30's across a variety of indices including Socio-Economic Status, social and health (Liegh and Gong 2007). This has long term implications on the children of young mothers fulfilling their potential to engage productively and economically in society.

**Tools used to measure deleterious factors involved in poorer child development**

There are commonly used tools measuring child development. These internationally developed tools capture the levels of adversity experienced by children along with the child’s developmental vulnerabilities (Chittleborough, Lawlor et al. 2011). For example, the Strengths and Stressors Questionnaire, Denver Developmental Screening tool, and the School Entry Assessment (SEA) predict developmental abnormalities, the strengths and difficulties faced by children and their families, and cover, antisocial behaviour,
hyperactivity, emotional symptoms, conduct disorders and peer relationship problems in children (Chittleborough, Lawlor et al. 2011). Additionally, the SEA captures the child’s cognitive, and social developmental abilities on entering school (Chittleborough, Lawlor et al. 2011). The combination of young maternal age, poverty, low educational attainment and isolation, adversely impacts on the children’s development. However, it should be noted that the ability of the young mothers to compete these questions without intensive and extensive assistance is unlikely. Therefore, collecting quantitative data may be limited with this population group without intensive support.

The effectiveness of Programs that Directly Target Young Mothers
International research has shown that programs directly targeted at young mothers have been successful in reducing, by up to 44%, the poor development in their off-spring (Chittleborough, Lawlor et al. 2011). Young mothers programs that directly target parenting and child development will significantly address child development issues related to maternal age (Chittleborough, Lawlor et al. 2011). Research found that programs and services designed to specifically address the unique needs of young mothers are necessary for improving chid development (Cortis, Cowling et al. 2008, Price-Robertson R 2010, Chittleborough, Lawlor et al. 2011, Fall, Sachdev et al. 2015). Given the accumulative detrimental impact of young maternal age on infants, children, and their child’s adult development, programs that address young motherhood have the ability to significantly change deleterious physical, psychological, behavioural and social outcomes for mothers, infants, and children. These preventative interventions included targeted parenting information along with specific interventions developed for this population group.

HEADSSS analysis and basis of young parent’s programs
The HEADSSS – Home, Education, Activities and peers, Drugs and alcohol, Suicidality and depression, Sexuality and Spirituality assessment tool is used for every KidStuff parent attending the KidStuff preventative intervention programs. This comprehensive adolescent assessment tool provides a baseline measurement of the adolescents physical, psychological, social, and emotion functioning and wellbeing (Biddle, Sekula et al. 2010, Salerno, Marshall et al. 2010, Sturrock and Steinbeck 2016). The HEADSSS assessment tool also explores the extent to which the adolescent is connected to family and peers for support. The HEADSSS assessment tools is a psychosocial assessment tool specifically designed to meet the needs of adolescents and youth. The tool provides professionals with
a framework based on targeted preventive interventions that address the specific risk
behaviours common in adolescent development. A formal HEADSSS assessment provides
a comprehensive evaluation of psychosocial issues that impact on the young person’s life
Therefore, all preventative interventions and interactions need to be structured to be
adolescent friendly, to address the specific development educational and emotional needs
of adolescents (Biddle, Sekula et al. 2010, Salerno, Marshall et al. 2010, Sturrock and
Steinbeck 2016).

Puberty and pregnancy are times of enormous developmental change. The combination of
these periods needs to be addressed with specific interventions. Sturrock and Steinbeck
(2016) assert that “Young people aged 12-24 years have specific developmental needs”
that requires services to respond accordingly. Combined with pending parenthood
adolescent’s require specialist focused care (Chittleborough, Lawlor et al. 2011). Pregnant
adolescents present with multiple complex developmental, social, and relationship issues
that require specialist tools and specifically trained staff (Chittleborough, Lawlor et al. 2011).

The HEADSSS tool has been validated to capture the risk behaviours common in
adolescents (Sturrock and Steinbeck 2016). HEADSSS is an appropriate and effective tool
used in identifying risk behaviours adolescents (Sturrock and Steinbeck 2016). Risks, such
as suicidality (Biddle, Sekula et al. 2010), exposure to violence (Goldenring and Rosen
2004), Drug and Alcohol abuse (Goldenring and Rosen 2004, Biddle, Sekula et al. 2010,
Salerno, Marshall et al. 2010, Sturrock and Steinbeck 2016), depression (Goldenring and
Rosen 2004, Biddle, Sekula et al. 2010, Salerno, Marshall et al. 2010, Sturrock and
Steinbeck 2016), sleep disorders (Sturrock and Steinbeck 2016), family dysfunction (Biddle,
Sekula et al. 2010), friendship and social concerns (Biddle, Sekula et al. 2010) along with
general health and education deficits (Goldenring and Rosen 2004, Biddle, Sekula et al.
experiencing homelessness due to pregnancy are at higher risk of depression, suicidal
ideation and school dropout (Biddle, Sekula et al. 2010). Consequently, when working with
adolescents it is imperative to use an adolescent specific tool as adult tools do not
effectively screen for the high risk behaviours preventing the enacting of adolescent specific
interventions (Salerno, Marshall et al. 2010). The HEADSSS is an internationally validated

**Parenting programs**

**Targeted relationship based programs**


**Attachment theory**

Attachment theory was developed in the 1970s by John Bowlby to explain the carer/child connection in terms of biological and psychological functioning (van IJzendoorn 1995). The theory describes the sensitivity and responsiveness of the parent or caregiver to meet the child’s developmental needs as early attachment impacts on lifelong functioning (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Additionally, the measures used in the attachment assessments illustrate dysfunctional parent or caregiver responses to infants and children (van IJzendoorn 1995, Centre for Parenting & Research 2006). Responses from prolonged separations, either physically or psychologically impact on the child and their subsequent adult functioning and behaviour (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Longitudinal international research supports the use of
attachment theory to predict infant, child and adult outcomes for appropriate parental responses to children’s needs and for the development of adults’ significant interpersonal relationships (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Further, attachment theory research explains the cognitive organisation and representations of interpersonal relationships and parenting behaviors (van IJzendoorn 1995, Centre for Parenting & Research 2006). The predicative capacity of the attachment theory measurements provides self-report and professional assessment items that consistently calculate levels of attachment and identify intervention pathways for program implementation (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Successful interruption of, reactive-attachment disorder, insecure-resistant, insecure-avoidant, or insecure-ambivalent attachment, through target programs is evidence-based and well documented (van IJzendoorn 1995, Centre for Parenting & Research 2006). The CfC programs offered through UnitingCare Wesley Port Adelaide directly address manifestations of interrupted attachment that subsequently decrease levels of vulnerability for children. Working with parents and children using evidenced-based parenting and child supported play groups assists in the development of new positive relationships that have lifelong impacts (van IJzendoorn 1995, Centre for Parenting & Research 2006). Consequently, the UnitingCare Wesley Port Adelaide, KidStuff programs are collaborative, inter-disciplinary, and professional programs that provide an environment that supply consistency, professional supervision, personal support, and commitment to the development of productive, positive and therapeutic relationships with the young parents, caregivers and children using the programs.

**Circle of security**
The circle of security is an internationally based early intervention program based on attachment theory and relationship theory (Dolby 2007). The circle of security is one of the relationship-based programs used in the KidStuff young parenting programs. The theory explains the importance of secure attachment and relationships for early child development. Acknowledging that child development is ongoing, not linear, and dependent on quality caregiver relationships (Dolby 2007, Dykas and Cassidy 2011). The theory is based on international academic research which confirms the key role of the use of increased empathy towards children and childhood as well as developing enhanced attachment between parent and child (Dolby 2007, Dykas and Cassidy 2011).
The figure 1.2 above provides a basis for the KidStuff programs and explains the interactions between child and parent/care giver. The figure above also highlights the importance of a ‘safe haven’ or ‘secure base’ for young parents to return to i.e. the KidStuff group. The young parents are also developmentally vulnerable and in a developmental stage still reliant on the ‘circle of security’ support model. Therefore, when working with young parents, the workers base their interactions and the KidStuff program using the theoretical basis of the ‘circle of security’ as this ensures that the young parent are receiving their developmental needs along with their children. The workers model their interactions with the young parents using the principles outlined in the figure above e.g. encouraging the young parent’s exploration of the world, and delighting in them and at their achievements. This process also models these interactions for the young parent to use with their children thus through imitating the worker’s interaction with the young parent the young parents support and care of their children improves.

The use of diagrams and easy to understand language ensures that the programs are accessible for young parents who may be illiterate. Additionally, the use of circle of security
theory provides practical application of the theory that outlines the importance of parenting for young mothers. The use of the circle of security theory and tools demonstrates the importance of parents providing a safe and secure environment for the children. This directly address the implications of children living in chaotic environments often associated with young parents. Furthermore, for some young parents the use of modeling a variety of parenting styles using a variety of parenting tools can be in stark contrast to the parenting the young parents received as children.

**Strengths Base Perspective**

The combination of the ecosystem (described in Figure 1.1 above) with a strengths-based approach focuses therapeutic interventions on conceptualizing problems as flaws in systems, transactional relationships, and functions (Guo and Tsui 2010). This focuses operationalised responses to disadvantage that are not individualised or victim blaming (Guo and Tsui 2010). The use of strengths-based practice recognises not only the development of resilience but also the use of resistance and rebellion (Guo and Tsui 2010). In disadvantaged populations strength-based perspectives takes into account power relations, social constructs and methods of empowerment (Guo and Tsui 2010). Consequently, this framework is useful when working with adolescents and young people.

Additionally, strengths-based approaches capture supports and positive experiences missing from traditional problem based perspectives (Guo and Tsui 2010, Hammond and Zimmermann 2012). Practitioners working from a strengths based perspective demonstrate an underlying set of values, principles and philosophies that identify and acknowledge the strengths of clients, families and communities in respectful and meaningful ways (Hammond and Zimmermann 2012). Especially when working with youth, the problem and deficit based models of intervention have shown little success (Hammond and Zimmermann 2012). Problem focused models often lead to “simplistic and narrow solutions” that focus on negative experiences, lower personal expectations of outcomes/capabilities, reinforcing negative behaviours, focus on deficits, and are individually focused relying on expert interventions that fail to address the issues long term (Hammond and Zimmermann 2012). Conversely, strengths based interventions provide a holistic approach focusing on strengths, resources enabling the process of change by validating problems and issues
while emphasising and acknowledging strengths, positive expectations and competencies (Hammond and Zimmermann 2012).

The use of the strengths based perspectives places the therapist/program as facilitators enabling and empowering young people, their families and community to challenge problems and issues by using capacity building strategies (Kumpfer and Alvarado 2003, Hammond and Zimmermann 2012). Building strategies, abilities and capacities that develop resilience and encourage young people to move beyond high risk behaviours (Hammond and Zimmermann 2012).

**Youth focused**

The literature review on young parents and youth above illustrates the importance of youth focused interventions when developing the programs for youth. Internationally the benefits of implementing youth specific programs is well known (Aos, Lieb et al. 2004). According to Aos et al (2004) evidenced based youth focus programs demonstrate significant changes to:

- Reduce crime
- Lower levels of substance abuse
- Improve educational attainment and outcomes
- Decrease teenage and youth pregnancy
- Reduce teenage and youth suicide
- Reduce domestic violence

Thus providing a reduction in deleterious outcomes for young people across a broad range of outcomes (Kumpfer and Alvarado 2003, Aos, Lieb et al. 2004). According to Malin & Morrow, (2009, p. 499) ‘education with young parents works well when it is conducted in a reasonably relaxed and unstructured way, and when the young parents are encouraged to have input into the content of the program. Many young parents find it particularly important that they are not "told what to do", but rather "treated as an adult" or "like an equal" ’ – Baker, Clark, Crowl, & Carlson, (2009) also attest that there are connections between young parent hood and disengagement from education through negative experiences with school teachers and authority figures, resulting in young parents not responding to unidirectional or authoritarian teaching styles. Furthermore, young parents may be reluctant to engage
with mainstream services, preventing them from accessing information or support due to fear of being judged (McDermott & Graham, 2005).

The KidStuff professionals use theoretically and evidenced informed frameworks to develop the KidStuff program deliverables. The reliance on a theoretical basis for program delivery ensures that the programs address the specific needs of young parents rather than generic programs that would not meet the developmental and parental needs to this vulnerable population group. Using internationally renowned programs to address emotional competence, emotional socialisation, and parenting skills helps to ensure the robustness of the program outcomes (Kumpfer and Alvarado 2003, Aos, Lieb et al. 2004, Guo and Tsui 2010).

Infants born to young parents are at higher risk. The use of targeted early intervention programs reduce the risk of abuse and neglect (Fox, Southwell et al. 2015, NSW government 2015). Demonstrating altered behaviour and development and improved parenting skills (NSW government 2015). Captured in the following quote:

*There is unambiguous proof that evidence based prevention and early intervention can lead to measurable and substantial reductions in the factors that place children and families at risk of poor outcomes (NSW government 2015).*

The specific targeting of youth friendly programs, such as KidStuff are imperative in decreasing the potential risk faced by infants and children of young parents. Figure 3.1 outlines the tiered response to families (NSW government 2015).

Figure 3.1 Targeted Early Intervention Programs tier responses (NSW government 2015).
Young parents are often assessed at the secondary tier level and require targeted, specific programs designed to alleviate acknowledged problems and prevent the escalation of risk (Fox, Southwell et al. 2015). Approaches that support young parents and provide positive and practical strategies are needed to implement effective interventions.

**Narrative Approaches**

Working with youth specific frameworks directly address the needs of young parents. These frameworks often identify the narrative approach as beneficial. Narrative approaches provide a positive based practical framework designed to provide positive interpretations of life events (Denborough, Koolmatrie et al. 2006, Seo, Kang et al. 2015). The interpretations focus on the emotional component of the life event to allow re-storying focusing on strengths (Seo, Kang et al. 2015). The narrative approach seeks to elicit stories that identify the strengths of the young person and challenges negative cognitive schemas (Seo, Kang et al. 2015). This approach works as it provides young people with the skills they need to develop strategies to assist them to move forward and change their future behaviour (Denborough, Koolmatrie et al. 2006, Seo, Kang et al. 2015).

The use of evidence-based internationally researched and delivered program provides key skills to young parents to ensure infants and children receive appropriate parenting in periods of developmental and social transition, namely, prior to school, thereby enhancing
the preventive intervention used by KidStuff (Havighurst, Wilson et al. 2009, Fox, Southwell et al. 2015, Seo, Kang et al. 2015). The program prevents some of the child behavioural problems associated with poor emotional regulation (Havighurst, Wilson et al. 2009). Programs that provide activities that are structured around positive emotional, social, physical and cognitive engagement with children which is also seen as imperative for normal development (Schaub 2015). The use of programs targeted at young parents along with programs targeted at their infants and children’s needs are combined by KidStuff to ensure all the developmental, emotional, physical and social needs are meet for the parents and their children.

It should be noted that staff engaged in providing the theoretically based programs described above have received training in a range of the theoretical areas. Along with training on how to use the practical application tools of the theories that transform into activities for children and young parents. The structure of the programs provided are updated annually to ensure compliance with the latest research in the areas of attachment theory, circle of security, narrative and strength based approaches. Further, the workers receive ongoing training in the theoretical and practical components of their work.

**Therapeutic Models of Care**

*Models of service delivery (applying the theories)*

When evaluating programs that are directed at young mother’s the research needs to be mindful of the often limited education of the participants. Young mothers are often disengaged from schooling before pregnancy. This means completing questionaries is often difficult. Consequently, this research project has relied largely on qualitative data. The KidStuff young parent’s programs uses an integrative model of service delivery. All families attending the programs can access the variety of programs designed to enhance parenting and children’s early development. The goals of the programs use evidenced-based theories that develop early learning strategies in children, support and identify the assistance that is needed for the family to connect and build a stronger community.

Pregnant teenagers are at higher risk of homelessness, impaired health access, decreased educational attainment, and poverty (Chittleborough, Lawlor et al. 2011). Further there is an
over representation of the children of young parents children in the child protection system (Arney and Scott 2013). Additionally, young mothers experience higher levels of levels of domestic violence and mental health issues (Chittleborough, Lawlor et al. 2011, Berk 2012, Arney and Scott 2013, Berry, Blairb et al. 2016). The need for preventative interventions is clear. The use of the programs outlined above effectively intervened and minimised the risk for the children of young mothers.

Program delivery model

As illustrated in the literature review young parents are more likely to be disengaged from education; reliant on income support; have existing health risk factors, such as smoking, alcohol and drug misuse; unstable relationships, and mental health issues. The program delivery model has three main propositions:

1. Young people and young parents are reluctant to engage with mainstream services, parenting groups, and delay in accessing antenatal and postnatal care (Chittleborough, Lawlor et al. 2011, Berk 2012, Arney and Scott 2013, Berry, Blairb et al. 2016, Sturrock and Steinbeck 2016).

2. Young people and young parents often face a range of barriers to accessing services (Chittleborough, Lawlor et al. 2011, Berk 2012, Arney and Scott 2013, Berry, Blairb et al. 2016, Sturrock and Steinbeck 2016).

3. Timely access to services for young parents can significantly improve the outcomes for those parents and their children (Chittleborough, Lawlor et al. 2011, Berk 2012, Arney and Scott 2013, Berry, Blairb et al. 2016, Sturrock and Steinbeck 2016).

Engaging young parents

This program successfully engages with young parents by; the use of HEADSSS to identify areas of risk that need to be addressed, providing age and educational level appropriate information, knowledge and modelling activities. Furthermore, the parenting mentoring is delivered in an appropriate style to deliberately engage with the adolescent parents. The respectful treatment of the young mothers and fathers is reflected in the active commitment of the young parents to the activities provided and the improved uptake of further education and parenting confidence (see research results section). The characteristics of the program that assists in engaging young parents includes:
• A youth friendly space- with workers that are experienced and competent in working with young people
• Active engagement of the young parents in the design of the program and content of the sessions
• The provision of lunch – prepared by the young parents
  o Providing nutritional education and meal preparation skills
• Active engagement of their [young parents] children in activities
• Non-judgmental interactions between the staff and young parents
  o Including receptionist and administration staff
• Inclusion of young fathers in the activities- with a young father’s worker from Centacare in the North co-facilitating the group
• Exclusion of older parents in the program
• Holding the group alongside a youth health clinic on site where there is seamless access to:
  o Young parent friendly free General practitioner
  o Young parent friendly Nurse and Midwife
  o Aboriginal clinical health worker

These aspects are also reiterated in the findings section of this report. This is achieved using the following theoretical, and practical application activities:

• Infant and child development through:
  o Importance of routine for infants and children
    ▪ Importance of sleep routine and sleep hygiene’s
    ▪ Importance of children’s social competence and play
  o Infant and child nutrition
    ▪ Feeding a family on a budget
    ▪ Healthy food and where to find it
    ▪ How to cook healthy meals
  o Early brain development
  o How to communicate with your baby
  o Singing and reading to baby
  o Keeping baby safe
    ▪ Burn prevention strategies
• Kitchen safety
• Safe outside play
• Safety in the car
• Safety outside the car
  o Attachment theory
• Adolescent (parents developmental stage) development through:
  o Self-care
  o Supported and timely Referrals to health, welfare and educational support services
  o Support to access and retain safe and affordable housing
  o Keeping connected to community
  o Being healthy
  o How to deal with problems
    ▪ The use of a strengths based focus on the skills of young parents
    ▪ Peer support and mentoring
    ▪ Empowerment based responses to adversity
    ▪ Use of community resources
    ▪ Use of community based support services
  o Improving the education of the young parents
    ▪ Supporting engagement with education
    ▪ Assistance with enrolment in SACE studies (year 12)- which can also be accessed on site through MY HEALTH’s Talking Realities program
    ▪ Enrolment in TAFE
      ▪ Increasing employment potential and further education options
    ▪ Assistance with enrolment in certificate I, II, III and VI through TAFE
    ▪ Assistance in enrolment in university education
      ▪ Providing knowledge of child care options and potential future employment opportunities
      ▪ Minimising future intergenerational young parenthood and unemployment
  o Creating confidence in parenting skills
• Strengthening relationships of young parents
  o Effective relationship building skills with partners, family and peers
• Home visiting
• Play with infants and children
  o Modelling of age and income appropriate play
  o Reading to babies and children
  o Family support
• Parks Playgroup Activity Networks
  o Activities on weekends to engage working dads

Culturally appropriate i.e. Aboriginal young people are provided connection to an Aboriginal worker on site, and young people from CALD backgrounds are connected with multicultural services also. Info that is provided takes into consideration language and literacy. Food provided is culturally appropriate e.g. halal where appropriate.

These activities are based on the theories outlined above and as such provide significant changes and improvements in parenting capacity, children’s behaviour, and community engagement and participation. This conclusion is evident if the services are holistic and meet the needs of the program participants. Therefore, programs based on sound theoretical premises, for example, targeted relationship based programs, attachment theory, circle of security parenting programs, and tuning into kids can improve parental capacity and abilities and address the negative consequences of young maternal age.

The KidStuff for Young Parents program uses an integrative model of service delivery. This model applies several theories of child development and family support. The theories outlined above are based on internationally validated and tested preventive interventions that decrease infant’s and children’s exposure to abuse and neglect. The use of internationally and national recognised intervention programs ensures the programs deliver sound interventions that are of therapeutic benefit to the children and parents.

Thus the KidStuff program is flexible enough to meet the families’ and community’s needs. The families targeted by this program are ‘vulnerable families and those assessed as ‘at risk’ due to young maternal age. The engagement of these families is often difficult, however the staff provide an atmosphere of acceptance and support in the programs. Additionally, the flexible and yet targeted preventions and interventions used in the
programs builds the confidence and capacity of the young parents to reengage with other tertiary education services, including those held on site through Metropolitan Youth Health through Talking Realities providing SACE studies and Cert 3 in Community Services, as well as institutions, such as TAFE SA and University. As illustrated in the findings section of this report.

**Program Logic Model**
The program uses the theoretical models described above and applies the preventive interventions over a series of weeks (Appendix A). The types of theories and broader outcomes delivered are described in the summary Program Logic Model (Appendix C). The figure in Appendix A illustrates the levels of support and the types of interventions provided by the KidStuff for Young Parents program.

The links between the KidStuff Young Parents program and the theories used to provide the evidence based preventative interventions. Appendix B outlines the weekly application of these theories to parenting practice and the care of infants in a manner that is supportive of young parents.

Professional staff with expertise in youth health, interpersonal relationships, early childhood development, education and parenting facilitate the KidStuff programs. The professional knowledge and support ingrained in the programs ensures the interventions within the programs are theoretically sound. The theoretical base and application processes embedded within the programs provides a robust practice consistent with the theoretical underpinnings. The information provided by the key informants adds to the validity and robustness of the programs delivered.
Section three

The Evaluation

The Relationship between the Evidence and the Program Content

KidStuff for Young Parents

The Western and Northern Adelaide Regions have been recognised as an area where the children experience high rates of developmental vulnerability (Australian Early Development Census 2015). The KidStuff for Young Parents programs specifically targets prevention and early intervention for at risk infants and children. These infants and children are deemed at risk by virtue of their mothers age <25 years. Young pregnant women and partners under 25 years using the local medical and hospital services are routinely referred to the KidStuff for Young Parents programs. MY Health has established strong connections with, major
acute care hospitals, through the MY Health Community Liaison Midwives delivering antenatal groups in partnership with Lyell McEwin Hospital, Women’s and Children’s Hospital and this supports referrals to the KidStuff group. In addition, young pregnant women, partners and young parents can also self-refer providing a seamless pathway to the KidStuff program.

The collected qualitative data was analysed thematically to provide in-depth understandings of the impact of these programs on the families. These two stages together will provide a broader and deeper understanding of whether the Communities for Children (CfC) initiatives provided by the KidStuff Young Parents programs improved the health, education and social outcomes for children and families.

This program is delivered by community health workers (2), and social worker (1) trained to provide services to young mothers and their families. In the North, My Health works in partnership with Centacare Dad’s Business – also a C4C program, and a Dad’s worker attends the sessions. It not only provides for the adolescent needs of the parents but also for the infants and children through a range of activities that are delivered in the group setting with parents and the children which includes the occasional crèche. This unique early intervention program provides an evidenced based targeted program addressing and preventing the impact of young maternal age families and children (Wyatt Kaminski, Valle et al. 2008, Lukie, Skwarchuk et al. 2014, Lakhani and Macfarlane 2015, Gregory, Harman-Smith et al. 2016, Pourliakas, Sartore et al. 2016). The KidStuff for Young Parents program consists of a weekly 2 hour group over 6 weeks each term and address one or more of the following themes:

- Early Childhood Development
- The importance of play
- Sexual health
- Relationships and Peer Supports and developing networks
- Personal and family safety
- Mental health, Wellbeing and Self-Care
• Managing Money- Materials Well being
• Housing
• Physical health
• Education
• Nutrition
• Community service engagement

Each of the components incorporate activities based on validated methods of engagement, group therapy and preventive intervention that are evidence based and address the needs of the young families (Zellman and Karoly 2012). The KidStuff young parents program has developed over time in consultations with the families participating in the program using strategies that promote maternal and paternal infant attachment and support the reduction of risk factors for infants and children of young parents. Importantly, the program is free at point of use and includes inter-sectoral and inter-professional delivery. The liaison between health, education, and social support services is important to the outcomes of the intervention. This report discusses the findings of this evaluation.

Research Methods used in the KidStuff evaluation
Mixed methods research processes are provided in the introductory section of this report. The use of mixed methods here provides a knowledge base that enables deeper understandings of complex factors involved in providing services to children (Australian Associated Press 2006). Additionally, mixed methods research design have the potential to provide an evidence-informed understandings of public policy issues (Australian Associated Press 2006). Furthermore, the concurrent use of mixed methods enabled the quantitative data analysis to complementary collection of the qualitative data and the final use of the qualitative analysis to inform future quantitative data collection (Hesse-Biber 2010, Australian Early Development Census 2015). Other sections of this report do not contain the mixed methods evaluation process used here.

HEADSSS data analysis in the KidStuff for Young Parents program
The use of the HEADSSS data provided information on the deficit of self-care exhibited by the young parent. It is important to note that adolescent parents are themselves in need of developmental support and this can compound the vulnerability of their offspring. The analysis of the quantitative data performed concomitantly with the qualitative data collection and analysis; interviews and focus groups. Qualitative data included interviews with providers (managers and staff) and focus groups with parents. Data collected were analysed thematically to provide in-depth understandings of the impact of these programs on the families. These two stages together will provide a broader and deeper understanding of whether the Communities for Children (CfC) program improved health, education and social outcomes for children and families.
Section four

Results

Findings

General information
The methods used in the data collection inform the analysis used in the evaluation. Table 4.1 illustrates the types of participants involved in each stage and step of data collection. The table 4.1 also highlights the method of data collection required for each participant group. The role of the participants indicates their basis for recruitment and where appropriate, their level of involvement in the WPSG program.
**Table 4.1: the type of participants and method of data collection used**

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Numbers</th>
<th>Basis for Recruitment</th>
<th>Component of Research Involved In (e.g. survey, interview, focus group, observations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers (managers and staff)</td>
<td>4</td>
<td>Responsible for delivery of the CfC KidStuff programs</td>
<td>Face-to-face interviews and observational information (on behavioural changes in mothers and children)</td>
</tr>
<tr>
<td>Mothers West</td>
<td>4</td>
<td>Participation in CfC KidStuff program</td>
<td>Focus group</td>
</tr>
<tr>
<td>Mothers North</td>
<td>5</td>
<td>Participation in CfC KidStuff program</td>
<td>Focus group</td>
</tr>
<tr>
<td>Survey of mothers</td>
<td>20</td>
<td>Participation in CfC KidStuff program</td>
<td>Pre and post, quantitative component, and correlational analysis</td>
</tr>
</tbody>
</table>

*To maintain confidentiality and anonymity all managers and staff responses are undesignated in the results section and presented without acknowledgement of locality.

The staff deliver the programs across the two sites; Western, and Northern, and this ensures continuity of service and program content. The intensive support provided by the CfC KidStuff for Young Parents assists young families and their children to deal with family life by using proactive, complete, targeted and inclusive community based program delivery. The results of this research illustrate the importance of this program. The KidStuff programs use reliable and validated internationally renowned practices to deliver services and preventative intervention to at risk families.

**Inclusion and exclusion criteria for the KidStuff for Young Parents**

In total 339 people including 154 young parents and 185 children have attended the KidStuff for Young Parents program since 2013. Of these, 9 young mothers volunteered to participate in a focus group session. One focus group session occurred in the Northern area and one focus group session occurred in the Western area.

It has been established above that the use of multiple sources of information and informants enhances the validity and robustness of the findings (Denzin and Lincoln 2011, Parry and Willis 2013). The key informants in the KidStuff for Young Parents program were the managers of the programs who provided the theoretical knowledge and background for the
program development and implementation. Further, the managers and the staff provided insights via professional and clinical observations (e.g. use of HEADSSS) and assessments of mother's and children's development, emotionally and socially, during the course of the KidStuff for Young Parents program. The parents from the KidStuff for Young Parents were selected due to their status as participants and also as a source of critical evaluation for the KidStuff for Young Parents program.

Table 4.2 below provides an analysis of the parent's perceptions of the types of support they require on a number of variables. The questions asked cover areas, financial managed and connections to services. The table 4.2 illustrates the connections between the areas addressed in the program prior to commencing the program. This information is important as it captures the extent to which the programs provided engage with the parents' basic participation needs. The table 4.2 illustrates the relationship between the variables involved. The table also highlights the strength and direction of the relationship between each variable type.

Table 4.2: PRE-Program Parent participant skills and knowledge questions and correlation results

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a good understanding of which foods my child needs at different ages and stages</td>
<td>r = .625 p&lt; .005</td>
</tr>
<tr>
<td>I feel I can manage my stress well</td>
<td></td>
</tr>
<tr>
<td>I have a good understanding of which foods my child needs at different ages and stages</td>
<td>r = .811 p&lt; .000</td>
</tr>
<tr>
<td>I know what to expect at different ages and stages</td>
<td></td>
</tr>
</tbody>
</table>

The results outlined in table 4.2 above illustrate that there were positive strong correlations between all the characteristics measured. The correlational regressions describe in the question 'I have a good understanding of which foods my child needs at different ages and stages', and 'I feel I can manage my stress well' shows a positive moderate correlation. Therefore, the more the parents believed they understood nutrition and foods, the more they
believe they can handle their stress. This is reflected in the correlational analysis results with, \( r = 0.625 \), which indicated a moderately strong positive relationship. Also the \( p < 0.005 \) score indicates that these results are statistically significant.

The pre-program quantitative results also found a strong positive correlation between ‘I have a good understanding of which foods my child needs at different ages and stages’ and ‘I know what to expect at different ages’ with \( r = 0.811 \), which indicates that the parents believed the more they understood their child’s nutritional needs then they more they understood what to expect at different stages and ages of development. Additionally, this result was statistically significant with \( p < 0.000 \).

No other correlations were found between the other nine questions that covered financial management, stress and social connections. This is of interest as there were correlations found between these other variables following the program. Given the literature review and previous research connections between social isolation and financial management issues in the young parent populations the lack of insight into these potential issues may be overlooked by this population group. The post program analysis is below.

The table 4.3 illustrates the relationship between the variables involved. The table also highlights the strength and direction of the relationship between each variable type. The post program questionnaire includes questions on the usefulness of the KidStuff program and its ability to engage with the young parents. This is paramount if the program is to be successful with this population group.

Table 4.3: POST-Program Parent participant skills and knowledge questions and correlation results

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a good understanding of which foods my child needs at different ages and stages</td>
<td>( r = 0.471 )</td>
</tr>
<tr>
<td>I feel better able to contact or access other services</td>
<td>( p &lt; 0.05 )</td>
</tr>
<tr>
<td>I feel I can manage my stress well</td>
<td>( r = 0.455 )</td>
</tr>
<tr>
<td>Employment is important to me</td>
<td>( p &lt; 0.05 )</td>
</tr>
<tr>
<td>I feel KidStuff has helped me and my family</td>
<td>( r = 0.789 )</td>
</tr>
</tbody>
</table>
The results of the post program questions illustrated several correlations between variables as outlined in Table 4.3 above. The success of the program is its ability to engage with young parents and provide them with skills and knowledge in several key areas of adult development and parenting skills. The question ‘I have a good understanding of which foods my child needs at different ages and stages’ with ‘I feel better able to contact or access other services’ indicates a moderate positive relationship with $r = .471$, which is significant at $p < .05$. Indicating that for this group of young mothers there may be an increase in parenting capacity and the ability/confidence to access the services they need along with an increase in knowledge of children’s developmental nutritional needs.

Moreover, the question ‘I feel I can manage my stress well’ and ‘employment is important to me’ also indicated a moderate positive relationship with $r = .455$ which is significant at $p < .05$. Therefore, following participation in the KidStuff young parent’s programs, the parents believed that the programs addressed the issues of being able to manage their stress and supported their notions of seeking employment. This indicates that for the parents completing the program there is a capacity building process. As the program includes child development, nutrition, reading to children, and theoretical aspects, such as attachment theory, and targeted relationship theories the parents find the participation and knowledge

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know what to expect at different ages and stages</td>
<td>$p &lt; .000$</td>
</tr>
<tr>
<td>I have improved my skills and/or knowledge of managing money</td>
<td>$r = .622$</td>
</tr>
<tr>
<td>I feel like I manage my money well</td>
<td>$p &lt; .005$</td>
</tr>
<tr>
<td>The service listened to me and understood my issues</td>
<td>$r = .540$</td>
</tr>
<tr>
<td>I know what to expect at different ages and stages</td>
<td>$p &lt; .05$</td>
</tr>
<tr>
<td>The service listened to me and understood my issues</td>
<td>$r = .540$</td>
</tr>
<tr>
<td>I have confidence in myself and my abilities</td>
<td>$p &lt; .05$</td>
</tr>
<tr>
<td>The service listened to me and understood my issues</td>
<td>$r = .486$</td>
</tr>
<tr>
<td>I feel like I manage my money well</td>
<td>$p &lt; .05$</td>
</tr>
</tbody>
</table>
gained in the KidStuff program leads to improved coping with parenting in general which may lead to stress. These results are confirmed in the qualitative section of the report.

The questions 'I feel KidStuff has helped me and my family' and 'I know what to expect at different ages and stages' \( r = .789, p < .000 \), indicates that for the young parents completing the survey there was a strong positive improvement in their knowledge of what to expect at different ages and stages and that the KidStuff program has helped the parents. For the question 'I have improved my skills and/or knowledge of managing money' and 'I feel like I manage my money well', correlation \( r = .622 \) and \( p < .005 \), indicating a moderate positive relationship.

Aspects of money management are covered by the KidStuff program and measured by the questionnaire with 'I have improved my skills and/or knowledge of managing money' and 'I feel like I manage my money well', which shows a moderate correlation, \( r = .622 \), and significant positive \( p < .005 \).

The importance of the KidStuff programs and connections to the young parents is also captured by the question 'the service listened to me and understood my issues' and 'I know what to expect at different ages and stages', the correlation of \( r = .540 \) indicates a moderate positive relationship, which significant at \( p < .05 \). This may show that the parents engagement with the KidStuff program provides support for their learning of the child's needs at different ages and stages.

Again the concept of 'the service listened to me and understood my issues, was moderately, positively, correlated, \( r = .540, p < .05 \), to 'I have confidence in myself and my abilities'. Demonstrating that the extent the young parents believed they were 'listened to' impacted on their belief of their abilities as young parents. This is an important protective factor for the children of young parents.

The question 'the service listened to me and understood my issues' and 'I feel like I manage my money well' is also moderately, positively correlated \( r = .486 \), and significant at \( p < .05 \).

The results above are important as young mothers and parents require specific and developmentally appropriate services to comfortably engage with the changes in behaviour required to improve the deleterious outcomes associated with being a child of young parents. Further to improve the outcomes for children, and the parents' ability to improve their parenting styles, and skills. Therefore, the young parents require programs they believe listen and accommodate their needs while undergoing parenting style changes.
Qualitative Results

Data validation
The data findings were validated by the use of a second coder (Hesse-Biber 2010, Creswell and Plano Clark 2011). The second coder reviewed the complete manuscripts to establish their own coding schemes and themes. The codes to be used were then discussed by each coder and the coded data was compared. Interrater relatability was 95%. Differences were discussed and final coding was completed. Further, while method of data collection varied as the managers and staff participated in face-to-face interviews and the parents participated in a focus group the fundamental premise of questions regarding the KidStuff program remained the same. The themes arising from the interviews and focus group are summarised below.

Themes
There were six main themes found within the data. As there were a low number of members in the focus group and a small number of interviews, there was some data saturation in certain areas. Interrater reliability is important to ensure the representation of the themes provided. Interestingly, there did not appear to be any difference in comments between the program staff and managers, and the parents around the effectiveness of these programs in delivering support that addressed aspects of the SDH and changed the participants and their children’s lives for the better.

Theme 1: Improved care of children
The views presented in this theme have been derived from all participants. That is, the staff and managers, and the parent’s views are acknowledged here. In many instances, there were positive comments claiming that the KidStuff for Young Parents program had driven changes in their lives that would not have been achievable without the program. Examples included being able to ‘attend to’ and ‘attach to’ their children in developmentally meaningful ways which did not happen prior to the parent attending the programs. The comment below reflects a number of staff, managers and parent’s responses to the KidStuff for Young Parents program:
Its great here… I know what to do for my baby… I know heaps of stuff now. To care for baby. To make my house safe. I didn’t know anything before. It’s excellent.

I come here… I’ve learnt heaps about caring for baby…even what to expect when baby comes. I came here when I was pregnant too… the kids get to learn and play with other kids. That’s important so they learn too. The workers they know more than my mum about caring for kids so it’s good. It gives me confidence to look after baby.

We do stuff here like preparing good food for baby, reading to baby, singing songs and stuff. The staff really help they know us…older mums don’t understand; they look down on us. Like we don’t know anything. The staff here don’t judge they teach us stuff we need to know about our health and baby’s health. It’s great for baby and us.

Most of the young parents discussed their isolation from other friends/teenagers, family members, families and services. The KidStuff for Young Parents program provides a means for them to connect to other young parents to decreased isolation and from social supports for each other, other families with children and their community, this enhanced the support the parents and children received. The therapeutic interventions were constructed to alleviate the impacts of young parental age, and enhance maternal/paternal attachment. The educational parent’s activities, playgroup and crèche activities undertaken were purposeful and constructed to meet the children’s developmental milestones along with the adolescent parents’ developmental milestones. The workers and crèche staff modelled exemplary parenting and attachment behaviours and provided one on one support for parents having difficulties with parenting skills. Furthermore, the interaction in the play group allowed the parents to explore the anxieties around childcare and social interaction, enabling the adolescent parents to successfully transition to education, training and employment.

Theme 2: Returning to Employment

The views presented in this theme derive from all participants. Thereby, acknowledging the views of the managers, staff and parents. The participants had found the KidStuff for Young Parents program provided the encouragement and support needed to return to study, educational institutions, employment, or to improve their qualifications to obtain better paid employment. In many instances, there were positive comments claiming that the KidStuff for
Young Parents program ‘had driven changes in the mother for the better’. Examples included more confidence to pursue further education. However, there was variance around the benefits depending on who was commenting. For example, the majority of young parents had very good working knowledge of the KidStuff for Young Parents program and playgroup strategy. Bearing in mind that some of the young parents are aged 14 years+ so facilitating the return of these young people to education impacts on their life long economic and social outcomes. The parent’s knowledge varied from very little to a great deal, regarding the role of Communities for Children in facilitating the program. This comment reflects the positive changes to the mother’s capacity to engage productively in the care of their children, education and work:

The young women are often disengaged from school, peers and family. Some have been under the care of the minister and have had disadvantaged childhoods…our program takes their pregnancy as an opportunity to turn that around. They come here get support, education, linked into health and then most will re-enter school, TAFE and Uni. They are more confident, in their parenting and can return to do further study and get a better job or return to work… they couldn't do that without the program.

Coming here has helped me…TAFE is just next door…the program has helped me want to make it better for my life, my baby’s life and my partner too. We want it better for us. My parents were no good at looking after us…so I didn’t know what to do. My parents didn’t work, I want to work, coming here has helped that.

You know I’m more confident now, about my learning and getting a job. I know I can learn and want to go to uni…coming here has helped that…helped me know I can do better, look after my family better, get a better job.

In this instance, the manager and the parents openly acknowledge the disadvantaged background of the parents using the KidStuff for Young Parents program and have highlighted not only the improvement in capacity of the parents to engage meaningfully in education but also confidence to participate in other programs such as tertiary education. Improvement in employment prospects can result in better participation of the mothers in the employment sector improving the family’s Social Determinants of Health outcomes.
In addition, the KidStuff program is facilitated by workers with a background in education, who also facilitate the ‘Talking Realities’ co-located program (a flexible learning program) which enables a seamless transition to the education program.

**Theme 3: Theoretically Based**

The views presented in this theme derive from the professionals delivering the KidStuff for Young Parents program. The use of sound theories in the programs development is evident in the positive measurable outcomes. The use of theoretically verified interventions believed by the staff to add to the program’s success. Evident in the comment below:

*The program focuses on attachment, trauma interventions, development for adolescents and children...most of the young people here have been traumatised in some way. The mother’s and father’s mental health and attachment to their baby is important. Through the theories they develop attachment and can protect the child from injury and harm...most want to be good parents. The theories help us to deliver a program that helps them become better parents...the focus is on the relationship with the child ... child health ... and the professional staffed program. That’s why it works ... we work through the theories over the weeks and provide the mothers with strategies that work.*

The theme above outline the main objective of the program is to improve the mothers, fathers and children’s health. Along with the improving the parents’ capacity to parent. This is achieved by the use of qualified staff across all areas of service delivery. There is also a consistency of staff used to provide the programs and this assists with consistent delivery and in building trust with this vulnerable group of young parents, infants and children.

**Theme 4: Evidence Based Programs and Participant Change**

The use of the HEADSSS standardised measurement tools, and the pre and post program questionnaires, provide an individual baseline assessment and determine the extent to which there is any change has been outlined and verified by the quantitative analysis above. The managers, staff and parent’s positive comments claimed that the KidStuff for Young Parents program had precipitated the change in the participant’s mental health and improved their relationship and bonding with their infants and children. This is highlighted in the quotation below:
We conduct a standardised assessment using the HEADSSS tool that is specifically designed for adolescents. This lets us know the baseline of risk for each young mum and we work out how this may impact on their infant. This helps to know what to put in the program and what we need to address. Although it is often the same across most young parents.

In many instances, the young parents spoke of profound changes and improvements in their ability to function as a parent, mother and spouse. The mothers recognised the importance of the program in changing their interpersonal relationships with their infants, children and families. The mothers identified the role the program had played in improving their attachment with their infant and children. There is a slight difference between the two venues used by the program delivery staff as evident in the comments below.

Theme 5: Differences between the two venues - Physical Space and access to support services e.g. adult literacy

The views presented in this theme derive from all participants and reflect the importance of place. The venue is very important to vulnerable populations, such as young parents. The mothers who attend KidStuff for Young Parents, at western Metropolitan Youth Health, at the Parks Community Centre, like the purpose built venue. The spaces for the mothers, infants and children are conducive to the types of therapy and activities that are associated with the program and its ultimate success. Conversely, the young parents at the northern Metropolitan Youth Health, commented on the lack of space for their infants and children, did not have access to 'Talking Realities' (it should be noted that this has changed and the program is consistent across both sites) and the inability to have in-depth personal conversations as the common kitchen area was used by other staff. The Parks space/venue provided a flexible pace that accommodated the needs of the mothers and their children to learn about nutrition, food preparation and adolescent/child development. The physical space allows the rooms to be used flexibly. Its close locality to a TAFE, health services and school provides an outside safe space for the children to play. However, the northern Metropolitan Youth Health, space was not close to educational and health services and this resulted in less uptake of the young mums attending going on to complete their schooling or further education. The northern Metropolitan Youth Health venue did allow for those living in the Barossa Valley access to service as its long distance from any youth specific, health, education and hospital services. This is captured in the comment below:
Yeah it works well being at the Parks…its purpose built for us and our babies. The TAFE is here, I finish high school on site and now I'm doing further study on site here too.

Here at Second Story [mother referring to northern Metropolitan Youth Health], its ok but it's not a great space for the kids and babies…it's not really connected to health and, the high school I need to attend is a long way from here…it's a great service through and I wouldn't know what to do if it wasn't here. Like look after baby and stuff.

Yeah it works well being at the Parks…its purpose built for us and our babies, there's 'Talking Realities' here. I finished high school on site and now I'm doing further study on site here too.

For the young mothers to deal with their own developmental, educational needs along with those of their baby it is important to have a venue that conveniently connects the young mothers to health, education and other services. These mothers are not old enough to drive and need ease of access to services. The young mothers also spoke of the stigma attached to being a young mother with the feelings of being a 'bad mother' due to their age. They spoke of the usefulness of attending their own age appropriate service in a setting that was community based. Many mothers noted that if the program were provided with the inclusion of older mothers that they would not attend due the stigma involved in being a young mum.

In addition, the Northern site, MY Health delivers KidStuff in partnership with Centacare – Dad's Business ( also a C4C program) which means there is a dad's worker co-facilitating the group – and there are more dads attending in the North. There are also strong referral pathways to this service.

**Theme 6: Stigma of being a young parent**

The views presented in this theme have been derived from all participants. The role of stigma in minimising the ability of mothers, infants, and children to receive the support they need was acknowledged by the managers, staff and parents. Young mothers are socially isolated and stigma further excludes mothers from successfully managing their adolescent developmental needs and the needs of their children. The participants related that the Communities for Children programs reduce stigma and provided supportive therapeutic interventions. This is evident in the quotation below:

*I went to antenatal classes at the hospital the other mums were awful to me just because I'm young. Lucky the nurse took me aside and told me about this group. I*  

**inspiring achievement**
didn't go back there [hospital antenatal classes]. So I came here it's much better. Even the staff on the desk are nicer to me…they [older mothers/hospital staff] look down at you.

The young mums come here there's no stigma attached its part of the community, and it's a safe place… the young parents can then hook into all the other community services on this site [Western Parks].

You know coming here, you won't be judged, and there are people here who have issues like you do, so you can talk about it, and someone can say hey, I'm feeling like this, and they totally get it. And that includes the workers. I found the facilitators and the child care workers so approachable, they're interested in me and my kids, they love their job and it shows. It feels like a community.

For these young mums there no viable alternative services. The preventative interventions we provide improve the health, psychological and work outcomes for the young families as a whole. The generalist services and individual sessions would not meet these young mums or their children’s needs. You need specialist trained staff [youth workers] in this area… with established links in the community … this program has that… we are dealing with directly improving health outcomes for the young mums, family and children.

According to the participants the KidStuff for Young Parents CfC program provides safe, therapeutic programs that enhance feelings of social and community connections. The professional engagement of the staff with the mothers in a non-judgmental manner also enhances the strategies for overcoming perinatal depression and anxiety. The connections of the program to other community and health based services links the mothers and children into care in a timely fashion.

The program addresses the needs of this vulnerable population group in a positive and helpful manner that enhances the mothers, infants and children’s ability to link with their community in productive ways. As outlined in the introduction the children of young mothers require stronger links with supports, education, health and community to prevent social isolation and children being ‘at risk’. The program focuses on building stronger families.
In short the programs use a range of professionals to provide inter-disciplinary, and holistic, family interventions. These types of ‘soft entry’ initiatives are important as it connects the programs with the isolated families and prepares the family and child for integrations into the schooling system. Also the family and child are prepared for recognising and providing learning opportunities. The findings presented above support the conclusions that the programs provided to families are evidenced based.

**Discussion of themes**

There were a number of main themes found within the data that are consistent with the themes from other CfC funded programs, such as the benefit of the programs to intervene, and provide support. With the young families noting that without the interventions, the outcomes for themselves, and their children, would be limited, and often negative. The interviews, and focus group data provided data saturation. The importance of providing programs that are targeted and intervene early in the life of the child supports the economic assertions made in this report.

Further, the changes evident in the parenting behaviour support the use of theoretical bases for the program interventions and program models used. These models and therapeutic intervention practices are well researched, and established as best practice. The establishment of quantitative measures will enhance the evidence for the positive outcomes delivered by these programs. Therefore, providing the required measurable outcomes for the parents and children.

The use of Youth Focussed, Strengths Based, Narrative Approach, Trauma Informed, Attachment Theory, and Circle of Security, ensures that the changes in parents and children are consistent and standardised due to the use of validated and reliable intervention techniques and practices. The use of staff trained to deliver consistent intervention is central to the success of the program.

The KidStuff program also provides the young parents and their families with resources both personal and community based that enable preventive interventions. For example, the
Community Health Workers assist mothers to access the CAFHs service that is also situated at the Parks Community Centre. This CAFHs service focuses on the needs of young parents required by this vulnerable group. This ensures that the children are assisted in meeting their developmental and immunization targets.

The KidStuff programs also provides the young parents with child development knowledge, such as the importance of play for children’s learning, developmental milestones and the benefits of emotional regulation. Developmental knowledge assists the parents in providing a home environment that aids child learning and safe development. Neurobiological and brain development information is also given to the parents. This can aid in the understanding of children’s behaviour and needs. The themes of: Improved Care of Children and Returning to Employment were main themes in the data for both the staff and the young parents. With the parents and staff outlining that the KidStuff for Young Parents program provided links to other services including; health, welfare and education for the parents and children. Furthermore, the parents believed that without the KidStuff for Young Parents program they would not be able to participate in tertiary education and employment. Additionally, the parents recognised the importance of the KidStuff for Young Parents program in increasing their productivity and inclusion into Australian society. Therefore, the KidStuff for Young Parents programs provided are cost effective on a number of fronts: the decrease in isolation, the increase in parenting skill to prevent accumulative harm in children, pathways and engagement in education and employment.

**Limitations**

This research project did not interview the fathers involved in the program and this is a limitation. Further research needs to explore the experiences of fathers in more depth. Also one-on-one interviews would provide a deeper level of understanding into the mother’s experiences. Additionally, the Dad’s Business worker was not included in this evaluation.

The research design has provided robust qualitative data and findings. The inclusion of mothers and fathers in the focus group would also provide a broader understanding on the usefulness of the programs reviewed in this report. Future research that includes both young mothers and fathers in focus group and individual interviews would improve the robustness of the research findings.
Additionally, the lack of sufficient quantitative data is being addressed through the development and use of specific evaluation tools. Future research will pilot and evaluate the quantitative instrument designed to measure the change in parents, infants and children attending these programs.

The services provided by the KidStuff for Young Parents program address areas of child development vulnerability, for example, those outlined above measured by the Australian Early Development Census (AEDC), such as the development of fine motor skills required for school. Further, the KidStuff program provides intensive family support for parents. Each young parent is assessed and their targeted needs and goals collaboratively determined.

**Social Determinants of Health**
The programs provide some improvements of some aspects of the SDH for example: mental health, income (through pathways to employment), education, and the impacts on children including; the importance of children emotional competence, and their physical, emotional, social, cognitive, and educational development. By addressing these aspects of children’s lives early on the programs can go some way to prevent, the deleterious impact of accumulative harm as the children grows.

The Social Determinants of Health (SDH) offer a way of explaining and understanding differentials in health across different population groups. The distribution of power and the socio-political features of health are the structural aspects of the health of a society and mediate access to health care. These arise from government and structural features of a society. The consistency, timeliness and appropriateness of health, social, welfare and educational access for young parents and their families form intermediary characteristics of the SDH that have influences on lifespan health outcomes both physically and psychologically, and are manipulated at a community and individual level. For example, research has found that the levels of education as determined by education policy and its availability, regardless of income, are key determinants of mental health outcomes (Araya, Lewis, Rojas & Fritsch 2003). The programs provided by CfC in the North West Adelaide region address the intermediary SDH directly.
Further, as the social determinants of health (SDH) are multi-causal and have lifespan consequences there is a need to define, explore and clarify their underpinnings and the causal pathways involved within the family of origin basis. Therefore, the CfC programs respond to at risk children by providing interprofessional, and multidisciplinary responses, that require higher level case management, individual and family therapeutic interventions, and strategic and well development referral networks and collaborations.

Conclusions from the KidStuff programs evaluated
The KidStuff group programs and Community Health Workers, providing individualised focused support delivered in a group setting, are of a high standard, and provide the necessary referrals; supports, professional practices, and modelling that reduce the risk for children in high risk families. The importance of these interventions cannot be overstated for the children and families involved. Improving the long term outcomes for the children of young parents is important in circumventing the known potential deficits of children born to young parents.

The importance of a child’s emotional competence, cognitive, language and psychological development is assisted by positive evidenced-based parenting and crèche programs. Children’s later success in school is also based on children’s social adjustment. The CfC programs provide interventions that are successful and evidence-based in aiding children’s social, emotional, physical, psychological and educational development. Also the CfC programs assessed here build the capacity to parent, parental confidence, and decrease parental mental health issues and parental isolation. These findings are supported by the literature, previous research and this research evaluation project.

Further, the extent to which programs succeed depends on the engagement of families with the programs offered. All of the programs provided by CfC delivered on this important aspect of service provision. All the programs made a difference and this has been evident in the comments from the participants evaluated here. Many of the research participants had come to use the CfC programs auspice by UnitingCare Wesley Port Adelaide as the programs made a difference. The provision of non-theoretical based groups made very little difference to the family functions and children’s behaviour. In contrast the parents and staff noted that the CfC UnitingCare Wesley Port Adelaide theoretically based programs and childcare made a positive difference in the lives of their families. These factors have seen
the expansion of the programs is evident through the longevity and increasing levels of participation in the programs offered. Further, the programs provided by UnitingCare Wesley Port Adelaide, CfC successfully engage with the difficult to reach populations. At risk children often come from families that refuse to engage with service providers yet the CfC programs successfully navigated family disadvantage and engaged successfully with at risk families.

The western Metropolitan Youth Health, at the Parks Community Centre and northern Metropolitan Youth Health, provide the physical settings and community based environments for the programs offered and seem to be an integral part of the program's success. Additionally, these centres provide youth health services which enhance and support the programs provide and the care of the young mothers and their children. The placement of the KidStuff program in a centre alongside youth health is an additional benefit to these high risk children. The western Metropolitan Youth Health, Parks Community Centre and northern Metropolitan Youth Health, also offer extended support services and a liaison hub for families dealing with financial difficulties, physical and mental ill health, social isolation, and children's behavioural problems.

The theoretical basis of the program provided and the use of evidence-based interventions based on world renown and well formulate interventions is also paramount to the success of the program evaluated in this report. The professional staff are trained in the programs offered.

The results of this research illustrates the importance of the programs in engaging with parents and changing the behaviour of parents, and children, that results in a decrease in the level of risk for the children attending the programs. The information from the pre and post questionnaires, in-depth interviews, observation data, and focus groups supported the evidence that there had been sustained change in how the parents respond to their children, and an increased capacity in the young parent's ability to meet their children's needs.

The methods used to collect the data have informed and enhanced the use of different types of analysis. This process has further enhanced the results and provided evidence that
is substantiated and corroborated from many sources. This is testament to the use of theoretically based, and evidence based interventions, and methods of working with at risk families and children. Additionally, the use of multiple informants and key stakeholders has provided a circular process that ensures triangulation and robustness of all data collection and the research process.

Therefore, the programs provided are cost effective on a number of fronts: the decrease in isolation, the increase in parenting skill to prevent accumulative harm in children and the access to education. A note of caution is needed however, as the economic, social, and policy changes will impact on the community and families of this area. The consequence for the area and the families of the lessening of these interventions and therapeutic programs would place the at risk children in higher risk of deleterious health, wellbeing, welfare and educational outcomes. Additionally, changes to the programs could diminish some positive outcomes for children and their families provided by these programs. Further, research and the development of robust measures of change are required to improve the collection of quantitative data in some of the programs.

Irrefutably, interventions that address the social, educational, mental, and physical health of young mothers directly impact on the outcomes for the children. The managers, staff and parents have discussed the Communities for Children KidStuff program with a great deal of positivity. Particularly when questioned on the notion that the mothers and fathers attending the program activities now had a set of strategies which assisted them in supporting their infants and children’s development and health. All the participants explained the strategies in detail and they stated how these strategies had improved outcomes for themselves and their families.

Young mothers often suffer with depression and anxiety, social isolation, and the impacts of the young maternal age, in conjunction with infant and child physical, psychological and social problems are costly. Therefore, it is not inconceivable to suggest that the cost savings for the health system and society are effectively offset by the provision of the program.

Additionally, all the participants had described how the KidStuff for Young Parents program had improved the broader aspects of the Social Determinants of Health (SDH). The
program had improved access to health services (a SDH). Often mothers on completion of the program pursued higher education (a SDH). Furthermore, mothers with the lower levels of education felt comfortable in returning to employment (a SDH) after completing the KidStuff programs. While the evaluation of the SDH has not been exhaustive in this report, further research would explore the impact of the Communities for Children programs on the SDH outcomes.

The managers and staff highlighted the changes for the infants and children attending with the KidStuff program with their mothers. Overall, the infants and children had become calmer and the incidence of behavioural problems and anxiousness in the children had decreased as the young mothers progressed through the program. For example, meal time behaviours were modelled for the young mothers highlighting the importance for young children in developing routine, healthy and nutritious food, and hygienic eating behaviours. The group and crèche provided the children with supportive learning environments and activities based on the Early Years Learning Framework, such as language development and enhancing motor and cognitive skills through play, drawing and reading. Additionally, the managers and staff modelled appropriate child engagement behaviours and strategies for the mother and fathers to use at home. Furthermore, the group and crèche staff provided one-on-one sessions for parents who appeared to be distressed or struggling thereby circumventing future parenting problems and providing a strengths based approach to parental skill development.

Furthermore, the research has outlined that only evidence based therapeutic prevention and intervention program circumvents the negative effects of young maternal age for infants and children. The Communities for Children KidStuff is one such program. The CfC KidStuff program illustrates the success of a whole community approach to young maternal age. Addressing and circumventing potentially longitudinal social, emotional, and psychological problems caused by young motherhood which impact on, and are costly for, society. The use of this theoretically based prevention and intervention program along with the structured educational and developmentally based group and crèche provides the broader family with the support needed to address complex social and health problems such as isolation and perinatal depression. The use of one type of program or a program lacking in the number of elements used in this program would arguably be unsuccessful.
The attitudes and responsiveness of the managers and staff promote an atmosphere of acceptance and support thereby promoting attendance of this vulnerable population to the KidStuff for Young Parents program and ensuring the myriad of positive experiences. The ongoing success of this program relies on the ongoing funding of the CfC initiative.
Links to Policy

The KidStuff for Young Parents directly addresses the “Driving Change: Intervening Early” National Framework for Protecting Australia’s Children 2009-2020 (Department of Social Services 2016) third action plan through improving: young parents’ awareness of the importance of child development; knowledge of child development, and ways to assist children to develop to their full potential. These programs are based on the latest evidence based practices for intervening early to disrupt and circumvent the impact of young maternal age on infant and child development. Through increased family support, knowledge and evidence based preventive interventions. Furthermore, increased links to health, welfare and education for both the parents and infants reduces harm by focusing on the first 1000 days.


McCoy-Roth, M., B. Mackintosh and D. Murphey (2012). "When the Bough Breaks: The Effects of Homelessness on Young Children."


KidStuff for Young Parents Program Outline

An example of an outline of the 6 week program of the KidStuff for Young Parents is as follows:

Week 1: Orientation and Introduction to Child Development
Week 2: Nutrition and Cooking for Kids
Week 3: Talk Time and Reading
Week 4: Self Care and Relationships
Week 5: The why’s and hows of play
Week 6: Safety and Charts

The 6 weekly session outlines vary depending on the group’s needs, and what has been delivered previously – these are examples of session outlines – all sessions relate to the themes discussed on page 39 and 40 of report. Each term different sessions may be added.

The KidStuff for Yong Parents program has a whole of family inclusiveness activities that also includes:

Family Fun Days for Dads and infants/children
Connecting with community activities for Dads and Mums and infants and children and these include:
Visits to the Zoo
Fun in the Park – its free
Playing with Children
Reading to children

These activities are directly aimed at including fathers in their children’s development and needs and providing family activities that promotes play and child development in infants and children. Encouraging father participation in children’s care is a protective factor against abuse and neglect. In addition, these activities work as an incentive or engagement strategy for participants to attend Kidstuff.
KidStuff

for Young Parents

KidStuff for Young Parents
## Outline of KidStuff sessions:

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Kidstuff for Young Parents

Orientation/ Child Development Session

Resources needed
- Name tags
- pens
- ‘My Thoughts’ questionnaires
- Baby strength cards
- Art supplies e.g. textas, glitter, pencils, sharpeners, scissors, glue, stickers, pictures
- Outline of sessions
- Registration forms
- Any resources needed for icebreaker activities
- Slimpick folders
- A4 coloured paper
- Sticky notes
- Name tags
- pens
- ‘My Thoughts’ questionnaires
- Poster paper/ butchers paper
KidStuff for Young Parents

Session 2

This session will cover:

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Welcome and catch-up</td>
<td>(5 minutes)</td>
</tr>
<tr>
<td>Exercise 1</td>
<td>Introducing yourself</td>
<td>(5 minutes)</td>
</tr>
<tr>
<td>Exercise 2</td>
<td>Ice break activity- m&amp;m’s</td>
<td>(10 minutes)</td>
</tr>
<tr>
<td>Exercise 3</td>
<td>Group norms</td>
<td>(5 minutes)</td>
</tr>
<tr>
<td>Exercise 4</td>
<td>‘My Child’ activity</td>
<td>(15 minutes)</td>
</tr>
<tr>
<td>Exercise 5</td>
<td>‘My thoughts’ questionnaire</td>
<td>(5 minutes)</td>
</tr>
<tr>
<td>Exercise 6</td>
<td>KidStuff sessions overview</td>
<td>(5 minutes)</td>
</tr>
<tr>
<td>Exercise 7</td>
<td>‘My resources’ overview</td>
<td>(5 minutes)</td>
</tr>
<tr>
<td>Exercise 8</td>
<td>Overview of brain development</td>
<td>(25 minutes)</td>
</tr>
<tr>
<td>Exercise 9</td>
<td>Baby strength cards</td>
<td>(10 minutes)</td>
</tr>
</tbody>
</table>

TOTAL (90 minutes)

WELCOME *(Time required: 5 minutes)*

Facilitators are to welcome everyone and introduce themselves. This could include your name, the organisation you are from, why you are interested in the group and something about yourself.

This is the time to have any participants who have not yet done so complete a registration form.

Facilitators are to go over general housekeeping and make participants aware of the facilities of the site e.g. toilets, emergency exits etc.

In this session the participants will get to know each other, have an overview of the sessions and have the opportunity to gain information on areas they are concerned about/interested in.

**Exercise 1 Introducing yourself** *(Time required 5 minutes)*

For this exercise participants will have the opportunity to share information about themselves. Participants will then introduce themselves and share some information
about themselves. This could include things like where they are from, names of their children, something they really enjoy, what they want to gain from the training etc.

**Exercise 2 Icebreaker activity- m&m’s**
*(Time required 10 minutes)*

Participants will get involved in an icebreaker activity to help them relax and get to know other members of the group.

**M&M game**
Pass the bag of M&M’s around so students can take a handful. Each person can eat theirs but has to keep one M&M left over. Each colour represents a different question e.g.
- Green- someone you would love to meet and why
- Blue- one thing you would love to do in the future
- Yellow- talk about who is in your family
- Red- something that made you feel proud
- Orange- an animal you think you are most like
- Brown- if you had to change your name, what would it be and why?

Go around the group as each person answers the question that corresponds to their colour M&M. After they have answered the question, they can of course eat their M&M.

**Exercise 3 Group Norms**
*(Time required 5 minutes)*

On butchers/poster paper participants and facilitators are to work together to come with some groups they feel are important for working as group. These are recorded on the butchers/poster paper and displayed in the room.

Facilitators can if wanted/needed explain why norms are useful in a group.

**Exercise 4 ‘My Child’ activity**
*(Time required 15 minutes)*

Participants will be provided with either an A4 or A3 sheet of paper and items in which to decorate it with e.g. textas, stickers, glitter, scissors, pictures etc. This activity will allow the participants to create a ‘poster’ about their child. Include information such as

- The name of their child/ren
- Identifying information such as age, hair colour, eye colour etc.
- Child’s favourite food
- Child’s strengths, things they are good out
- Activities they enjoy
• A word to describe the child
• Any other interesting information
Participants can choose to design their poster in whatever way they choose e.g. pictures, words, patterns, collages etc.

Once finished the posters can be displayed in the room, laminated and taken home or included in the participant’s resource booklets.

**Exercise 5**

‘My thoughts’ questionnaire
(*Time required 5 minutes*)

Facilitators are to hand out a questionnaire for participants to complete. The questionnaire will be to discover what information participants already know regarding child development.

Facilitators to explain these are for evaluating the effectiveness of the program and another evaluation sheet will be handed out at the end of the 6 sessions.

These will be collected by facilitators and used for program evaluation. If participants would like a copy of their own questionnaires this can be arranged by facilitators.

**Exercise 6**

KidStuff sessions overview
(*Time required 5 minutes*)

Facilitators to hand out the session outline to each participant and discuss the topics for each week. This can be an overview of what will happen each week, what services will be attending and what they will be doing with the group, and encouraging participants to express areas of interest or concern they would like to know about.

**Exercise 7**

‘My Resources’ overview
(*Time required 5 minutes*)

Facilitators to hand out slimpick folders to each participant. Participants to write their name on the folder. The slimpick folder will hold all information given to the participants as well as any pieces of work they create. At the end of the 6 weeks, the participants will be provided with a resource booklet each which facilitators will create using the information in each person’s folder.

Each session participants will receive information and/or activities on the topic for that week. These can be decorated, added to or include things about or photos of their children. At the end of each session these will need to remain with facilitators to prevent them being misplaced or damaged.
The handouts each week will include things such as information on child development, activities and game ideas, relevant services and what they provide, recipes etc.

**Exercise 8**  
**Overview of brain development**  
*(Time required: 15 minutes)*

Kerrie to give an overview of brain development

**Exercise 9**  
**Baby strength cards**  
*(Time required: 10 minutes)*

Facilitators will lay all cards out and ask participants to select a card with an attribute they would like their child to develop in their life. Going around the group, each participant will explain why they picked that card and, as a group, look at ways to develop that attribute.

**CLOSING**  
Next session will cover Cooking for Kids
KidStuff

for Young Parents

KidStuff for Young Parents
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Kidstuff for Young Parents

Nutrition Session

Resources needed
- Name tags
- Recipes
- Recipe for Tuna Mornay, vegie pikelets, Pumpkin choc-chip muffins & fried rice
- Handout tips for getting children to eat vegetables
- Handout pantry, fridge and freezer must haves
- Handout saving time and money in the kitchen
- ALL ingredients for recipes
- Cooking implements
- pens
- ‘My Thoughts’ questionnaires
- Registration forms
- Slimpick folders
- Sticky notes
Session 5

This session will cover:

| Pre-session | Set-up stations for each recipe | (30 minutes) |
|             | Welcome and catch-up            | (5 minutes)  |
| Exercise 1  | Staples, budget, nutrition, specialty items | (40 minutes) |
| Exercise 2  | Cooking experience              | (90 minutes) |
| Exercise 3  | Clean-up                        | (15-20 minutes) |

TOTAL (150 minutes)

Please note: Before planning recipes/organising ingredients please check with ALL participants if they or their children have any food allergies.

WELCOME (Time required: 5 minutes)

Facilitators are to welcome everyone and introduce themselves and group members to new participants. If there are new participants, facilitators are to go over general housekeeping and make participants aware of the facilities of the site e.g. toilets, emergency exits etc. Facilitators to have participants complete registration forms.

This is the opportunity for participants to give a brief overview of how their week has been and include any exciting points, low points or any questions they may have.

Please have new participants complete the ‘My thoughts’ questionnaire.

Exercise 1: TOTAL 40 minutes

Staples: (approx. 15 minutes)

Staples brainstorm- participants are broken into 3 groups and each group given a piece of butchers paper. Each paper will have one of the following topics written in the middle- pantry, fridge or freezer. The participants in each group will write down anything they think is an essential item to have as ‘staples’ for their topic. After a couple of minutes pass the butchers paper around and each group will add to the new paper in front of them.

Once each group has written on each sheet hang them in the room.

Participants in their groups are to pick 5 items from the brainstorm activity and name possible meals they could make from them. This can be done more than once depending on time.
Budget/nutrition: Going around the group, have each participant share one way they save money in the kitchen whether it is in storage/meals/shopping etc. Using the ‘saving time and money handout’ expand on participant’s ideas

Hide the veg: (approx. 10 mins)
Using the handouts around children and vegetable eating, have a discussion with participants on ways to encourage eating vegetables and ways to hide the vegetables. (Please do not read straight from the handout, but have some key points you would like to discuss)
Allow participants to share stories on any methods they have used to encourage their children to eat vegetables that they found to be successful.

Naked lunchbox/ Nude food: (approx. 10 mins)
Naked lunchbox refers to a lunch box that has no packaging on the food, therefore no rubbish. This does not mean unwrapping everything and plonking it in there. This means choosing food items that are nutritious and environmentally friendly.
Participants to work in groups and on butchers paper brainstorm as many ‘nude’ lunchbox food ideas they can think.
Facilitator to collect these lists and collate them into a document that can be put in the participant’s resource booklets or can be handed out to them at the following weeks session.
Recipes for food ideas can be also be sourced and handed out as needed.

Exercise 2: (approx. 90 minutes)
Cooking experience: It is necessary to have 4 pre-planned meal ideas for participants to prepare and cook. If possible, have a recipe for each of the following areas:
Snack food (e.g. veggie pikelets),
Healthier treat (e.g. pumpkin and choc chip muffin, sultana and apple muffin)
Main meal (e.g. Tuna Mornay, tortilla lasagne)
Staples dish (e.g. Fried rice, veggie frittata)
Gather participants round for a demonstration of one of the dishes, such as the snack food. Talk through what you are doing and why and allow students to assist where necessary. It may also be useful to ask about variations of the dish such as ‘what could be added?’ And ‘what could be taken out?’
Once cooked, allow each participant to sample the dish.
After this dish is finished, break participants into 3 groups to work on the remaining stations. Facilitators should move between stations to assist where necessary.
Once food is ready allow participant to try it all

Bon Appétit!

**Exercise 3**

*(approx. 15-20 minutes)*

**Clean-up**

Have participants join up in the clean-up/ pack up of all items. It may be useful to set allocated tasks to ensure all participants are joining in.
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Kidstuff for Young Parents

Child Development Session

Resources needed

- Name tags
- Variety of children’s books
- Butchers paper
- Pens
- ‘My Thoughts’ questionnaires
- Outline of sessions
- Registration forms
- Slimpick folders
- A4 coloured paper
- Sticky notes
- Craft supplies to make book e.g. cardboard, textas, pencils, glue, glitter, stickers, wrapping paper etc.
KidStuff for Young Parents

Session 3

This session will cover:

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**TOTAL** (90 minutes)

**WELCOME** *(Time required: 5 minutes)*

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This is the opportunity for participants to give a brief overview of how their week has been and include any exciting points, low points or any questions they may have.

**Exercise 1** Talk to me *(approx. 15 minutes)*

The way we communicate with each other and our children will have a large effect on how they understand the message or how they respond to us.

The participants will pair up and be involved in a talking activity. In their pairs, one person is to play the role of ‘talker’ and the other the role of ‘listener’.

The ‘talker’ is going to be asked to talk to the listener in a variety of ways. The facilitator can nominate what the ‘talker’ is to talk about (e.g. what they did last night; their favourite program on TV and why; the best time they ever had; what their labour was like etc.) or they
can determine this for themselves. Allow each scenario to continue for 30 seconds-1 minute. Participants can spread out for this activity

**Scenario 1:** The ‘talker’ stands behind the ‘listener’ who is seated in a chair and talks to them

**Scenario 2:** The ‘talker’ stands in front of the listener (still seated in a chair) and talks down to them

**Scenario 3:** The ‘talker’ talks but the ‘listener’ doesn’t give eye contact, busying themselves with another activity e.g. reading a book, writing, tidying up etc.

**Scenario 4:** The ‘talker’ talks angrily to the ‘listener’

Once each pair has had a chance to try each scenario they will return to their original seats. Facilitator to begin a discussion around how the participants felt during the activity. Facilitator to draw comparisons between these scenarios and those experienced by children i.e. being talked to from behind when seated in a pram/stroller, being talked down to when the adult is standing; talking to the parent when they aren’t really paying attention; being talked to in an angry way when they have done something wrong.

**Exercise 2**  
**Message game**  
*(approx. 15 minutes)*

In this game participants will be able to experience how difficult passing on messages can be. Facilitator is to explain the rule to participants

- Everyone, including other facilitators (2) leaves the room
- Facilitator 1 will invite the first person into the room and tell them a message
- Facilitator will then invite the second person in. The first person will repeat the message to the second person. They can only say the message **once**
- Person 2 will **once** tell the message to person 3 and so on
- Facilitator 2 is to be the last person to enter the room

Once participants know the rules begin the game. The message used needs to have 5 or more pieces of information

Example message- “I forgot to get some milk, Pantene, crackers and dip and natural yoghurt. You wait here with the trolley and I’ll be back in a minute.”

When the game has ended the participants are to discuss how the game went. Facilitator can prompt them using the following questions:

- How has the message changed?
- How did you feel when it was your turn to remember the message?
- Was it easy to understand the message? Why/ Why not?
- What difficulties did you experience during this activity?

If we as adults find this challenging, imagine how challenging it must be for a toddler who has a limited ability to store and recall this information. We need to ensure that messages are broken down into manageable chunks, small pieces of information. Don’t overload the toddler with irrelevant information – tell the toddler what they need to know. Names of products are meaningless – e.g. instead of saying Pantene, just say shampoo. Toddlers also
have no concept of time limits; time is defined through routines; after dinner, before bed, after bath time. Communication is more than developing speech and a vocabulary, caregivers have a responsibility to understand the child’s ability to store and recall information, sometimes we simply expect too much.

**Exercise 3**

**Encouraging my child’s speech**

*(approx. 10 minutes)*

*(The following information has been taken from the ‘Helping your baby to talk’ factsheet from Speech Pathology Australia. This could be a resource provided to the participants)*

For this exercise facilitators are to

Encouraging speech brainstorm: participants are broken into 3 groups and each group given a piece of butchers paper. Each paper will have one of the following topics written in the middle—talking, playing or reading. The participants in each group will write down anything they think they should do to encourage speech for their topic. After a couple of minutes, pass the butchers paper around and each group will add to the new paper in front of them.

Once each group has written on each sheet hang them in the room.

Facilitators can join a group each and encourage ideas. If the group is struggling to come up with ideas facilitators can provide an example for the topic. Examples are below.

**Talking**

- Talk to your baby often, speaking slowly, clearly and simply
- Emphasise words for the objects most commonly used in your baby’s world
- Use a variety of words to describe what is happening around you, not just the names of things
- Repeat words – your baby will begin to understand the meaning of them if they hear them often
- Imitate the sounds your baby makes or say the word they may be trying to use
- Comment on the sounds you hear to draw your baby’s attention to the sound
- Take turns when you talk and play, pausing to listen and speak just like you would in an adult conversation

**Playing**

- Create opportunities for your baby to play with other children by joining a play group or toy library, or spending time with people who also have young children
- Watch your baby and copy their actions and sounds. Show them new actions and activities
- Choose games and toys appropriate to your baby’s age that encourage exploration, problem solving and interaction between you and your baby.
- Finger games, soft dolls and stuffed toys, balls, blocks and activity boards all help to develop your baby’s fingers and hands, as well as listening and learning skills
- Songs and rhymes—Singing the same words over and over again will help your baby learn language and rhythm

**Books**

- Read to and with your baby from birth
- Choose books with large, bright pictures. Babies love pictures of other babies and photos of their family
• Point to and name objects, animals or people – eventually your baby will respond
• Helping your baby to talk
• Let your baby show books to you
• Read your baby’s favourite

When the activity is finished participants can identify one thing they feel they do well and one thing they think they will begin doing

Exercise 4 Why is reading important? (approx. 5 minutes)

Participants are to brainstorm why reading could be important for children. This can be recorded on the board. Facilitators can add to these ideas if participants are having difficulty brainstorming. For example:

• Increases brain development- neural pathways develop better if held, spoken to/read to.
• Helps develop attention and focusing skills- this can also lead to development in other areas.
• Increased development in language skills.
• Earlier development of literacy skills
• Improved bond between baby and parent
• Teaches babies about communication by getting them familiar with sounds, words and language
• Builds listening, memory and vocabulary skills
• Helps their imaginations grow

Facilitator to explain to participants that even reading to their children when they are newborns will benefit their children. We don’t wait until our baby can speak before we talk to them, or wait until they know how to play before we give them toys so we don’t need to wait until babies and children can read or understand words before we read to them.

Exercise 5 Making reading fun (approx. 5 minutes)

Participants are asked to brainstorm ways to make reading fun. These can be written on a white board, or have a participant write down responses on butchers paper.

Some examples of making reading fun include:

• Use expressive or ‘silly’ voices; teach your child animal noises for them to copy
• Sing the rhymes – maybe add in some actions too
• Ask the child to point to things in the book that they are familiar with
• Talk slowly and clearly
• Accentuate key words
• Use actions
• Involve the child as much as possible, perhaps by asking them questions about what they can see in the pictures or about what is going to happen next etc.
• For older children, ask questions about the moral of the story, what they think the main message is, what they would have done if it was them, what the characters could have done differently etc.
Possible follow-up questions:
Why do these methods make reading fun?
What method would like to use?
What method would you like to have someone use when reading to you?

Exercise 6  Reading role-play
(approx. 10 minutes)
Participants are to pair up and choose a book each from the selection of children’s books the facilitators have provided. In their groups participants will read the books to one another. There are 2 ways they can choose to do this. The first person in the pair will read to their partner without using strategies to make reading fun (as brainstormed in the previous activity). They can choose to read too fast, too slow, in a monotone etc. The second person in the pair will some strategies to make reading fun. When each person has had a chance to read they will give feedback to their partner and/or the group about how they felt when the book was read to them. This can be furthered discussed regarding how children might respond to these reading methods.

Exercise 7  My book
(approx. 20 minutes)

*note- this activity can be carried into the following Friday Fun Group if participants have not been able to complete their books*

Participants are given appropriate materials (e.g. A5 card, pens/textas/pencils, magazines/wrapping paper) and are to create their own story book for their child(ren).

Participants can choose to make their books any way they want. For example they can be short, long, many words, no words, personalised and so on.

Facilitators can hole-punch these ones complete and use ribbons to tie them together, or can laminate each page.

Pack-up/closing- next session is self-care
KidStuff

for Young Parents
## KidStuff for Young Parents

### Outline of KidStuff sessions:

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Kidstuff for Young Parents

Self care and Stress Management Session

Resources needed
• Name tags
• pens
• ‘My Thoughts’ questionnaires
• How stress feels- body templates
• Birdseed (budgie)
• Round balloons
• Freezer bags
• Funnel
• Strawberries
• My life coaching cards
• Outline of sessions
• Registration forms
• Any resources needed for icebreaker activities
• Slimpick folders
• A4 coloured paper
• Sticky notes
## Session 4

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This is the opportunity for participants to give a brief overview of how their week has been and include any exciting points, low points or any questions they may have.

Please have new participants complete the ‘My thoughts’ questionnaire.

### Exercise 1 How stress feels  *(Time required: 15 minutes)*

Facilitator provides participants with a stress in your body handout (outline of a person) as well as coloured textas/pencils etc. Participants then draw, colour or write on the person template identifying what and where they feel stress. After participants have completed this, each person will then share what their person and explain what and where they feel stress. Facilitator explains that everyone feels stress differently and it is important to know they first signs of stress in your body in order to then deal with stress.

### Exercise 2 A-Z of self care  *(Time required: 15 minutes)*
Facilitator to write A-Z on a white board, butchers paper etc. Participants then brainstorm things they enjoy, find relaxing or do to relieve stress for each letter of the alphabet. Please note, there can be more than one option for each letter. They can also be positive as well as negative stress relievers e.g. meditation, binge drinking.

Facilitators and participants discuss the options they have brainstormed, identifying it is important to have more than one method of stress relief in your toolkit.

**Exercise 3  Mindfulness exercise- Strawberries**  
*(Time required: 15 minutes)*

Facilitator to distribute a strawberry to each participant. Inform participants they will need to remain quiet for the duration of this activity.

Ask participants to become comfortable in their chairs, feet flat on the floor and taking a couple of deep breaths in.

Ask participants to look at the strawberry, notice the colour, the texture and the contrast of colours (red of strawberry and green of stem)

Ask participants to notice the smell of the strawberry. What does it smell like? Is it sweet? Is it tart?

Ask participants to put the tip of the strawberry in their mouth without biting it. How does it feel? Is it rough? Is it smooth? Can they feel the seeds?

Ask participants to take a bite of the strawberry but not to chew it. How does it feel in your mouth? How does it taste?

Ask participants to start chewing. What do they notice about the strawberry?

Participants can now eat the strawberry.

Facilitator to discuss with participants what they thought of the activity. Did it stop them from thinking about other things? Explain it is about being in the present, to not let your mind wonder and focus on what you are doing in the here and now. By focusing on the here and now this can reduce stress. You can do this in other places e.g. washing the dishes, driving the car etc.

*please note- this activity is only successful if the room is quiet. If there are children present, the second facilitator should temporarily take the children out of the room.*

**Exercise 4  Stress balls**  
*(Time required: 25 minutes)*

In this activity participants will create stress balls using bird seed, small freezer bags and balloons.

Benefits of stress balls:
- As you squeeze, your hand and arm muscles tense then relax. This movement can relieve stress and tension.
• Some of your attention is moved off of the cause of your stress easing the mind and helping you to relax and focus.
• Squeezing helps blood circulation and the nerves in your hands send signals in your brain to release endorphins

Exercise 5  Wrap up

(Time required 5 minutes)

Use this time to have everyone pack up all resources used in today’s session. Facilitators should inform participants of next week’s topic.

Going around the room participants can share one thing they enjoyed about the today’s session and/or how they are feeling about next week.
KidStuff for Young Parents

KidStuff for Young Parents

inspiring achievement
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Kidstuff for Young Parents

Self care and Stress Management Session

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KidStuff

for Young Parents

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Play Session

Resources needed

- Name tags
- pens
- ‘My Thoughts’ questionnaires
- Recycled goods e.g. tissues boxes, paper rolls, formula tins,
- Electrical tape
- Lux soap flakes
- Handheld blender
- Tub
- Recipes for bubbles, gloop etc. (also add to resource folder)
- Poster paper/ butchers paper
- Art supplies e.g. textas, glitter, pencils, sharpeners, scissors, glue, stickers, pictures, beads, water, fabric,
- Outline of sessions
- Registration forms
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- Slimpick folders
- A4 coloured paper
- Sticky notes
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<tr>
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Please have new participants complete the ‘My thoughts’ questionnaire.

Exercise 1

Guest Speaker

(Time required 30 minutes)

Marg Nelson from Early Child Parent Services will attend this session and have discussions and activities on why play is important and ways to play with children.

Exercise 2

Messy play

(Time required 20 minutes)

Participants and facilitators are to work together to make Goop, Playdough and Lux mix.
Facilitators to discuss the benefits of messy play and the benefits of playing with things with different textures.
Kids love to get messy, it comes with being a kid as they explore their natural curiosity about the world around them. Messy-sensory play provides so many opportunities for learning, development and growth.
Messy play is important for young children, giving them endless ways to develop and learn. All types of play are essential for children’s development and early learning. Play helps children to develop and improve their gross and fine motor skills, coordination and concentration. Also how to work co-operatively and collaboratively, use all their senses to discover and explore their environment, and develop their imagination, creative thinking and ability to problem solve and experiment with solutions.

**Cornflour Goop**

Playing with Cornflour Goop is an activity that can be enjoyed by children of all ages, and can assist in the development of both cognitive and fine motor skills.

**Ingredients:**
2 packs of cornflour
2 cups of water
Food colouring

**Method**
1. Mix cornflour and water together in a large container
2. Add food colouring if desired
3. Add hands for messy fun!

**Recipe Notes**
Create several batches of Goop with differing primary colours so that children can experiment with colour mixing while playing with the Goop. Experiment with changing the consistency by adding more water, or more cornflour to the mixture.

**SLIME**

**Ingredients:**
Lux flakes, or other pure soap flakes.
Hot water.
A tub to put it in.
Something to mix with.

**Method:**
Tip your soap flakes into the tub and add hot or boiling water – a rough idea of ratio is 1 cup of soap flakes to 3 cups of water, but you might need to play around and add more of either ingredient to get it the consistency that you want. Mix up your soap flakes a water with electric or hand beaters, whisk or spoon.

**Exercise 3**  **My toys**  
*(Time required 30 minutes)*
Facilitators to provide a variety of recycled goods that can be found in the home e.g. tissue boxes, paper towel rolls, formula tins, boxes etc. Participants are to create age appropriate toys for their children. Facilitators can use the Playtime Learning resource folder.

**Exercise 4  Wrap up**  
*Time required 5-10minutes*

Use this time to have everyone pack up all resources used in today’s session. Facilitators should inform participants of next week’s topic.

Going around the room participants can share one thing they enjoyed about the today’s session and/or how they are feeling about next week.
KidStuff

for Young Parents

KidStuff for Young Parents
### Outline of KidStuff sessions:

<table>
<thead>
<tr>
<th>Session No.</th>
<th>Session Topic</th>
<th>Overview of session</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Orientation/ Child development</td>
<td>Orientate young parents to the training program, build trust and rapport, and determine desired outcomes of both young parents and facilitators. Increase knowledge of child development.</td>
</tr>
<tr>
<td>2</td>
<td>Cooking for Kids</td>
<td>Increase knowledge on the importance of healthy eating and nutrition for parents and child. This session will include a cooking demonstration on possible healthy meals to be prepared and cooked with the young parents.</td>
</tr>
<tr>
<td>3</td>
<td>Talk time</td>
<td>Learning strategies to encourage speech development in our children</td>
</tr>
<tr>
<td>4</td>
<td>Self Care &amp; Healthy Relationships</td>
<td>Increase knowledge of strategies for self-care. This will include tips and activities for the young parents to participate in and informing young parents of why self-care and healthy relationships are important.</td>
</tr>
<tr>
<td>5</td>
<td>The Why’s and How’s of Play</td>
<td>Increase knowledge on the importance of play and the impact on a child’s development. Hands on activities will be included to demonstrate ways of playing with children, with opportunity to create toys and games from items in the household.</td>
</tr>
<tr>
<td>6</td>
<td>Safety and Charts health</td>
<td>Increase knowledge of relevant health services, how to access health services and how to keep children safe. Creating charts to promote positive behaviour.</td>
</tr>
</tbody>
</table>
Safety and Health Session

Resources needed

- Name tags
- pens
- ‘My Thoughts’ questionnaires
- Poster paper/ butchers paper
- Art supplies e.g. textas, glitter, pencils, sharpeners, scissors, glue, stickers, pictures
- Outline of sessions
- Registration forms
- Any resources needed for icebreaker activities
- Slimpick folders
- A4 coloured paper
- Sticky notes
- Masking tape
- Quiet time charts and images
- Hazard pictures and answer sheet
KidStuff for Young Parents

Session 6

This session will cover:

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise 1</td>
<td>Overview of protecting your child</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Exercise 2</td>
<td>Trust activity</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Exercise 3</td>
<td>My Charts</td>
<td>25 minutes</td>
</tr>
<tr>
<td>Exercise 4</td>
<td>Hazard tag</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Exercise 5</td>
<td>Wrap up</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

TOTAL (90 minutes)

WELCOME *(Time required: 5 minutes)*

Facilitators are to welcome everyone and introduce themselves and group members to new participants. If there are new participants, facilitators are to go over general housekeeping and make participants aware of the facilities of the site e.g. toilets, emergency exits etc. Facilitators to have participant’s complete registration forms.

This is the opportunity for participants to give a brief overview of how their week has been and include any exciting points, low points or any questions they may have.

Please have new participants complete the ‘My thoughts’ questionnaire.

Exercise 1 Overview of protecting your child *(Time required 10 minutes)*

Protecting children from harm includes protecting them from physical harm (including sexual harm); emotional harm’ and harm to their health.

Facilitator to ask participants to brainstorm ideas on how we protect our children from each of these i.e.:

**Physical harm** – e.g. keeping the environment safe; putting poisons out of reach; using child safety gadgets around the home; supervising them; only leaving them with trusted adults; holding their hand when out in public etc.
Emotional harm – e.g. allowing them to explore but supervising them when they do this; being encouraging and supportive; using praise; recognising and celebrating achievements; responding to their needs promptly and sensitively; no verbal abuse or putdowns etc.

Harm to their health – e.g. taking them to the doctor when they’re sick; giving them healthy food; allowing opportunities for exercise and active play; sun protection; dental care; hygiene; immunisations; being a good role model in terms of healthy lifestyle etc.

Facilitator to tell participants that it is a huge responsibility for a parent to care for a child because they not only have to care for their physical needs, but have to tend to their emotional needs as well. Being a parent requires a person to look out for their child, be aware of their surroundings when they are with their child, and to monitor the safety of that child even when they are not with them e.g. when they are with family or friends, in childcare etc.

Exercise 2 Trust activity
(Time required 20 minutes)

In pairs, participants are to take turns being blindfolded. The person not blindfolded will be the parent and will guide the blindfolded person, who is the child, safely throughout the room. After 2-3 minutes pairs are to swap roles. When both members of the pair have had the opportunity to be blindfolded, bring the group back together.

Ask the group to discuss how they felt being both the parent and the child. Some questions could include

- How did it feel to be blindfolded?
- As the child, how did you communicate your feelings?
- How did it feel to depend on someone else to keep you safe?
- How did it feel to be responsible keeping someone safe?

Discuss with participants that, in order for a child to feel safe and secure, they need to have developed trust in their caregivers. Developing trust and being safe and secure is vital to development in children, particularly those between 0-18 months. Safety, security and trust allow a child to build positive relationships, self-confidence to explore the world, a positive sense of self and help them with learning.

Facilitator is to compare the blindfold activity to children being blind to dangers in their home and environment. Parents may know something is dangerous but children have not yet developed this understanding. They rely on their parents to keep them safe from dangers.
Exercise 3  My Charts  
(Time required 25 minutes)

Facilitators to have prepared a ‘My Quiet Time’ chart for each child (see appendices). The Quiet time chart is a useful resource when children are over stimulated and need some help self soothing. The chart will have 6-8 quiet time activities the parents are willing to use. When the child is over stimulated they are encouraged to pick an activity from the chart and do it.

Facilitators and participants can further discuss useful charts for children and how to create them.

Exercise 4  Home safety tag team  
(Time required 15 minutes)

Facilitator is to put up on the whiteboard images of hazardous zones in the house. Participants are broken into 2 teams. Each person on the team takes a turn to go up and identify a hazard on the image. When they have circled ONE hazard they go back to their team and tag the next person to go up and find another hazard. The team to find all the hazards first are the winners.

Teams are not allowed to run or push, as this is a hazard. Teams must also leave their marker/pen at the whiteboard as walking with these can be hazardous. Anyone caught running or pushing will need to spin in an open space 5 times.

When the teams have finished bring them back together. As a group, discuss the potential hazards and ways to minimise them.

If playing hazard tag is not an option due to group size, facilitator is to hand out images of the house for participants to find the things that have made the house safe or unsafe and circle them. As a group, discuss why and how these things are safe/unsafe.

Exercise 5  Wrap up  
(Time required 10 minutes)

Use this time to have everyone pack up all resources used in today’s session. Facilitators should inform participants of next week’s topic.

Going around the room participants can share one thing they enjoyed about the today’s session and/or how they are feeling about next week.
### APPENDIX C

#### CfC - KidStuff for Young Parents - Program Logic

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
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<tbody>
<tr>
<td><strong>Long term outcomes</strong></td>
<td><strong>Medium term outcomes</strong></td>
<td><strong>Short term outcomes</strong></td>
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<tr>
<td>Improved child parent interaction and relationship</td>
<td>Improved employability for parents due to engagement in education</td>
<td>Increased confidence with play activities</td>
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<td></td>
<td>Improved parent/child health though increased knowledge child development</td>
<td>Improve quality of outside play</td>
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<td>Communication skills for parents of young children</td>
<td>Modelling of adult child interactions</td>
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<td></td>
<td>Parents connected to services and community</td>
<td>Modelling safe play activities</td>
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#### Outputs
- 4 hours per session
- 8 sessions per term
- 4 times per year
- approx. 17 per session

#### Strategies
- Using theory—Attachment theory, Youth-Focused
- Use Trauma Informed principles for interventions
- Circle of Security etc. Information and education on child development
- Child safe around the house, play, and outside activities
- Child development—language through story time, reading, song etc.

#### Target Group
All young parents aged 12-25 years especially those identified with parenting issues, low educational attainment, relationship issues, living in poverty, social isolation, and lack of social support.

#### Inputs
- Funding from CfC strategy, Social Workers, Youth Workers, Collaboration with Community, referrals from the Lyell McEwin Hospital, Queen Elizabeth Hospital, Women’s and Children’s Hospital, local schools, General Practitioners, and Adolescent Mental Health services. Parks community Centre (Western KidStuff) provides a purpose built child focused service delivery space. MY HEALTH NORTH (Northern KidStuff) provides a kitchen meeting area.