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<th><strong>Project title</strong></th>
<th>Talking Realities... Young Parenting Peer-Education Program</th>
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<td><strong>Project practice</strong></td>
<td>A health promotion strategy for young parents and youth at risk of early pregnancy, utilising a peer-education model expanding the scope of existing school-based, sexual health programs.</td>
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<td><strong>Project undertaken by</strong></td>
<td>Kingston Bayside Primary Care Partnership</td>
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| **Focal areas** | • Healthy young families  
• Supporting families and parents |
| **Program** | Local Answers |
| **Issue** | Across the local government areas of Kingston and Bayside, in the south eastern metropolitan area of Melbourne, service providers expressed concerns about the growing number of young people of school age who were becoming parents. Young parents experience higher rates of early school leaving and are at risk of significant social isolation as well as likely to experience significant difficulties with employment and further education. Workers in the local primary health care partnership were keen to implement a prevention and/or early intervention health promotion strategy to address an identified gap. The development of sexual education programs in Australian schools over recent years has resulted in an evidence-based strategy for building young people’s knowledge of sexual health, pregnancy and birth issues. However, the issue of unplanned, early pregnancy is still largely ignored. Talking Realities developed in response to a need identified by young mothers—namely, that teenagers were missing out on important information about the realities of taking on parenting responsibilities at a young age. Young parents are in the best position to positively engage with teenagers and effectively get this message across. Training young parents as peer educators was the strategy recognised by workers to achieve this aim. Talking Realities also provided the opportunity to deliver substantial, additional benefits for young parents and their children, whom workers had identified as vulnerable, socially isolated, often at risk of homelessness and economically disadvantaged. The opportunity to recruit, train and employ young parents as peer educators is identified as the promising practice of most value to enhancing their capacity to participate more fully in education, employment and civil life. This practice provides skills, experiences and opportunities to build meaningful social connections with other young parents; develop greater self-confidence and self-esteem, as well as according economic and social benefits. Addressing the socio-economic disadvantages of young parents was also expected to flow on to enrich the ‘early years’ experiences for their children. |
| **Program context** | Kingston Bayside Primary Care Partnership (KBPCP) is one of 31 primary |
care partnerships (PCP) in Victoria that form part of the Victorian Government's strategy to enhance the capacity of human services to provide an effective, integrated service system. The KBPCP is open to a membership of organisations such as community and women’s health services, local councils, migrant resource centres and specialist services. It also includes Divisions of General Practice and other service providers, consumers, carer and community groups.

One of the KBPCP’s prominent health promotion initiatives is Talking Realities...Young Parenting, an innovative school-based, peer-education project developed in South Australia. The project grew from a desire by young mothers to pass on to other young people, information about what it’s really like to be a parent at a young age. It is widely recognised that whilst programs in schools seek to improve young people’s knowledge of sexual health, pregnancy and birth issues, the important life issue of unplanned, early pregnancy has been largely neglected. Workers in the KBPCP were attracted to this particular program given their experience in schools with sexual health programs. Talking Realities is therefore viewed as complementing and expanding the scope of existing school-based, sexual health programs.

In the program, young parents commit to a comprehensive training program, graduating as peer educators and also receiving TAFE accreditation for some subjects. For many, this reconnects them with education for the first time since they became parents. They can then choose to build on these subjects and enrol in a TAFE course, thereby improving their future employment and career prospects.

Peer education is increasingly being used as an innovative health promotion strategy. Students report how much they appreciate young parents sharing their real life experiences. Teenage parenting isn’t glamorised or presented in a negative light, but rather described realistically and honestly. The peer educators challenge stereotypical attitudes and raise awareness of the consequences of pregnancy and parenthood.

Talking Realities Melbourne was adapted from the original South Australian model (Jolley, 2001; Jolley & Masters, 2004; Lawless, 2007) which maintained that the evidence base for Talking Realities is in prevention and early intervention literature and contemporary approaches to working with young people. It embodies community development and capacity-building approaches, engaging and seeking to support young parents where they are at in their lives.

The program logic of Talking Realities is that young parents’ participation in education, employment and civil life will have positive benefits for them and their children; and that access to credible sources of information will support young people to make informed decisions about parenting and their health.

Underpinning the adoption and development of the program was the philosophy that young parents are valued. The program uses a strengths-based approach to influence the health and wellbeing of young parents (most notably young mothers) and their children. This helps young parents reflect and develop their own parenting and life skills while providing valuable information and modelling to other young people in the classroom.

For the peer educators, the program promotes empowerment, social connectedness and re-engagement with training and employment opportunities.

Talking Realities has a range of objectives for its two primary target populations—young parents and young people in general.

Objectives for young parents were to:

- increase their ability to take on the role of peer educator;
- increase peer educators’ access to formal and informal education and employment opportunities;
- build resilience, self confidence and self esteem in peer educators;
- increase peer educators’ access to education on nurturing, child
development and behaviour and health needs of children; and

• increase peer educators knowledge and use of community services.

Objectives for young people were to:

• increase young people’s knowledge and realistic awareness of the potential short- and long-term consequences of early parenting;
• increase young people’s understanding of sexual health issues; and
• increase young people's knowledge of local, community-based support services.

Practice description

Talking Realities Melbourne uses a service model initially developed in South Australia. In most respects the Melbourne model follows the original service model, but two particular variations were introduced in response to local needs and circumstances.

Model adaptation for localised implementation

Firstly, the age restriction for peer educators was raised from 19 to 22 years. Workers observed that for very young mothers (i.e., those under 19 years), establishing the necessary skills and confidence in their new role as parents demanded such energy and time that effective participation in a training program was not possible until their children were older. Increasing the age for peer educators also increased the number of potential participants in the training program, while having no appreciable negative impact on their ability to relate well and meaningfully to the young people with whom they would engage in the schools.

Secondly, the Melbourne model did not offer the same selection of ‘entry points’ to the training program: namely, a weekly socialisation group, a playgroup and skill based workshops. The limited availability of worker resources to facilitate multiple access points to the program saw a heavy reliance on potential participants coming from existing Young Mums Groups and referrals from local workers. With the subsequent creation of two peer-leader positions, it was then possible to offer a complementary playgroup for young parents in the local area. This demonstrated enormous benefits by providing an opportunity for the peer educators to further develop the friendships and social supports established in the weekly training sessions, as well as an opportunity for the children to play together and build their social skills.

Key ingredients

The key ingredients critical to the effective operation of the Talking Realities training program in Melbourne, were:

• experience and understanding of the complex issues facing young parents;
• effective program coordination;
• peer educators are qualified and paid;
• promoting leadership opportunities by employing peer leaders;
• partnerships with other organisations and networking;
• promoting social connectedness; and
• provision of an appropriate and sensitive training program.

These are discussed in detail below.

Experience and understanding of the complex issues facing young parents

The research literature tells us that the health and life outcomes for young women and their children are poor. Factors that are common to young women who go on to become young parents include low socio-economic
status, below average educational achievements, early school leaving, low self-esteem and a higher incidence of depression. It is essential to effective program delivery that workers have a well-developed understanding and appreciation of these issues as they are likely to impact on a young mother’s ability to engage effectively and remain connected and committed to the training program. A key ingredient to the establishment of an effective working relationship between worker and young parent depends on the worker’s ability to be non-judgemental and engage with the young parent on their terms and accept where they are at with their life.

Young parents expressing interest in the training program (and these have, to date, been overwhelmingly young mothers) are contacted to arrange an informal interview with training facilitators and the program coordinator. This affords the opportunity for the young mother to meet the workers involved, determine if the demands and scope of the training program meets her needs and expectations, and begin the process of building an effective relationship. Workers are also able to obtain details about the young mother’s history and meet her children, which helps enormously to plan and build into the training program appropriate support structures. A high priority in the training program is to recognise the challenges facing many young mothers and to build in strategies which will strengthen their sense of confidence, and belief in themselves to succeed and complete the training program.

One of the limitations recognised is engaging adequately with young fathers. Whilst the training program is open to young fathers, they have not been available, interested or contactable. One strategy employed to address this lack of representation of young fathers’ views on parenting has been to co-opt the involvement of young dads who were partners of young mothers involved in the program. A DVD has been produced in which five young dads share how their lives have changed since they became parents. It has been designed to engage young males in particular and to complement delivery of Talking Realities in schools.

Effective Program Coordination

Managing the large number of complex program components will only work if an experienced program coordinator is appointed to provide cohesion and support for program delivery. A minimum of 25–30 hours per week is needed. The role is broad and extends from the management and coordination of ‘day to day’ delivery of services, to demonstrating effective leadership in the further development of the program. It is particularly valuable if this position is held by a worker who can also provide professional case management support to the young parents, who are often juggling a range of other demands in their lives, while adjusting to the demands and challenges presented by participation in a training program.

An additional responsibility for the program coordinator came about after the appointment of two peer leaders; peer educators who have demonstrated outstanding leadership qualities during the training and who are keen to further develop their skills and experience by seeking employment in this area. It is very important these young women receive quality mentoring, supervision and support from the program coordinator. Not only do the peer leaders stand to benefit from this opportunity to gain employment, skill development and experience, but the program benefits enormously from the experience and insight they bring as young parents (one peer leader has subsequently gained fulltime employment in the youth housing sector).

Providing effective support for the peer leaders is essential to the ultimate success of them managing their leadership responsibilities. The coordinator spends 30–60 minutes each week meeting with each peer leader, with an additional 30 minutes for a debriefing meeting following the weekly playgroup. Additional time is required to build the capacity of peer leaders to manage casework issues, as they need support and supervision to build their skill base and experience. This will only work if the program coordinator is in a position to provide this.

Peer educators are qualified and paid
Casual, part-time employment is provided after the peer educators have successfully completed their training. This is a key ingredient encouraging both ongoing commitment to the program and reinforcing the value placed on the experiences and knowledge which young parents bring to their peer education role.

As paid peer educators, the young mothers frequently enter schools with a sense of pride and confidence, seeing themselves on a par with the teaching staff. When coming to present at the school where she had attended prior to her premature departure when she became pregnant, one young woman said:

I'm going to go and find Mr... and show him that I am teaching just like him and that I did end up doing something worthwhile with my life.

Promoting leadership and employing peer leaders

Talking Realities is committed to capacity building, sustainability and community development principles by involving young parents in program management and delivery where possible. Paid, peer-leadership positions demonstrate this commitment. It has been our experience that when young parents themselves have direct input, the quality and quantity of services improve. Peer leaders in turn become mentors and role models for other young mothers. This has been most evident in the delivery of the weekly playgroup which is facilitated by peer leaders with support and supervision from the program coordinator.

Partnerships with other organisations and networking

Collaborative relationships have been actively pursued with other stakeholders in the area to collectively share some aspects of program delivery and to improve sustainability for the program. Principal benefits have included:

- collective efforts to share coordination and program delivery (such as a lead agency being nominated, having a steering committee and sharing administrative responsibilities and having the support of the PCP);
- enhanced publicity for the program;
- increased access to potential 'in kind' support (e.g., support of a media team for the initiative to engage young fathers was offered by a local TAFE institute who were prepared to absorb filming and production costs and allow access to their media department);
- access to important additional services necessary to support the training program (e.g., Registered Training Organisation; childcare);
- establishing a formal link with the local TAFE which has been important in facilitating connections for training participants who choose to pursue other tertiary education opportunities once they have completed the peer education training (a career advisor talked to the peer educators about avenues for further tertiary studies/career choices); and
- establishing close cooperation with a school nurse who delivers sexual health programs in local secondary schools (importantly, this has enhanced access to the schools and ensured Talking Realities is delivered in conjunction with sexual health sessions).

Promoting social connectedness

The success of the program is largely dependent upon the peer educators bonding as a group, building trust and friendships with each other. Building trust in relationships can be a challenging task for young parents who by virtue of their circumstances often feel stereotyped, judged and criticised by others.

Young parents will frequently say that their primary reason for enrolling in the training is because they see it as a means of making friends and connecting with other young parents:
I saw this as a chance to relate to other young mums and share experiences. I’m not alone.

**Provision of an appropriate and responsive training program**

**Childcare**
- Participation in the training program will only work if free childcare is provided onsite. Young mothers often lack confidence and trust in others to care for their children. It is important to educate childcare workers about the concerns young parents can have leaving their children, as young parents’ anxieties and lack of confidence can mean they are both demanding and critical of others who care for their children. Onsite childcare encourages a transition to leaving their children, because they can be nearby and observe how their children adapt:
  - “Letting go a little of my child-giving him a chance to explore something different.”

This opportunity to try childcare can be the first step in the realisation that childcare gives them a break and affords their children an opportunity to build social skills and experience:
- “My child has learnt more, sharing, playing with others and independence”.

**Training facilitators**
- The personal qualities and the skills of the training facilitators are also very important. In addition they must have the Certificate 4 in Training and Assessment qualification. Talking Realities employs two facilitators, ideally one of whom is a peer leader.

**Training venue**
- The venue needs to be carefully chosen and meet criteria including: friendly; welcoming; informal; and easily accessible by public transport.

**Challenges**
- The program has faced a few challenges over the years, many of which have been overcome:
  - Building supportive childcare arrangements took time and care to meet the needs of young parents and to build their confidence to use childcare.
  - Maintaining peer educator involvement over time, a number of strategies do this very effectively now.
  - Capturing and presenting young fathers’ point of view remains a challenge but the Dads’ DVD goes some way to overcoming this.
  - Engaging schools and maintaining that engagement in the face of high staff turnover and the very busy school environment was difficult.
  - The importance of broadening local support and involvement in the program across agencies beyond the key players was identified.
  - It was a challenge to establish and maintain an effective data collection and analysis system, building in ongoing impact evaluation strategies to complement the excellent process evaluation work already done.
  - Securing on-going funding to sustain the program to ensure existing gains for young people are maintained and built upon was also an issue.

**Research base**
- **Factors required to successfully engage with young mothers**
  - There is much literature to support the belief that services often indicate young parents are difficult to engage due to their social exclusion. Social
exclusion arises from factors such as early school leaving, housing issues, poverty and other factors that reduce their access to services (Boulden, 2000; Social Exclusion Unit, 1999; Coleman & Dennison, 1998). The Victorian Department of Health (1990) surveyed the health needs of young pregnant women in Victoria and reported that while young pregnant women formed a relatively small group at that time, they had particular needs and faced difficulties with limited family or social support, unrealistic expectations of having a baby, and limited financial resources contributing to the problem. Zubrzycki et al. (1991) identified lack of peer contacts as requiring attention in intervention design as increasing social support networks was a critical element of effectively assisting young mothers.

To address these issues, researchers have sought to identify the factors that increase successful engagement with young parents. The South Australian Department of Humans Services’ 2001 report, *Unplanned Teenage Pregnancy and the Support Needs of Young Mothers Part B: Review of Literature*, concluded that the specific needs of young pregnant women need to be considered holistically in providing services, with programs going beyond health to include a focus on housing, income, access to services, self-esteem and relationships. The report also noted that access to education and childcare, building of support networks including peer support and practical assistance needs to be facilitated by the programs delivered. Littlejohn (1992) stressed the need for better access to education, improved childcare, peer support, assistance with housing and financial support.

Locally, a review of the Young Women’s Program at Central Bayside Community Health Service in 2004 identified ‘Best Practice’ guidelines for working with young pregnant/parenting women. These guidelines include widely promoting the service; providing access and advocacy for the young women to other services; providing a warm, friendly environment where young women feel safe and secure; providing opportunities for them to meet and mix with peers; developing trust between workers and the young women; supporting informed decision-making; and, helping to extend the young women’s future opportunities (Murphy, 2004).

**Specific factors that increase young mothers’ education and employment opportunities by effectively engaging them in recruitment, training and employment.**

Programs similar to Talking Realities Melbourne have identified that a method of increasing young mothers’ education and employment opportunities is to facilitate appropriate training and employment opportunities within the programs themselves, commencing with recruitment (Carlyon, 2005; Jolley & Masters, 2004).

**Recruitment**

Carlyon (2005) identified in her evaluation of the UK program, Straight Talking, that adopting a “wide recruitment process” was required to access young women. This included referrals from professionals recommending young parents join the project and via leaflet distribution. However, recruitment was found to be most successful when young parents themselves encouraged their peers to join the project if recruitment occurred at meetings of young mothers’ groups in the areas where the project operated. Carlyon (2005) also identified that the main appeal to the young mothers appeared to be the fact that the project was relevant to them and their situation. They were not asked to participate in something about which they knew nothing, or very little, and which would subsequently require a lot of study.

In terms of recruitment of young fathers into the program, Carlyon (2005) found that recruitment of males was a constant problem. Reasons cited for this included that they were simply not interested; many did not stay with their partner and thus contact was lost; young fathers tended to remain in education and were therefore not available during the day; or they entered employment which offered a rate of pay higher than that which they would
have received by working for Straight Talking (Carlyon, 2005). This has also been the experience of the Melbourne program.

Training

The 2001 evaluation of the South Australian Talking Realities program (Jolley, 2001) revealed that young parents wanted further support for their training to provide accreditation towards TAFE and the South Australian Certificate of Education. The SA program was therefore designed to offer accreditation for six units of the Certificate 3 in Community Services Work.

The Straight Talking evaluation (Carlyon, 2005) identified advantages for the teenage parents in terms of ongoing training on issues such as classroom management, child protection, equality and diversity and disability awareness; increased confidence; and, encouragement and support to resume education and enter employment. Designated funding was allocated to the teenage parents employed by the project to undertake driving lessons. It was considered that being able to drive meant not only that the young parents could access more schools and thus earn more money, but also that they would have a useful skill which could assist them travelling to potential ongoing education and employment.

Not all the young mothers who participated in the Straight Talking evaluation had discontinued education upon having children, some were already engaged in college courses before they became involved with the project, but some young parents did return to education whilst employed by Straight Talking. Clearly several factors might have influenced this; however, the manager suggested that working in a school environment might have influenced their interaction with teachers to be on more of an equal basis than their previous teacher-student relationships would have been (Carlyon, 2005). Another important outcome of the training provided to the young mothers was the fact that they were able to obtain a reference from the project manager, which is a vital factor for those who might have left school early and not had any education, training or employment since (Carlyon, 2005).

In terms of education and employment, the support of the program management staff was often identified as a key factor. An example of this was that the staff arranged for careers advisors to talk to the young parents, providing current information on benefit entitlements and tax liabilities, to help them work through financial difficulties and advocate on their behalf (Carlyon, 2005).

Employment opportunities

In their evaluation of the South Australian Talking Realities program, Jolley and Masters (2004) identified that, as a result of engagement with the program, the peer educators improved in both educational and vocational domains. In her evaluation of the Melbourne Talking Realities program, Montague (2008) stated:

... with the improved self esteem, confidence, wellbeing and sense of inclusion, these young parents have been able to make (and activate) plans for the future and specifically to make education, training and employment plans which over time seem likely to provide the route away from any disadvantage early parenting may have brought.

In the Straight Talking program, the employment opportunity provided to the young mothers to work as peer educators was of considerable benefit to them (Carlyon, 2005). For some it was instrumental in their decision to participate in the project. Carlyon found that the amount of payment was such that it represented a very fair reward for the young mothers’ time and the fact that it did not interfere with welfare benefits or student grants was considered a major bonus.

The workers involved with the Young Mother’s Program at Central Bayside Community Health Service and later the Kingston Bayside PCP Transition to Parenthood Working Group have collectively developed the practice wisdom and subsequent ‘guidelines for best practice’ (Murphy, 2004). This gave
workers the confidence that a program such as Talking Realities would
assist to engage young mothers in meaningful education and employment
opportunities that would ultimately benefit themselves and their children.

Outcomes

The impact of the program on the young parents is evident in a range of
areas:

1. Skill acquisition
   • Communication skills.
   • Working in groups—differing values/experiences.
   • Conflict resolution.
   • Leadership, group facilitation.
   • Work skills/readiness.

2. Parenting/Learning outcomes
   • “Time-out” helping them to parent more effectively.
   • The importance of play and child development.
   • An increased awareness of and potential engagement with available
     services for themselves and/or their children.
   • Increased confidence as mothers and enhanced capacity as parents
     and role models to their children.

3. Personal pathways
   • Learning to care for themselves—improved self-esteem.
   • Self confidence.
   • Making new friends and developing a sense of social connectedness
     and a mutually supportive network.
   • Improved relationships with their partner, parents and children.
   • Increased sense of self worth.

4. Educational pathways
   • Undertaking further tertiary studies.

5. Vocational pathways
   • Actively contributing to the program and being reimbursed for their
     skills.
   • Gaining other avenues of employment.

Evidence of outcomes

After having operated for three years, a formal external evaluation of Talking
Realities Melbourne was completed in December 2008. This evaluation
concluded that this program has been a model of successful health
promotion in action, having developed effective management and peer
leader facilitation strategies, peer educator training, intensive case
management for those young parents who need it, child care arrangements,
long-term engagement strategies and school presentation approaches. The
impact on the young parents was described as significant and life changing,
leading to high rates of participation in training, education, and employment,
and perhaps more importantly significant gains in confidence, self esteem,
social connection and parenting, communication and relationship skills.

Finally, although the evaluation was not designed to be a cost-effectiveness
study, should a study of this nature be carried out in the future, it may well
provide evidence that the investment of resources to engage, support and
train young parents to run peer-education sessions in schools is more than
repaid by the resources saved in the long term as a result of improvements
in the mental health of the young parents, their participation in the labour
The impact of the program on young parents

**Outcome 1: Skill acquisition**

Successful completion of the TAFE assessment tasks by all 32 peer educators provides evidence of the broad range of skills they have acquired (see below). Evaluation responses, both written and verbal indicated additional skill acquisition:

- increasing self-confidence and building skill base to deal effectively with students in the classroom and with other challenges in their personal lives;
- clearer communication and relationship skills, which have helped to improve their relationships with their partner, their parents and their children;
- increased conflict resolution skills, which have helped them appreciate differences in approaches people take to resolve an issue and also resulted in them having a more open mind;
- development of leadership skills;
- having an impact on the community and changing attitudes;
- increased confidence presenting in front of school classes; and
- enhanced work skills/readiness.

One participant explained the benefit of being part of a program that was having a positive impact on the community:

… having a feeling that we are making waves in our community on behalf of all the young parents.

This was considered helpful in them getting closer to their personal and professional goals.

Several of the peer educators indicated their preferences in various work opportunities indicating their level of readiness for this:

… it makes me want to explore what’s out there and now I have a foot in the door.

**Outcomes 2 & 3: Parenting/learning outcomes and personal pathways**

Individual and focus group interviews, evaluation questionnaires and worker observation revealed the Talking Realities Melbourne program to have successfully:

*Increased parenting skills and knowledge*

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

*Increased knowledge of community services*

Most of the young women report that they had learnt about available community services through their participation in Talking Realities, and some had used these services especially when they themselves faced a crisis.

It built my confidence, educated me on services and I have realised there are people out there who will help with anything.

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

The positive impact on the peer educators was believed to flow on to their children with peer educators reporting benefits for their children of improved social skills and access to good quality childcare:

I think for my child the major benefit has been how I feel about myself as a young parent due to being part of the program. As my confidence has built, it has positively impacted on my relationship with him. I feel valued and have a greater sense of being in control of my life now.

Outcomes 4 & 5: Educational and Vocational Pathways

Of the 32 peer educators who have completed their training in one of the 3 training programs delivered in 2005, 2007 and 2008, 15 have either completed, are enrolled in or have applied for a qualification higher than the one they had when they commenced their training. In addition 18 are in permanent fulltime, part-time or casual employment which they attributed in part to the positive impact of the training on their skill development and enhancement of their CVs.

The impact of the program on students

Awareness of consequences of early parenting

The students in the 12 educational settings where Talking Realities presentations have been made have significantly increased their knowledge and realistic awareness of the potential short and long-term consequences of early parenting.

Knowledge of sexual health issues

In addition, their school based learning about sexual health issues has been reinforced and extended and its relevance to their own lives and experience sharpened. Teachers gave overwhelming support to the program with over 90% reporting it was beneficial to the students.

Knowledge of community services

To some extent they have also increased their knowledge of local community-based support services, particularly in relation to youth specific contraceptive and sexual health advice and support.

The impact of the program on participating agencies and staff

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

• The program has also provided positive modelling of health promotion. Workers in various agencies mentioned that the Talking Realities program models successful health promotion activity and inspires others to see health promotion and prevention activities as possible.
The implementation of the Talking Realities program by the Kingston Bayside Primary Care Partnership shows the capacity to successfully adapt an existing program for use in another context. The Talking Realities program builds on an existing evidence base that demonstrates the effectiveness of peer education as a health promotion strategy for the issue of young parenting.

The implementation of the Talking Realities program in Melbourne enables access to comparative data. Importantly the Kingston Bayside PCP initiative adapted two elements of the original South Australian program, age range for peer educators and entry points, with no evidence of detrimental impact. The adaptation furthers the knowledge base around those aspects of the program that are core to effective engagement of and successful outcomes for young parents and those elements that may be appropriately adapted given varying factors in the local implementation context.

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**Project evaluations**

Talking Realities...Young Parenting: A Peer Education Program. An evaluation of three years of implementation in Victoria 2005–2008. Researched and written by Dr Meg Montague

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**Project related publications**

Talking Realities Melbourne has produced a DVD, What's Life Like Now...Young Dads Share Their Experiences.

Other publications from South Australia which provide further detail on the Talking Realities conceptual model:


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**References**


Contact
Andrea Wittick
Coordinator Talking Realities Program
Central Bayside Community Health Services
3/1 The Strand
CHELSEA 3196
Victoria
Phone: (03) 9781 9333
Fax: (03) 9781 9300
Email: awittick@cbchs.org.au

Kirsty Brown
KBPCP Health Promotion Coordinator
Tel: (03) 8587 0314
Fax: (03) 8587 0333
Mobile: 0418 368 911
Email: kbrown@cbchs.org.au

Website
www.kingstonbaysidepcp.org.au

More information
More information on Talking Realities Project and Promising Practice Profiles can be found on the PPP pages of the Communities and Families Clearinghouse Australia website at www.aifs.gov.au/cafca/ppp/ppp.html

Communities and Families Clearinghouse Australia, Australian Institute of Family Studies.

Level 20, 485 La Trobe Street, Melbourne Vic 3000. Tel: (03) 9214 7888. Fax: (03) 9214 7839.

Email: cafca@aifs.gov.au. Web www.aifs.gov.au/cafca

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