Working with expectant parents

Guide for supporting young people in care

VICTORIA State Government | Families, Fairness and Housing

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In this document, we may use the terms ‘First Peoples’, ‘First Nations’ or ‘Aboriginal people’. This includes all Aboriginal and Torres Strait Islander peoples living in Victoria. We retain ‘Indigenous’ or ‘Koori/Koorie’ when part of a title, program or quote.

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Contents

Introduction

International research has consistently identified that care experienced young people are disproportionately likely to become parents at an earlier age (Gill et al., 2025). They may express a desire to become parents and may plan to become parents while they are residing in care. CREATE's 2020 Transitioning to Adulthood Report found that 16% of young people transitioning from care were parents (McDowall, 2020). The report also notes that young people with a care experience often have a desire to become parents to meet the needs of their children in a way their parents could not do for them (Aparicio, Gioia, and Pecukonis, 2018; Aparicio, Pecukonis, and O'Neale, 2015).

Young people in care can be isolated and have minimal family support. Considering this, it is imperative that practitioners and care providers are equipped to support expectant parents in care, just as a good parent would. For this guide, expectant parents are defined as 'young people in care who are pregnant or who may be expecting a child with another person' who may or may not be known to Child Protection or in care.

Pregnancy can be a challenging time for all expectant parents. During adolescence, young people experience significant developmental changes. Pregnancy can be particularly challenging and distressing when the expectant parent is under 18 years. It is important that practitioners pay attention to both the needs of the expectant parents and their children, during pregnancy and after birthing.

Young people with a care experience are extremely vulnerable to adverse life outcomes when they leave care. These can include homelessness, poor mental health, substance dependency, sexual exploitation and involvement in the criminal justice system. The availability of comprehensive support, services and individualised case planning prior to leaving care can positively impact on the lives of expectant parents and prevent some of these adverse outcomes when they leave care.

The steps set out in this guide aim to enhance practice with young people in care who are expectant parents.

1. Immediate steps

Practitioners should consult with their supervisor or Team Manager if they become aware of a young person in care who is an expectant parent.

Local area procedures for notifying appropriate senior leaders, such as a 'notable matter' should be progressed when a pregnancy is confirmed for a young person in care.

A consultation with a Practice Leader or Principal Practitioner is recommended to enable effective antenatal care and planning for the expectant parents.

Collaboration should involve practitioners for both expectant parents, where the other parent is in care or the subject of Child Protection involvement. It should be noted however, that consent is required from the mother of the unborn child in circumstances where Child Protection wishes to involve the father, partner and/or extended family in a case conference or any assistance and service that may be provided to the mother. The response provisions in the *Children, Youth and Families Act 2005* (Vic) (CYFA) s.30 (2) (b) and (c) only apply to 'the mother of the unborn child.'

Where appropriate and safe to do so, practitioners should support the young person to inform their parent or guardian of their pregnancy, particularly in circumstances where the young person's parents maintain parental responsibility.

For young people who are Aboriginal and/or Torres Strait Islander, information sharing should occur with the Aboriginal Specialist Advice and Support Service (ACSASS) in the respective area of the expectant parent/s. The role of ACSASS is to assist with determining the most appropriate response to ensure necessary planning and assistance is provided to the expectant parents. This may include advice, assistance and referrals to community services.

2. Supporting the young person

2.1 Engaging the expectant parent/s

Practitioners must engage and provide strengths-based and non-judgemental support to young people who are expectant parents. This includes both the pregnant young person and other parent, notwithstanding that in certain circumstances it may not be appropriate or safe to do so.

Where possible, practitioners should meet with the expectant parent/s in an environment the expectant parent/s feels safe and comfortable, using a trauma-informed approach. Using trauma-informed language is important for the expectant parents to remain positive, build confidence in their ability to cope with parenting and to avoid placing unnecessary blame or shame on them. Find out more about trauma informed practice in *Framework for trauma informed practice (PDF 4.5MB)*. Framework for trauma-informed practice | Child Protection Manual | CP Manual Victoria.[1]

Expectant parents may be reluctant to provide honest information to Child Protection and other services due to the fear of having their child removed. Trust is built over time, and practitioners need to be patient and understanding when engaging with young expectant parents. Practitioners should be considerate of the significant power imbalance that exists between Child Protection and expectant parents. Practitioners should explain that engagement with Child Protection regarding their pregnancy is voluntary and the role of Child Protection is to provide the expectant parent with support and assistance. Practitioners should be transparent about Child Protection assessment processes, including how and when significant decisions are made.

Depending on their current circumstances, history, intergenerational trauma, and the circumstances leading to the pregnancy, the expectant parents may be reluctant to engage with new services, including antenatal care. Being a young expectant parent can also trigger feelings of shame, and they may disengage due to the fear of being judged by professionals.

Practitioners should work with the expectant parents to identify people in their network who they feel comfortable to discuss their pregnancy and parenting with. It may also be possible to leverage these relationships to increase the young person's engagement with Child Protection and other support services. For more information, see Contact with significant persons - Practice guide | Child Protection Manual | CP Manual Victoria[2] .

Practitioners should consider any cultural context and potential barriers when engaging with expectant parents. It can be helpful to have a trusted family/community member, or culturally appropriate service present to create cultural safety and support discussions with expectant parents. Aboriginal and Torres Strait Islander people bring cultural knowledge and connection which makes them well placed to lead and inform responses about child safety and wellbeing issues impacting their communities.

[1] https://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/framework-trauma-informed-practice

[2] https://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/contact-significant-persons-practice-guide

For specific advice on engaging expectant parents who are Aboriginal and Torres Strait Islander or from multicultural and multifaith backgrounds, see:

- SNAICC, Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation 2019 (PDF 4.2 MB) https://www.snaicc.org.au,[3] and
- Responding to Aboriginal children - advice | Child Protection Manual | CP Manual Victoria,[4]
- Engaging with culturally diverse children and families | Child Protection Manual | CP Manual Victoria,[5]

2.2 Sexual crimes

If the young person has disclosed that the pregnancy is the result of a sexual crime, including sexual exploitation, Victoria Police Sexual Offences and Child abuse Investigation Team (SOCIT) must be notified as soon as practicable for the purpose of undertaking joint planning of an appropriate response. Police *must* be notified prior to Child Protection commencing or continuing its investigation. Further information is outlined in *DFFH Protecting Children protocol between the Secretary to Department of Families Fairness & Housing, Aboriginal Children in Aboriginal Care providers and Victoria Police (PDF 870KB)* Victoria Police Protocol | Child Protection Manual | CP Manual Victoria[6].

Practitioners should offer additional support to the young person if they have been the victim of a sexual crime. For information about sexual assault counselling and support services in Victoria, see https://peak.sasvic.org.au/servicemap#gsc.tab=0[7]

Practitioners must consult with the Sexual Exploitation Practice Leader (SEPL) if there are concerns the expectant parent has been sexually exploited. For more information on responding to sexual exploitation and the role of the SEPL, see Sexual exploitation | Child Protection Manual | CP Manual Victoria[8] .

A Client Incident Management System (CIMS) report must be completed if the young person has been the victim of sexual assault or sexual exploitation.

2.3 Making the decision

It is important for practitioners to provide information to expectant parents and empower them to make their own life choices. Practitioners need to be aware of their own values and biases when engaging with expectant parents to ensure they do not influence a young person's decision regarding their pregnancy.

If the young person is unsure or has not yet made the decision to proceed with the pregnancy, there are services available that provide specific counselling for this purpose. For more information or to make an appointment, see 1800 My Options | Sexual and Reproductive Health Services.[9]

In Victoria, a young person can legally have a termination of pregnancy up to a gestational limit of 24 weeks. If the young person is 16 years and over, they can provide consent to medical

[3] https://www.snaicc.org.au/

[4] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/responding-aboriginal-children

[5] https://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/culturally-diverse-children-and-families/engaging

[6] https://www.cpmanual.vic.gov.au/advice-and-protocols/protocols/police-courts-legal-services/police-protocol

[7] https://peak.sasvic.org.au/servicemap#gsc.tab=0

[8] https://www.cpmanual.vic.gov.au/policies-and-procedures/children-specific-circumstances/sexual-exploitation

[9] https://www.1800myoptions.org.au/

procedures and treatment. Under the age of 16 years, medical practitioners can use the Gillick competency guidelines to assess whether the young person is able to provide medical consent. The young person may be referred to as a 'mature minor' in this context.

Where a young person is *not* assessed as Gillick competent and/or cannot provide their own medical consent, the Secretary or their delegate can consent to medical procedures in circumstances where they have parental responsibility of the young person, and on the advice of a medical practitioner that the treatment is necessary. The Area Executive Director and Director Child Protection are delegated officers in this context and must provide written authorisation for a medical procedure to proceed. Where parental responsibility is retained by the parents, consent should always be sought from the parent. In circumstances where a parent is unwilling or unable to provide consent, practitioners *must* arrange a legal consultation as soon as possible for advice on available options. For more information see Consent for medical examination and treatment | Child Protection Manual | CP Manual Victoria[10]

If the young person has made the decision to terminate their pregnancy, practitioners should consider the young person's ongoing health and support needs during and following the procedure, including follow up medical and health care, counselling etc. For more information on termination procedures and support services, See Abortion in Victoria | Better Health Channel.[11]

If the young person has made the decision to proceed with the pregnancy, practitioners should provide them with information and advice on next steps.

2.4 Antenatal care

Practitioners should support the expectant parent to attend an appointment with their General Practitioner (GP) when their pregnancy has been disclosed or confirmed. The GP can refer the expectant parent to specialist services, such as an Obstetrician and hospital for ongoing maternity care and birthing.

Practitioners should consider the cultural and/or religious needs of the expectant parent before referring to medical practitioners, hospitals and services.

It may be possible to include culturally specific health workers and plan activities, such as birthing on country, if the expectant parent wishes to do so. For a national list of Aboriginal Community Controlled Health Organisations, see https://www.naccho.org.au/locations/.[12]

DFFH Cultural Engagement Program is available to provide specific advice to Child Protection for working with children, young people and families from multicultural and multifaith backgrounds.

Practitioners should ensure the expectant parents are supported to attend antenatal classes and/or appointments. These programs are designed to help expectant parents prepare for labour, birth and early parenting. They also build their capacity to meet the needs of their children so that the development and health of the unborn child is also supported. Antenatal classes are widely available, both in person and online, and will typically be arranged via hospitals once the expectant parent has booked in for birthing.

A consultation with a Practice Leader or Principal Practitioner is recommended to enable effective antenatal care and planning for the expectant parents.

[10] https://www.cpmanual.vic.gov.au/policies-and-procedures/health-and-medical/consent-medical-examination-and-treatment

[11] https://www.betterhealth.vic.gov.au/health/HealthyLiving/abortion-in-victoria

[12] https://www.naccho.org.au/locations/

2.5 Accommodation

Practitioners should consider whether the young person's current accommodation is suitable for the expectant parent and their unborn child. Keep in mind that moving can be a stressful time for young people, hence unnecessary changes to accommodation should be avoided for expectant parents to minimise the impact on the young person and their unborn child.

Practitioners should explore whether the current care arrangement can meet the long-term needs of the expectant parent and their child. Some models of care, such as Kinship Care, may be able to safely accommodate and meet the needs of both the expectant parent and their child long term.

3. Risk Assessment

3.1 SAFER children framework

Practitioners must update the essential information categories and complete a new risk assessment upon becoming aware a young person is pregnant. It should be noted that a SAFER children framework risk assessment can only be completed for the young person. SAFER risk assessments are *not* completed specifically for the unborn child. For more information, see Risk assessment - advice | Child Protection Manual | CP Manual Victoria[13].

3.2 Family Violence

Practitioners need to be aware of the heightened risk of intimate partner violence among care-experienced mothers, be alert to indicators of abuse, and proactively responsive to disclosures (Petty John et al, 2021). Pregnancy is a time of heightened risk for women who are experiencing violence from an intimate partner. If violence is already present in a relationship, it is likely to increase in severity during the pregnancy and in the first months after birth. Younger women are at greater risk of experiencing violence from an intimate partner during pregnancy and early motherhood (Campo, 2015). For more information, see Domestic and family violence in pregnancy and early parenthood (PDF 463.54KB) www.aifs.gov.au[14]

If the expectant parent is identified as a victim survivor of family violence, Child Protection is legally required to undertake a Multi-Agency Risk Assessment and Management (MARAM) assessment and develop a risk rating and risk management plan for the expectant parent. MARAM requirements are embedded into the SAFER children framework used by Child Protection practitioners in Victoria. The unborn child can be included in a MARAM assessment for the expectant parent. For more information, see Assessing and managing family violence in child protection - advice | Child Protection Manual | CP Manual Victoria[15] .

Practitioners should consult with a Practice Leader, Principal Practitioner, or Specialist Family Violence Practitioner if they are concerned an expectant parent is experiencing family violence.

[13] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/risk-assessment-advice

[14] http://www.aifs.gov.au/

[15] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/assessing-and-managing-family-violence-child-protection

3.3 Substance use

Substance use during pregnancy can negatively impact on an infant's development prior to being born and throughout their childhood. Children exposed to substance use in-utero represent one of the highest risk groups who interact with Child Protection. It is imperative that expectant parents are provided with appropriate support and advice from specialist health services if they are using or want to cease using substances upon finding out they are pregnant. This includes prescription and 'over the counter' medications. It can be dangerous or harmful to the unborn child if the expectant parent suddenly stops using substances. For further information on the impact of substance use during pregnancy, see https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-medication-drugs-and-alcohol.[16]

There is a range of statewide services available to expectant parents with complex substance use, including the Women's Alcohol and Drug Service (WADS). For more information, see Women's Alcohol & Drug Service (WADS) | The Royal Women's Hospital.[17]

For more information on parental substance use, see https://www.cpmanual.vic.gov.au/advice-and-protocols/tools-checklists/assessment-tools/parental-substance-use-assessment-tool[18] .

3.4 Intellectual Disability

Parental intellectual disability on its own does not indicate significant risk to a child.

Risk factors, such as poverty, heightened child vulnerability, history of Child Protection involvement, young age of parent, parental substance abuse, mental illness, family violence, anger management difficulties, absence of extended family support, and an absence of appropriate social and professional networks, significantly increase the risk of abuse and neglect of a child.

In situations involving multiple risk factors, it is important that risk assessments and protective interventions address each issue separately while considering how they may be interrelated. The effect of parental intellectual disability on the expectant parent's ability to provide adequate care and protection for a child needs to be considered with all other factors. For more information, see Parental intellectual disability assessment tool | Child Protection Manual | CP Manual Victoria[19] .

3.5 Mental Illness

Parental mental illness alone does not indicate significant risk to a child. The vulnerability of a child may be reduced when the expectant parent receives appropriate treatment, has a supportive family and friends, and has access to adequate income and housing. However, if a parent's mental illness is associated with other risk factors, such as substance abuse, family violence or social isolation, the child's vulnerability will likely increase. For more information, see Parental mental illness assessment tool | Child Protection Manual | CP Manual Victoria[20] I.

If an expectant parent is taking prescribed medication for mental health treatment, they must seek advice or a medication review as soon as possible upon becoming aware they are pregnant. Certain

[16] https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-medication-drugs-and-alcohol

[17] https://www.thewomens.org.au/health-professionals/maternity/womens-alcohol-and-drug-service#a_information

[18] https://www.cpmanual.vic.gov.au/advice-and-protocols/tools-checklists/assessment-tools/parental-substance-use-assessment-tool

[19] https://www.cpmanual.vic.gov.au/advice-and-protocols/tools-checklists/assessment-tools/parental-intellectual-disability-assessment

[20] https://www.cpmanual.vic.gov.au/advice-and-protocols/tools-checklists/assessment-tools/parental-mental-illness-assessment-tool

medications can be dangerous or harmful to the unborn child and equally if the expectant parent suddenly stops taking prescribed medication. For more information, see https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-medication-drugs-and-alcohol.[21]

The Victorian public specialist mental health mother-baby services offer intense psychiatric treatment and support in a tertiary hospital for seriously mentally ill women and their infants aged 12 months and under. Mother-baby services in Victoria are part of a range of specialist mental health services targeted to those with severe and complex problems providing assessment and treatment across the lifespan. For more information, see Mother and baby mental health services.[22]

4. Planning

4.1 Connection

Where possible, both expectant parents should be included in planning for their child, along with relevant family/extended family and community where appropriate (noting however, the response provisions of the CYFA s.30 (2) (b) and (c) only apply to 'the mother of the unborn child' and consent from the mother is required prior to Child Protection engaging partners or extended family). Strengthening and maintaining a child or young person's family and community connections is critical in any situation where there is risk. The immediate support network can greatly assist with safeguarding and minimising risk of harm to a young person and/or their child.

Practitioners should work with the expectant parents to identify family, community and other significant persons in their network and assess whether it is appropriate to involve them in a case conference, Family Led Decision Making (FLDM) or Aboriginal Family Led Decision Making (AFLDM) meeting, and planning for the expectant parents and their child.

For expectant parents who are Aboriginal and Torres Strait Islander, a cultural plan may also assist to identify family, community and other significant persons in the young person's support network.

For more information, see

- Contact with significant persons - Practice guide | Child Protection Manual | CP Manual Victoria[23]
- Cultural plans - advice | Child Protection Manual | CP Manual Victoria[24] .

4.2 Unborn Child Reports

An assessment of the expectant parents' circumstances and risk factors needs to be considered when making the decision to complete an unborn child report. Children in care have statutory Child Protection involvement and will be supported throughout their pregnancy until the order expires. An unborn child report should not be opened solely because a young person is in care and/or the subject of a statutory order. Practitioners must have formed a reasonable belief that harm is likely to occur to the unborn child, before completing an unborn child report.

[21] https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-medication-drugs-and-alcohol

[22] https://www.health.vic.gov.au/mental-health-services/mother-and-baby-mental-health-services

[23] https://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/contact-significant-persons-practice-guide

[24] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/cultural-plans-advice

If it is decided that an unborn child report is *not* required, document the rationale in the young person's CRIS file.

After completing an assessment and engaging with the expectant parents, and where practitioners have formed a reasonable belief that harm is likely to occur to the child, practitioners should consult with their supervisor and decide whether an unborn child report is required.

If the expectant parent or unborn child is Aboriginal or Torres Strait Islander, practitioners must consult with ACSASS prior to making the decision about completing an unborn child report.

Child Protection must consult with ACSASS on whether a referral for support may be more appropriately directed via an Aboriginal Community-Controlled Organisation (ACCO) or other voluntary service. Consultations with ACSASS for unborn Aboriginal children should aim to give the expectant mother and unborn child culturally safe and appropriate support through an ACCO, who can provide that support without the ongoing involvement of Child Protection.

For more information on tasks that must be undertaken when an unborn report is completed, *see* Unborn child reports | Child Protection Manual | CP Manual Victoria[25]

Unborn child reports are typically allocated to a Community Based Senior Child Protection Practitioner. Where an expectant parent is in care and/or already the subject of Child Protection intervention, it is important to preserve the relationship between the expectant parent and their allocated practitioner. Having a different practitioner allocated to the unborn child (or the child if there is ongoing Child Protection involvement after birthing), addresses any potential conflict that may impact on the young person's engagement with Child Protection or other services. The two practitioners should work collaboratively to respond to the risk and ensure planning for the parent and child is aligned where possible. This also applies to the practitioner for the other expectant parent, where they are involved with Child Protection, and where there is consent from the mother of the unborn child to engage them in such planning.

There can be competing priorities with respect to the safety and needs of both expectant parents and their unborn children. Having oversight from an area Practice Leader or Principal Practitioner can be helpful to support effective collaboration and planning where there are multiple practitioners involved and to safeguard against any potential conflict in service delivery.

Practitioners must protect the expectant parent's privacy and be considered in case recording where the expectant parent has their own Child Protection intervention and there is an unborn child report. Personal information and/or general case notes for the expectant parent should not be shared across files. Only information that directly relates to the unborn child report, such as referral information and services, should be recorded in the unborn child's CRIS file.

For more information about unborn child reports, see Unborn child reports - advice | Child Protection Manual | CP Manual Victoria[26] .

4.3 Parenting Assessment and Skill Development Services (PASDS)

Services are available to expectant parents for support with developing parenting skills. Some services can be engaged and commence working with expectant parents during the pregnancy.

[25] https://www.cpmanual.vic.gov.au/policies-and-procedures/phases/intake/unborn-child-reports

[26] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/intake/unborn-child-reports-advice

Victoria's PASDS program comprises specialist and intensive support services provided statewide by local community service organisations or Victorian early parenting centres, to parents and families who are caring for infant clients of Child Protection.

The PASDS program provides a service model that consists of a parenting capacity assessment service and a parenting skill development, education and support service.

If there is a likelihood of harm to the child and/or concerns about the expectant parent's capacity to appropriately care for their child, practitioners should consider a referral to a PASDS. For more information, see Parenting assessment services including PASDS | Child Protection Manual | CP Manual Victoria[27] .

For information on general parenting support services, see Parent Support in Victoria | Family and Child | Service Victoria.[28]

4.4 Expectant parents who are from multicultural or multifaith backgrounds

It is important to consider the cultural context when planning for expectant parents.

DFFH Cultural Engagement Program is available to provide consultation and advice to Child Protection to support practitioners with planning for children, young people and families from multicultural or multifaith backgrounds. The team can also support practitioners on home visits in certain circumstances. This is to achieve better outcomes for children, young people and families from multicultural and multifaith backgrounds. For more information, see Engaging with culturally diverse children and families | Child Protection Manual | CP Manual Victoria[29] .

4.5 Family Led Decision Making (FLDM) and Aboriginal Family Led Decision Making (AFLDM)

Family led decision making meetings can be a great way to engage a young person's family and/or support network in decision making and planning for expectant parents. The aim of FLDM/AFLDM is to support decision-making processes that:

- empower families to make good decisions and plans in relation to the safety and care of their children.
- are inclusive and respectful of the family's culture.
- provide consistent practice across Victoria.
- result in enduring outcomes for children, young people and their families.

For more information on FLDM and AFLDM, see Case planning - advice | Child Protection Manual | CP Manual Victoria[30] .

[27] https://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/support-services/parenting-assessment-services-including

[28] https://service.vic.gov.au/find-services/family-and-child/parent-support?categories=allage%2Calltop%2Calltar

[29] https://www.cpmanual.vic.gov.au/advice-and-protocols/specialist-resources/culturally-diverse-children-and-families/engaging

[30]https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning-advice

4.6 Leaving Care

Placement stability and connection to significant persons and community are important factors to consider for families to remain connected, safe, supported and intact. Placement and/or leaving care planning should be a strong focus in all planning for young people who are expectant parents. Practitioners should review existing leaving care plans to ensure the plan remains appropriate and meets the long-term needs of the young person and their child.

A young person's voice should be included in all planning discussions. It is important to engage the young person in leaving care planning to find an option which is right for them.

Where possible, practitioners should avoid moving young parents away from their family and support networks, so they don't become further isolated as this will increase the likelihood of adverse outcomes for the young person and their child. Leaving care planning should be realistic and involve the least amount of disruption to the young person and their child. Where possible, long-term options should be considered and supported.

If there are increased support needs that cannot be addressed through existing services, practitioners are encouraged to engage their local Targeted Care Package (TCP) team to explore whether individualised planning through a TCP is an option for the expectant parent.

Leaving care services, such as Better Futures and Home Stretch, play a critical role to ensure young people receive the support, stability and opportunities needed to successfully transition from care. When a young person in care turns 15.9 years, practitioners should consider making a referral to the Better Futures program for eligible young people. Better Futures is a state-wide program that supports young people to transition from care and post care until they reach the age of 21 years. For more information, see Better Futures - advice | Child Protection Manual | CP Manual Victoria[31]

Home Stretch is delivered as part of the Better Futures program and can provide additional support for eligible young people to maintain safe accommodation post care until they reach the age of 21 years. For more information, see Home Stretch - advice | Child Protection Manual | CP Manual Victoria[32]

For young people aged 16 years and over, practitioners should consider whether social and public housing options would be appropriate and support the young person to complete an application. Housing Vic can provide support for a range of accommodation options, including moveable units, social housing, private rental accommodation and public housing. For more information and advice on eligibility, see Home | Housing.vic.gov.au.[33]

For more information on leaving care, see Leaving care - advice | Child Protection Manual | CP Manual Victoria.[34]

4.7 Hospital discharge planning

Hospital discharge planning following birthing is a critical process that ensures a smooth transition from hospital to home.

The hospital will ensure that appropriate health professionals and services involved in the young person or infant's ongoing care receive relevant information contained in a written discharge

[31] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/better-futures-advice

[32] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/home-stretch-advice

[33] https://www.housing.vic.gov.au/

[34] https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/leaving-care

summary. Child Protection and ACAC Practitioners can also request a copy of the discharge summary if it has relevance to ongoing planning for the young person or infant.

Relevant stakeholders could be included in a case conference or care team meeting for the purpose of undertaking hospital discharge planning. Ideally this should occur prior to the birthing to allow time for any additional supports to be implemented if required, such as support workers for the young person.

Practitioners must ensure there is a plan in place to support the young person's transition from hospital, which addresses their immediate and ongoing support needs. This may include medical care of either the young person or infant, medications prescribed, specific dietary information, follow up care and appointments. The plan should also include any relevant support, including family, community and professionals if supporting the young person in the home, and detail any specific roles or tasks they will undertake.

Practitioners should also ensure the young parents are provided with specific information, resources and contacts for relevant support services. Adverse outcomes are far less likely in situations where young parents are connected and appropriately supported to meet the ongoing needs of their children. For more information on support options, see the *Service Victoria parent's portal* Parent Support in Victoria | Family and Child | Service Victoria.[35]

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Australian Institute of Family Studies – Domestic and family violence in pregnancy and early parenthood (Monica Campo 2015) Domestic and family violence in pregnancy and early parenthood

Service Victoria Parent's Portal
Parent Support in Victoria | Family and Child | Service Victoria

[35]https://service.vic.gov.au/find-services/family-and-child/parent-support?categories=allage%2Calltop%2Calltar