School-Based and School-Linked Programs for Pregnant and Parenting Teens and Their Children

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National Institute on Early Childhood Development and Education
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In Collaboration with
EduTech Ltd.

Report written by
Institute for Educational Leadership

Dear Colleague:

I am happy to provide you with *School-Based and School-Linked Programs for Pregnant and Parenting Teens and Their Children,* written by the Institute for Educational Leadership. The report is a synthesis of proceedings from a conference that the National Institute on Early Childhood Development and Education conducted in cooperation with EduTech, Ltd.

As we were planning the conference, officials in government and non-government organizations identified programs operating effectively in or with schools. We invited representatives from 15 of these programs to give conference participants the benefit of their experience in working with pregnant and parenting adolescents and their young children. I want to thank these program representatives:

Rosetta Stith and Gracie Dawkins, Paquin School, Baltimore, Maryland
Gerry Maxwell-Jones, Wilde Lake High School
Brian Theiler, Gundersen Lutheran Teen Health Service, LaCrosse, Wisconsin
Margo Jaenike, Horizon Youth Service Center, Cameron County, Texas
Margy Burns, Youth Health Service, Elkins, West Virginia
Denise Simon, Illinois Department of Human Services
Ronda Simpson-Brown, California Department of Education
Sharon Enright, Ohio Department of Education
Sharon Waggoner, Eastern New Mexico University
Sally Hodson, Florence Crittenton School, Denver, Colorado
Marilyn Keeble, Silver Springs High School, Grass Valley, California
Joan Davis, LYFE, New York, New York
Sharon Stewart, Lula Belle Stewart Center, Detroit, Michigan
Patricia Lemus, Young Family Independence Program, King County, Washington
Becky Cunningham, Margaret Hudson Program, Tulsa, Oklahoma

A Compendium of School-Based and School-Linked Programs for Pregnant and Parenting Adolescents, produced in conjunction with the conference, is also available by contacting our office. I hope the information is useful to you as you continue your efforts for children and families

Sincerely,

Naomi Karp
Director

Preface

OERI's National Institute on Early Childhood Development and Education (ECI), in cooperation with EduTech Ltd., consulted with representatives of government and nongovernment organizations to gather information about school–based and school–linked programs for teen mothers. The representatives reported that programs reduce the number of low-birth weight babies among teen mothers who are enrolled in programs, but the programs are limited and serve only a small percentage of pregnant teens. In addition, longterm objectives, such as improved high school completion for mothers and school readiness for their young children, are more difficult to achieve, even for those adolescents who are in programs.

Government and nongovernment officials identified some programs that they considered noteworthy, and EduTech found information about other programs in existing databases. EduTech coordinated with program directors and compiled information for this compendium. The compendium is not inclusive but profiles programs for pregnant and parenting teens and their children throughout the country that are based in public schools, alternative schools, community facilities, and medical facilities.

ECI and EduTech Ltd. produced this compendium in conjunction with a conference that included representatives from 15 school-based and school-linked programs, along with other government and nongovernment organizations. A synthesis of conference proceedings is also available.

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Executive Summary

Childbearing by teenagers produces a host of negative outcomes for many of the teenagers, their children, and their families, including consequences that may endure for generations and impose heavy costs on society. Researchers at Johns Hopkins, Columbia, and Brigham Young Universities found that the children of teen mothers had poorer outcomes—including greater likelihood of dropping out of school, receiving welfare, and becoming teen parents themselves—when compared with the children of older mothers.

Research indicates the need for education as a principal means of improving outcomes for teen parents and their children. A University of Pennsylvania study tracked teenage mothers over a period of 17 years. They found that teen mothers with the strongest commitments to staying in school—those who had never failed a grade and those who continued with their classes while pregnant—were the most likely to be self-supporting later in life. As the mothers improved their economic circumstances, the children fared better as well. When teen mothers dropped out of school, remained on welfare, did not marry, or had additional children during adolescence, their children were least likely to be successful.

On November 5–6, 1997, the National Institute on Early Childhood Development and Education (ECI) in the Office of Educational Research and Improvement, in cooperation with EduTech, Ltd., brought together educators, social workers, health professionals, researchers, teen parents, grandparents, government officials, and others involved with programs for pregnant and parenting teens. The conference participants considered the following questions:

- How do education and supportive services influence outcomes for pregnant and parenting teens and their children?

- What have state and local programs learned about improving outcomes for teen mothers and their children?

- How can schools more effectively prevent teen pregnancies and delay parenting, while maintaining supportive environments that enable teen parents to continue their education?

Conference participants identified a need for flexible, responsive learning environments that keep students engaged in school and prevent school failure, a common factor in the lives of many adolescent parents. They suggested that flexible approaches to education would also benefit many students other than teenage parents, pointing to strategies used in successful alternative schools that could improve outcomes for other high-risk students in public schools. They suggested additional research on the value of General Educational Development (GED) programs in preparing students to participate successfully in the work force.

Conference participants also noted the need for quality child care for children of teenage parents and suggested that child care centers located at or near high schools serve a dual role: improving school attendance for mothers, and improving developmental outcomes for their young children. Participants were concerned about the eligibility of teen mothers, particularly those who are not receiving welfare assistance, for child care subsidies.

They were also cognizant of the need for some teenage parents to find safe living arrangements outside of the family home. They asked for research to track the implementation of the Personal Responsibility and Work Opportunities Act (PRWOA) requirement that minor teen parents who receive Temporary Assistance for Needy Families (TANF) live with their families.

The group pointed out problems resulting from fragmented professions, funding streams, and programs. It is painfully apparent, for example, that a young mother who is receiving assistance from one government agency will often have a need for a broad range of supports, yet will be totally "unknown" to other systems that could help her. Fragmentation makes it difficult for these vulnerable families to find education, child care, health services, and the other essential supports for adolescent parents and their children.

Conference participants asked OERI to support longitudinal research to broaden available information on the long-term effects of adolescent childbearing on parents, children, grandparents, and society. They encouraged OERI to determine if new sources of longitudinal data or definitions of outcome measures are needed for intergenerational analyses, as well as for detailed findings for a wider variety of subgroups.

Conference participants also called for more rigorous evaluations of existing programs for teenage mothers and their children so that there is a solid base of knowledge about "what works" with this population. Participants were especially concerned about the role of schools in reducing the incidence of teenage pregnancy, as well as keeping teenage mothers in school.

Finally, conference participants urged ECI to continue to connect policymakers and practitioners to share information about effective approaches with pregnant and parenting teens and their children. They asked OERI to establish a clearinghouse to gather, publish, and disseminate information about local programs serving pregnant and parenting teens.

Introduction

Childbearing by teenagers produces a host of negative outcomes for many children and families, including consequences that may endure for generations and impose heavy costs on society as a whole. Compared to children whose mothers gave birth in their twenties, the children of adolescent mothers are more likely to become teen parents themselves, drop out of school, and rely upon public assistance to support their families.

In 1996, the teen birth rate was 54.7 births per 1,000 girls 15–19 years old.1 Despite declines in teen births over the last five years, more than 505,000 babies born in 1996 had teenage mothers, accounting for 13 percent of all babies born that year. If current patterns persist, many of these children will grow up in poverty and have to cope with limited opportunities throughout their lifetimes. In fact, nearly half of all children under age six who are living in poverty were born to teenage mothers.2 When the mothers drop out of school, as roughly half of them do, their ability to support and care for their children is further diminished. Most (51percent) of the fathers are in their twenties3—already young adults, out of school, out of work, with limited prospects themselves. And many of the extended families of teen parents have low incomes, with few resources to spare. Some of the grandparents are still in their thirties, struggling to hold down jobs, stay off welfare, and raise children of their own.

In the United States, more than one in ten babies are born prematurely,4 and, in 1996, 7.4 percent of all newborns weighed less than 5.5 pounds.5 Low birth weight and health problems in children are strongly associated with socioeconomic status, including teenage pregnancy.6

Babies with low birth weights account for a disproportionately large share of medical costs. For example, in 1988, low-birth weight babies comprised 7 percent of all births, but they accounted for an estimated 35 percent of the dollars spent on infant health care—$4 billion.7

Initial medical care costs for each low birth weight infant average $20,000; and lifetime

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1National Center for Health Statistics, U.S. Department of Health and Human Services, 1998.

2 National Center for Children in Poverty. *One-in-Four*. 1994.

3The Annie E. Casey Foundation, Kids Count Data Book, 1998.

41995 data from the National Center for Health Statistics, *Monthly Vital Statistics Report*, Vol. 45, No. 11.

51996 data from the National Center for Health Statistics, *Monthly Vital Statistics Report*, Vol. 46, No. 1 supplement.

6Center for the Future of Children, *The Future of Children*, 1995.

7Eugene M. Levit, Linda Schuurmann Baker, Hope Corman, and Patricia H. Shiono, *The Direct Cost of Low Birth Weight*, Ibid., p. 40.

health care costs for a low birth weight baby average $400,000.8 For each of the tiniest babies (under two pounds), initial hospital costs alone can amount to hundreds of thousands of dollars.

Health problems can easily exhaust the resources of any household, let alone families with teenage mothers who may be in precarious economic circumstances or emotional upheaval to begin with. When births involve physical or developmental complications, the costs can be staggering to individual families and to the public at large. A child with disabilities will require special services from child care providers as well as special education supports, placing additional costs on school systems and communities. According to one estimate, the costs of health care, education, and child care for the approximately 3.5 million children under age 15 who had been low birth weights were $5.5 billion to $6 billion above what would have been required if the children's birth weights had been normal.9

OERI's National Institute on Early Childhood Development and Education (ECI), in cooperation with EduTech, Ltd., consulted with officials in government and nongovernment organizations about school-based and school-linked programs that reduce the rate of low-birth weight babies born to teen mothers. Consulting organizations included the Office of Adolescent Pregnancy Programs and the Maternal and Child Health Bureau at the U.S. Department of Health and Human Services, the National Black Child Development Institute, the National Center on Education in Maternal and Child Health, the Council on Young Children and Families at Columbia University Teachers' College, the Center for Assessment and Policy Development, Child Trends, Parents as Teachers, and Baltimore's Laurence G. Paquin School.

Organizational representatives noted that pregnant teens can usually avoid having low-birth weight babies when they receive prenatal care early (preferably beginning in the first trimester). When school-based and school-linked programs facilitate such care, birth weight outcomes are better.

While acknowledging that some pregnant teens, possibly those without ties to schools, lack early access to good prenatal care, the experts pointed to additional problems that put the children of teen mothers at risk. These children more often fare poorly when their mothers are failing in school and drop out, when their fathers are uninvolved in their care and support, and when their extended families are severely stressed or poor and dependent on welfare. Some of these factors, especially in combination, also increase the chances of becoming a parent during adolescence.

On November 5–6, 1997, ECI, in cooperation with EduTech, Ltd., convened a group of educators, social workers, health professionals, researchers, teen parents, grandparents, government officials, and others involved in programs for pregnant and parenting teens. The complete agenda and list of participants are in appendix A. Conference participants

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8Carnegie Corporation of New York, *Starting Points: Meeting the Needs of Our Youngest Children,* 1994, p. 21.

9Ibid., p. 35. The estimate is based on 1988 data for the United States.

considered the following questions:

- How do education and supportive services influence outcomes for pregnant and parenting teens and their children?

- What have state and local programs learned about improving outcomes for pregnant and parenting teens and their children?

- How can schools more effectively prevent teen pregnancies and delay parenting, while maintaining supportive environments that enable teen parents to continue their education?

This report summarizes the issues and recommendations discussed at the conference, including the principal research and practice findings that informed the discussions and the major themes and policy implications raised by the participants. While the conference was not structured to seek a consensus, some issues and recommendations drew widespread expressions of agreement. These are highlighted in the text and summarized at the conclusion of the report.

The Research Base

Longitudinal Studies

Longitudinal studies with teen parents and their children for a generation or more probably offer the best evidence of their experiences. An interdisciplinary team of researchers from Johns Hopkins, Columbia, and Brigham Young Universities followed 1,758 children, born in Baltimore between 1960 and 1965, and their mothers over three decades to determine whether maternal age at birth was related to long-term outcomes for the children.

The children of teen mothers had poorer outcomes—including greater likelihood of dropping out of school, receiving welfare, and becoming teen parents themselves—when compared with the children of older mothers. The study concluded that maternal age appeared to contribute to the children's outcomes independently of other important factors, including educational level, poverty status, the child's birth order, race, and gender. Taking account of these other factors tended to reduce the contrasts in children's outcomes, but significant differences remained.

The study compared the children's self-sufficiency at ages 27 to 33 according to three measures: receipt of a high school diploma, financial independence from welfare, and postponement of childbearing until age 20 or older. Children whose mothers were 25 or older when they were born had the most successful outcomes on all criteria, while the children of teen mothers experienced consistently poorer consequences.

Seventy-two percent of the children of the older mothers graduated from high school, compared to 62 percent of the children of teenage mothers. The daughters of teen mothers were more than three times as likely to receive welfare than the daughters of older mothers. Childbearing patterns in the second generation differed sharply too. Forty percent of the daughters and 18 percent of the sons of teen mothers became teen parents, as compared with 22 percent of the daughters and 6 percent of the sons of older mothers.10

While this research suggests that adverse conditions in one generation can be perpetuated in the next, the findings should not be interpreted as dooming the children of adolescent mothers to poverty or to repeating their parents' behavior patterns. Teenage mothers can significantly improve the prospects for their families if they finish high school.

According to a University of Pennsylvania study that tracked teenage mothers over a period of 17 years, as the mothers managed to improve their economic circumstances, the children fared better as well. The teen mothers with the strongest commitments to school—those who had

10J. Hardy, S. Shapiro, N. Astone, T. Miller, J. Brooks-Gunn, and S. Hilton, "Adolescent Childbearing Revisited: The Age of Inner-City Mothers at Delivery Is a Determinant of Their Children's Self-sufficiency at Age 27 to 33," *Pediatrics,* November 1997.

never failed a grade and those who continued with their classes during their pregnancies—were the most likely to be self-supporting later in life. One quarter of these women reached the middle-income brackets. The children of teen mothers who dropped out of school, remained on welfare, did not marry, or had additional children during adolescence were the least likely to beat the odds.11 Utilizing longitudinal data, researchers have identified a set of characteristics that are common for teen parents. Failing a grade in school, behavior problems during childhood, poverty, and a stressed home environment all appear to increase the chances of having a baby before the age of twenty. Teens with none of these risk factors have an 11 percent chance of bearing a child. The probabilities increase sharply as the risk factors accumulate: 29 percent for teens who have one of these characteristics, 35 percent for teens with two, and 50 percent for teens with three or more.12

It is not surprising that children fare better when their parents are adults rather than teenagers. Young mothers are less likely to possess the maturity, patience, and good judgment that older mothers acquire and that parenting demands. Few of the young mothers are married (more than three-fourths of teen births in 1996 were out of wedlock), and they are less likely to receive support from, or even remain in regular contact with, the fathers of their children. Compared with older mothers, teens are more likely to be hampered by disadvantaged family backgrounds (persistent poverty, minimal job experience, instability and related problems) as children and to lack the financial and emotional resources required to raise children of their own.13

This base of research strongly indicates improving educational opportunities for teen parents as a principal means of improving outcomes for their children. In addition to equipping the teens with fundamental knowledge and skills they will need in the work force, schools can help teens become more responsive parents by offering classes in child development and parenting education. They can also provide crucial supports and linkages to other services that young parents and their children need, including quality child care and health care.

A hospitable learning environment can make a huge difference by motivating students to complete high school and by providing an often-needed anchor in their lives. There is evidence that adolescent mothers are less likely to have additional children while teenagers if they return to school promptly after having a baby, become involved in school activities, and stay in school until graduation.14

Expand the Database

11F. Furstenberg, J. Brooks-Gunn, S. Morgan, & C. Glenn Dowling, "Teenaged Mothers Seventeen Years Later," Monograph published by The Commonwealth Fund, 1987.

12Based on data from the National Education Longitudinal Study. Child Trends, Facts at a Glance, October 1997.

13Hardy, et. al., op. cit.

14Child Trends, op. cit.

Conference participants urged OERI to support longitudinal research to broaden available information on the long-term effects of adolescent childbearing on parents, children, grandparents, and society as a whole. They also asked OERI to determine if new sources of longitudinal data and definitions of outcome measures are needed for intergenerational analyses, as well as for detailed findings for a wider variety of subgroups.

Existing studies measure outcomes like educational attainment, family income and poverty status, welfare receipt, as well as changes in the characteristics of the household (family size, marriage). The Hopkins team called for further research to explain race and gender differences in outcomes, i.e., detailed analyses that typically depends upon the availability of large and complete data sets.

Evaluate and Assist Programs

Conference participants asked OERI to support rigorous evaluations of programs for pregnant and parenting teens, pointing out that relatively few programs have been evaluated.

In discussing a wide variety of current models for providing services to teen parents and their children, conference participants relied chiefly upon descriptive information about program characteristics and results. Evaluations, including experiments that randomly assign teens to a particular program or a control group, are needed to determine whether these programs make a difference in long-term outcomes for participants and their children. Although this type of research costs more than simpler studies, the investment in rigorous research and evaluation can encourage shifts in resources to the most effective approaches and away from efforts that do not work.

Conference participants urged OERI to establish a clearinghouse to gather, publish, and disseminate information about local programs serving pregnant and parenting teens. With the aid of a Web site, a clearinghouse could become a prime source of current, up-to-date information about program innovations and best practices. Identifying research about teen parent families and programs from a variety of different disciplines would facilitate dissemination of findings to a much wider audience.

Speakers emphasized that educators and others who deal with teen parents and their families need to understand and assimilate the findings of existing studies. Educators, for example, are frequently unaware of important studies of teenage pregnancy and parenting issues, even though the work has been widely reported in the health and social welfare literature. The importance of wider dissemination of policy-relevant research to legislators and other education policymakers was frequently cited throughout the conference.

Conference Themes and Policy Implications

The major themes and policy issues raised during the two-day conference are synthesized below. Most of the central issues were related to at least one of the following objectives:

- preventing teen pregnancies;
- improving educational and training opportunities for pregnant and parenting teens; and
- developing comprehensive, systemic approaches to improve outcomes for teen parents and their families.

Prevention

Conference participants recommended that school-based and school-linked programs incorporate asset-based approaches to strengthen identity and boost self-esteem.

While knowledge about and access to contraceptives are important, the goals of programs must be broad. Speakers observed that teens become pregnant for diverse reasons. "Always there is a high percentage of kids who have babies by accident," said Patricia Canessa of the National Association on Adolescent Parenting, Pregnancy, and Prevention, "[But] adolescent pregnancy many times becomes a solution if they have unfulfilled needs."

Margo Jaenike with the Task Force on Reducing Teenage Pregnancy in Cameron County, Texas explained, "We have expanded our programs to focus on...family violence prevention, substance abuse prevention...on the connections between high-risk behaviors adolescents engage in." The abstinence-based program developed in her area of south Texas could more accurately be portrayed as a "resiliency" program, Jaenike added, where the assets and resources of individuals are developed as part of an effort to solve their problems.

This approach can help teens anchor their lives with goals other than childbearing. Conference participants urged similar efforts with the siblings and of children teen parents. Margy Burns with Youth Health Service noted that her Elkins, West Virginia program attempts to identify children at high risk of becoming pregnant during adolescence and tries to reach the children of teen parents with prevention-oriented initiatives while they are still very young.

The Teen Parent Population

Which teens fail to receive services, and which services aren't they getting? For anyone involved in the implementation of programs, this question raises a fundamental concern. Practitioners—whether social workers, health professionals, educators, or others who run programs—typically handle cases or respond to problems that come to their attention.

While they know that the universe of need is much larger, they have not surveyed the population

and assembled inventories of what those needs might be.

Preliminary answers can be found in birth records, Dr. Wendy Wolf, president of the Center for Assessment and Policy Development, explained at the conference. When births to teen mothers are aggregated over several years, with some adjustments for repeat pregnancies and aging, the population in need can be estimated. "A typical mid-size city with about 500 births to girls 18 and under on an annual basis will have about 800 to 900 adolescent parents who are eligible for services," Wolf said. By subtracting the numbers served by alternative schools, currently the principal source of services to teen parents, a rough estimate of the gap can be obtained.

Is outreach to this population hampered because pregnant and parenting teens are "invisible" within schools and local communities? Perhaps, conference participants said, but only because of institutional tendencies to turn a blind eye to their problems. "While they [are] known to the health and child welfare system, they [are] not necessarily known to the schools," said Wolf. The issue, then, is not invisibility but whether anybody is looking.

Early Intervention

Programs to encourage teen parents to become self-supporting should strive to intervene early while students are still attending school, encourage a prompt return to school after childbirth, and use mentors to motivate teen parents to stay in school. Although additional research and experimentation are needed to determine which programs for teen parents and their families are working, the issue of timing is not in doubt.

Programs that reach teens while they are still in school have a greater chance of improving educational and economic outcomes than efforts to rescue teens after they have dropped out. The New Chance demonstration program, which was evaluated by the Manpower Demonstration Research Corporation (MDRC), targeted comprehensive educational and supportive services on a population of very disadvantaged young mothers. The women, aged 16 to 22, had all of the following characteristics when the demonstration program began: (1) a first child born while they were teenagers, (2) dropped out of school, and (3) lived on welfare.

This program had multiple objectives, including improvements in educational attainment and employment prospects as well as reduced dependency on welfare. Compared to the control group, women receiving services from New Chance were more likely to obtain GEDs (45 percent vs. 33 percent) and earn some college credits. However, after three and a half years, majorities of both groups still lived on welfare and had at least one more child to support.

The final report confirmed that the program had no positive impact on repeat pregnancies: 75 percent of the New Chance participants and 73 percent of the control group had become pregnant again.15 Birth rates for both groups were also the same, about 55 percent.16

15This difference is not statistically significant. According to MDRC's interim report, however, women participating in the New Chance program were more likely to have had additional children during the first 18 months as compared with

The high rates of repeat pregnancies paralleled the disappointing findings of other programs aimed at discouraging childbearing. Perhaps the women lacked the motivation to avoid pregnancy, the researchers suggested, or else they faced pressures to have children that the programs could not counter.

On the other hand, a statewide initiative in Ohio provides evidence of the value of early interventions. The Learning, Earning, and Parenting Program (LEAP) uses financial incentives to motivate pregnant and parenting teens who receive welfare to complete high school. LEAP provided bonus payments of $62 each month to participants who attended school regularly and deducted $62 from participants who did not attend regularly. The program began in 1989 and MDRC tracked the progress of participants and a control group for four years.

The most positive finding was a much higher rate of completion of the requirements for a GED among the LEAP participants who were in school when the program began—10 percent among LEAP participants, compared to 4.4 percent for the control group . However, for teens who had already dropped out, LEAP only modestly increased school attendance (1.5 months, compared to one month for controls) and had no effect on either high school graduation or obtaining a GED.17 "Apparently it is more difficult to work with teens after they have dropped out of school," the MDRC report stated. "Therefore, it is important to develop interventions and policies that prevent teens from dropping out in the first place."18

LEAP also had an early positive impact on employment and earnings for the group of teens initially enrolled in school. However, after two years, the control group appeared to catch up with the LEAP participants, leading some to wonder whether a GED is valuable for successful participation in the work force.19

Ohio used the MDRC evaluation findings to make changes in the LEAP program in 1996, explained Enright of the Ohio Department of Education. With a shift in focus from school attendance or "seat time" to achievement, the program attempts to place students at appropriate educational levels and move some of the older, long-term dropouts to work or training activities.

Another Ohio initiative—the Graduation, Reality, and Dual-Role Skills (GRADS) program—works with LEAP to strengthen school-based services to pregnant and parenting teens.

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the control group—a perplexing finding that the final report attributed to differences in cohabitation patterns.

16Janet C. Quint, Johannes M. Bos, Denise F. Polit, *New Chance: Final Report on a Comprehensive Program for Young Mothers in Poverty and Their Children*, Manpower Demonstration Research Corporation, October 1997, p. 18.

17Ibid.

18Bos and Fellerath, 1997, p. 21.

19David Boesel, Nabeel Alsalam, and Thomas Smith, *Educational and Labor Market Performance of GED Recipients*, OERI, February 1998, conclude from their research synthesis that the years of education and training preceding or following GED attainment have much more impact on labor market outcomes than the GED itself.

The program uses mentoring relationships between students and teachers to emphasize prenatal and neonatal care and child development and parenting. "As long as there is one person who really cares about that teen, is an advocate for [him or her], that teen is more likely to stick with it," Enright said. In 1996, the dropout rate among teen parents in GRADS was about 14 percent, as compared with 60 percent nationwide.20 The GRADS program won recognition as an educationally superior program from the U.S. Department of Education, and 16 other states have programs modeled on GRADS.21

Lengthy absences after having a baby weaken teen mothers' ties to school and should be avoided to prevent school dropout, some conference participants warned. While the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) sets an outer limit of 12 weeks after childbirth for teens receiving Temporary Assistance for Needy Families (TANF), some states have developed guidelines intended to shorten this interval. "In California," said Ronda Simpson-Brown of the state's Department of Education, "we have some programs [in which] the girls come back in 3 days. They have childcare. [We] do not want them home watching TV. [We] want to keep them linked to school...Whenever the doctor says they can come back to school, whether it is 6 weeks or whether it is 2 weeks," they come back.

Once pregnant and parenting teens quit school, many reasons prevent them from returning. Some do not want to leave their children in other people's care; some find jobs they don't want to give up. Others view their schools as unwelcoming, physically dangerous places, or hold low expectations because they failed at school in the past. However valid or practical some of these considerations may be, dropping out of school puts teen parents and their families at a lasting disadvantage.

20In Ohio, GRADS served 11,560 students (89 percent of them teen mothers, 11 percent fathers) in 1996. The female students and male students had dropout rates of 13.6 percent and 16 percent, respectively.

21About 4,000 students, total, were served in 1996 in the following states: Connecticut, Hawaii, Iowa, Kansas, Louisiana, Michigan, Missouri, Montana, New Jersey, New Mexico, Nevada, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

A Comprehensive Approach

While conference participants agreed that some current initiatives show promise, many lack key components like health services or high quality child care. "Few programs," said Wolf, "put it all together for a large number of girls." Initiatives to provide comprehensive educational and support services to pregnant and parenting teens require stable and flexible sources of funding.

Schools, community-based organizations, and other providers face substantial barriers. Wolf, in her studies of program implementation, identifies four major challenges:

- providing flexible educational programs with support services that, at the same time, allow students access to the full range of educational options within the school systems;

- providing support services (such as case management, health services, transportation) to teen parents in an efficient and effective manner;

- providing an adequate supply of quality child care and child development programming at or near schools, while linking all children, regardless of arrangement (centers, family day care, or relative care) to a broad range of preventive services; and

- obtaining sufficient, stable funds and blending funds from different sources to support program services for a broad range of teen parents and their children.22

Silver Springs High School in Grass Valley, California, a small high school that receives funding from California's education programs for pregnant and parenting teens, is successfully facing the challenges with a network of 40 agencies that established this alternative school for 150 students. "We got to education last," said Marilyn Keeble. "We could not even get to [our students'] educational needs because they had all these other needs."

To assemble its network, the Silver Springs staff applied for grants to bring services, including infant and toddler care, health care, and mental health counseling, to the site. To fund the mental health component, Silver Springs tapped into multiple sources, because if a particular funding stream dried up, the school quickly had to identify a substitute source to make up the difference. When it needed a bus to transport teens to school, Silver Springs obtained funding through a federal grant for job training.

A local hospital and other private groups contributed to the Silver Springs effort. The school even established a foundation to provide scholarships to its graduates who could not otherwise afford college or post-secondary training. A graphic depiction of this network, showing

22Center for Assessment and Policy Development, *The School-based Initiative for Adolescent Parents and Their Young Children: Overview*, October 1997, p. 4.

funding sources for each major category of services, is included in appendix B.

The scramble for funding may not have daunted the enterprising administrators at this school, but the magnitude and complexity of the process could easily doom attempts to replicate such networks. One conference participant summed up the funding situation this way: "not enough of it, too categorical, and very hard to leverage."

Besides the difficulties involved in blending sources of funding, program administrators have to cope with other rigid or conflicting regulations that make it hard to meet the multiple needs of pregnant and parenting teens. "A school's funding is tied to the number of students and the amount of time [they] spend on campus, rather than what they're learning or what they need," said Burns. If a school needs a counselor but "doesn't have enough students, it won't get one."

Joan Davis of the Living for the Young Family through Education (LYFE) program in New York City cited another example of administrative inflexibility. One of the 41 child care centers operated by the city is housed in a building with special education programs. When the center's staff tried to arrange for teen mothers to bring their babies to the facility on the special education buses (after offering to equip them with car seats), the answer was no. "Babies are not allowed to be on buses with special education students," Davis reported that she was told. "Everywhere you go, you run into a roadblock."

Three Generations

Conference participants urged policymakers to seek multi-generation solutions, since the typical teen parent family encompasses three generations. The PRWORA clearly envisions this configuration, requiring minor parents who receive TANF to live with their own parents in most circumstances. Conference participants stressed the importance of viewing teen parent issues from the perspective of whole families to meet the needs of children, teen parents, other siblings, and grandparents simultaneously.

The PRWORA also requires teen parents who receive TANF to attend school unless they have already graduated from high school or obtained a high school equivalency degree. While completing high school is clearly an appropriate course for a teenage mother that improves prospects for her children, someone must care for her baby during school hours. Since infant care is often scarce and expensive, the mother may have trouble making reliable arrangements.

Often, teen mothers turn to their relatives for help. But members of the grandparent generation may be working and struggling to provide for other siblings of the teen parent, and quitting work to care for a grandchild may not be the best alternative. The income loss could have devastating consequences for the family, and one study found that many relatives who provided child care did not use good or safe practices. The researchers attributed this lower quality of care to a lack of "intentionality:" The relatives cared for children because of the pressures of family circumstances, rather than because they freely chose child care as their vocation.23

23E. Galinsky, C. Howes, S. Kontos, & M. Shinn, *Family Child Care and Relative Care*, Families and Work Institute,

If a child is disabled, a low-income family may try to cover required services through Medicaid or the Supplemental Security Income (SSI) program.24 But if the child's special needs cannot be met through these sources, the family may see welfare as the only option. The possibility that working families confronting such choices could face dependence on welfare is not hypothetical. An example of the harsh intergenerational trade-offs encountered by a Washington, DC family is provided in appendix C.25

"Obviously, there are complex challenges," said Nancye Campbell with the U.S. Department of Health and Human Services, adding that often the children of teen parents "are the ones who have been found to pay the biggest burden." Teen mothers may eventually "catch up" economically, she explains, but "their children still have significant deficits. How we combine our service delivery and focus on the mom's needs [and] the baby's needs is critical to improving outcomes for all."

"We try to include as many extended family members as we can in our prevention activities," said Jaenike whose program primarily serves Mexican-American teens. From a cultural as well as policy perspective, she added, "to include the parents...the kid, and the grandparents and extended family members...makes sense."

Fathers

"Where have all the fathers gone?" For many teenage mothers struggling to raise their children alone, this folksong lament too often applies. But the pattern can be changed, conference speakers agreed. Conference participants urged schools and communities to strengthen the involvement of fathers in the care and support of their children.

Most often, according to state and national data, the fathers of children born to adolescent mothers are adult men. The younger the mothers are, the larger this gap in ages is likely to be.26 Fathers in their late teens or twenties are usually out of school. Some strive to support their children. But if problems with housing, employment, substance abuse, or the criminal justice system dominate their lives, the fathers tend to neglect their parenting responsibilities.

1994.

24Medicaid, a federal-state entitlement program, pays for health care for the poor. Low-income persons who are elderly, blind, disabled, members of families with dependent children, and some additional pregnant women and children are the principal categories eligible for this assistance. Supplemental Security Income (SSI), which is federally administered, provides cash assistance to low-income elderly, blind, or disabled persons.

25K. Boo, "Painful Choices," *The Washington Post*, October 19, 1997, p. 1. A 34-year-old grandmother struggles to hold down a job and avoid a return to welfare after her 15-year-old daughter, already the mother of a disabled infant, becomes pregnant again. Reprinted in appendix B.

26Mike Males, "School-Age Pregnancy: Why Hasn't Prevention Worked?" *Journal of School Health*, December 1993.

The Paquin School in Baltimore, an alternative public school offering comprehensive educational, health, and supportive services to pregnant and parenting teens, sponsors a Young Fathers Program. In collaboration with the Baltimore City Department of Social Services and the Baltimore Urban League, the Paquin program reaches an average of 200 to 250 men every 6 months. "Most of these young men come voluntarily to learn things to help them become effective fathers," said Sheridan Stanley, coordinator of the Paquin program. "At least 50 percent were referrals by other young men in the program...They would go back into their neighborhoods...They would say come and take a look at this. You better check this out."

The program links the young men with critical services and supports, seeking to remove a variety of impediments to active fatherhood. It provides classes during mornings and evenings, including preparation for the GED test. "We have young men who are homeless," Stanley said. "We address that need. If we have [cases of] substance abuse, we take them for that service. If they have a court date...we not only take them to court, we advocate for them."

Conference participants also encouraged states to develop guidelines on statutory rape to distinguish cases involving predatory rape and other circumstances as an alternative to mandatory reporting of every known case. Because of the age difference between teen mothers and the fathers, many of the fathers face the risk of prosecution for statutory rape. As states attempt to crack down on this crime, conference participants observed, the threat of prosecution is likely to increase, with potentially harmful consequences for many teen parent families.

Simpson-Brown explained that in California, as of January 1, 1998, statutory rape cases must be reported as child abuse. The requirement gives no discretion to educators, health professionals, caseworkers, and others with knowledge of a pertinent age differential between teenage girls and their partners. Enforcement in many cases, however, does nothing to protect young girls, speakers noted. And reporting requirements like California's could undermine efforts to strengthen the involvement of fathers in teen parent families. "We are trying to bring people together," said Simpson-Brown, "but this [mandated reporting] has a counterproductive result."

Parenting

Conference participants urged schools to offer classes in parenting education, accompanied by home visits, to provide teen parents with up-to-date information about health, nutrition, and the developmental needs of their children.

Parents learn how to parent by experience and example, and teen parents are often disadvantaged in both respects. Many have not grown up in stable, two-parent families. Programs working with teen fathers report that large proportions of these young men had little or no contact with their own fathers during childhood. Program directors also observe that many teen parents come from backgrounds of abuse or households where discipline is harsh. For some teens, pregnancy is viewed, however unrealistically, as a means of escaping domestic violence or other problems. To become responsive parents themselves, these teens will require more than basic,

custodial training in how to care for babies.

Margy Burns of Elkins, West Virginia described the teen fathers served by the Youth Health Service in this rural area. “Their expectations about children were significantly different [from] older populations,” she said, noting that only one father in four had appropriate expectations about parenting. Because these fathers lacked an understanding of developmentally appropriate behavior, they reacted by demanding too much of young children and tended to rely on corporal punishment to discipline them. The West Virginia program involved these fathers in counseling and a variety of group activities to strengthen their ties to their families and impart nurturing attitudes.

Parenting skills can be learned. Instruction should encompass nutrition, health, and child development, including the need to provide infants and toddlers with a nurturing and stimulating environment. Classes may also focus on budgeting, life-skills, and on improving the parents’ self-esteem. Some alternative schools integrate parenting education and child development classes into their regular curricula. Child development, for example, might help fulfill a high school science requirement.

Home visits by trained professionals should complement whatever parenting education is provided in a classroom setting, conference participants advised. For teens who cannot drive or who otherwise lack access to transportation, home visits are the only way to assure that services reach them.

The Parents as Teachers program, established by the Missouri Department of Education, now operates in every school district within the state. The program sends nurses, social workers, and educators to the homes of new parents on a monthly basis: teen parents are usually contacted more frequently. During home visits, the professionals provide health screenings of babies as well as practical guidance to parents about the physical, cognitive, and emotional needs of children from birth to age five. Parents as Teachers has active programs in 48 states, though operations are not as widespread as in Missouri.

Programs should emphasize the value of nurturing and stimulating environments for children beginning in infancy. During the last fifteen years, neuroscience research has radically altered views about cognitive and emotional development in infants and children. Scientists no longer assume that brain development is largely ordained by genetics; instead, together with heredity, environmental conditions, including experiences early in infancy, substantially influence brain growth and the circuitry that determines adult capacity.

Synapses are the connections that transmit signals along pathways within the brain. According to a 1997 report on the conclusions of significant scientific research in this field:

It is during the first three years of life that the vast majority of synapses are

> produced. The number of synapses increases with astonishing rapidity until about age three and then holds steady throughout the first decade of life...Those synapses that have been activated many times by virtue of repeated early experience tend to become permanent; the synapses that are not used often enough tend to be eliminated. In this way early experiences—positive or negative—have a decisive impact on how the brain is wired.27

The research indicates that early attachments and experiences play a critical role in brain development, and this knowledge has heightened concerns about the care infants and young children receive. Fostering strong, nurturing relationships between infants and their parents and other caregivers is critical to healthy intellectual and emotional development. Conversely, unhealthy and traumatic environments for young children impair their development. If they are not countered, these negative influences can leave lasting damage. Impoverished families and others who suffer from severe stress, depression, and substance abuse are often the ones most at risk. "The brain itself can be altered—or helped to compensate for problems—with timely, intensive intervention," the report further states. "The brain's ability to change and to recover lost functions is especially remarkable in the first decade of life."28

Teen parents need parenting education and child development classes in providing nurturing and stimulating environments for their children and respond to their children's needs. However, the crucial period from infancy to age three coincides with the period in which many teen parents will be trying to complete high school. There is unlikely to be a parent at home caring for the child full-time. Substantial increases in child care resources will be required to assure that families have access to high quality care and stimulating environments for their children during these critical early years. The progress of the children will also need to be followed more attentively. Some states, including New York and California, plan to issue student identification numbers to children in school-based programs of early care, so that the results will be easier to track.

Child Care

Stable sources of funding are essential to make child care that promotes school readiness available for the children of teen parents. In some areas of the country, infant spaces in child care centers are so limited that expectant parents must apply during the first trimester of pregnancy in order for the child to have a chance for admission by the age of one. Without reliable child care, the goals of completing high school and obtaining the skills to be self-supporting will remain elusive for many parenting teens.

27Shore, Rima, *Rethinking the Brain: New Insights into Early Development*, Families and Work Institute, April 1997, p. x. This report was based on a conference on Brain Development in Young Children: New Frontiers for Research, Policy, and Practice conducted by a consortium of foundations on June 13-14, 1996.

28Ibid., p. 37.

Students at Paquin are eligible to put their children in child care. However, the program can accommodate only 54 children (including 12 infants), while between 600 and 800 pregnant and parenting teens attend the Paquin School during the course of a year. Gracie Dawkins, an administrator at Paquin, explained that the school can refer teen parents to other providers of child care, but it cannot cover the cost of the care.

High-quality child care makes a significant difference for young children's school readiness, and higher quality care is associated with better mother-child relationships, especially for low income mothers and their children.29 However, studies have documented the scarcity of high quality care, especially for infants and toddlers. A study of 400 child care centers in four states found that 40 percent of the infant room were low quality, not meeting basic health and safety standards, and only 8 percent of infant classrooms were good or excellent. The quality of child care was related to the education and training of staff, and only 36 percent of teachers in 400 centers studied had college degrees.30 The NICHD study found that only 18 percent of their child care providers had college degrees and only a third had any specialized training.31

Attracting and keeping educated workers will continue to be difficult as long as wage and benefit levels for child care workers remain among the lowest in the nation. Teachers in the child care centers studied in five cities earned an average wage of $7.50 an hour, and teaching assistants earned between $6 and $7 an hour. A study of child care centers in 5 cities found annual staff turnover rates of 27 percent among teachers and 39 percent among teaching assistants, 32 forcing children to continually adapt to different caregivers and preventing the close relationships with adults that children need for social, emotional, and cognitive development.

Conference participants also urged states to remove age restrictions and to reconsider other policies that limit the eligibility of teen parents for child care subsidies. "New Mexico needs child care desperately," said Sharon Waggoner of Eastern New Mexico University. While the state has the third highest teen birth rate in the nation, it only provides limited child care benefits to teen parents who are under the age of 18.

In the wake of the PRWORA, conference participants noted, some teen parents will lose their eligibility for child care subsidies if they do not receive TANF—no matter how poor they are. In Maryland, for example, the new policy for child care subsidies moves teen parents who are neither working nor receiving TANF to the end of the subsidy priority queue.

Families who do not receive TANF are not necessarily well off. At Paquin, nearly all of

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29The NICHD Study of Early Child Care with 1,364 children has reported child outcomes of child care up to age 3.

30 Cost, Quality, and Child Outcomes Study team, *Cost, Quality, and Child Outcomes in Child Care Centers Public Report*, 1995.

31NICHD, *The Study of Early Child Care*, 1998.

32 Center for the Early Childhood Workforce, *Worthy Work, Unlivable Wages: The National Child Care Staffing Study, 1988-1997*, 1998.

the pregnant and parenting students come from low-income families, but only half receive TANF. Child care is subsidized for teen parents who receive TANF, but other families have to shoulder these costs on their own. This problem may grow in magnitude under the PRWORA, since fewer teen parents will live independently of their parents, who may be earning just enough to stay off welfare themselves.

Conference participants urged schools serving teen parents to arrange for on-site child care, whether or not they operate the centers themselves. Like companies which offer work-site child care, school systems may choose to supply space, utilities, and maintenance while a licensed provider of child care takes charge of administration and services.

Although individual centers may operate best on a relatively small scale, total capacity must expand to relieve a critical shortage. Among the benefits, conference participants believed that school attendance would improve considerably if adolescent mothers could bring their children with them to school each day. School child care centers may also be able to offer better environments for the children's development and learning. In the best models, teachers are certified in early childhood education, and staff closely monitors the children for health and developmental problems, with special services arranged on-site if the need exists.

States should consider devoting a portion of their average daily attendance (ADA) funding to pay for child care. In Florida and Oregon, children of parents enrolled in the pregnant/parenting teen programs are also voluntarily enrolled in order to leverage funding for the child care component of the program. Revenue is generated based upon the ADA. In California, a bill was introduced in the state legislature to restructure existing programs for these students and their children using a similar funding structure.

While alternative schools serving pregnant and parenting teens strive to facilitate child care, conference speakers noted that many public high schools resist providing such services. This resistance may reflect beliefs that caring for the babies at school is a tacit endorsement of teen pregnancy and sets a bad example for non-pregnant teens. Canessa suggested that schools could avoid the appearance of favored treatment by establishing child care centers that are open to the children of their employees as well.

Teen parents' needs for child care will continue after they complete school, conference participants also noted. Some alternative schools, like Paquin, allow the children of their graduates to remain at the child care center until they are ready for elementary school. Jackie Gibson, a graduate of the Young Fathers Program, has sole custody of his 4-year-old daughter. As a single parent, he considers the health and child care services available to his daughter at Paquin even though he has graduated as an extremely valuable benefit. While such continuity is desirable for both children and parents, school-based centers will find it difficult to accommodate the children of their graduates as long as child care slots are in such short supply.

Graduation

School systems should explore new initiatives to improve retention and graduation rates. Without a high school education, teen parents severely limit their earnings potential and their prospects of keeping their families off welfare. Many pregnant teenagers drop out of high school prior to giving birth. Others fail to return or maintain sufficient progress to remain in school after their children are born. Some teen parents consider their public schools dangerous and disruptive places where they do not learn much anyway.

The problem extends beyond the teen parent population, noted Wolf. "In Philadelphia, 50 percent of ninth-graders failed that grade, and the percentages of seventh- and eighth-graders who [get promoted to the next grade] aren't much better. High schools are not meeting the needs of lots of students, not just teen parents." Enright reported that the state's eight largest school districts have a dropout rate of 58 percent.

Pregnant and parenting teens may find the environment of public schools particularly inhospitable. Some teens who become pregnant had reputations as "bad examples" beforehand, known as troublemakers or as poor students because they had already failed at least one grade. Rigid policies about absences and course requirements based on a semester system work against them. In some school systems, "catering" to the needs of teen parents with more flexible approaches or special services is seen as condoning teen pregnancy, the wrong message to send to other students.

Speakers also identified the need to educate the parents of pregnant and parenting teens about the importance of staying in school and completing the requirements for a high school diploma. Families differ widely in their expectations about the level of education that their daughters can attain. Sometimes these are reinforced by cultural norms in communities that have not traditionally placed a strong emphasis on girls completing school.

The PRWORA exempts teen parents who receive TANF from the time limits if they are attending school full time, as long as they are also below the age of 18 and not the heads of their households. If all three conditions are not met, the determination appears to be ambiguous. To encourage teen parents to remain in high school until they receive their diploma, which may extend beyond the time they turn 18, states can specify that full-time school attendance exempts teen parents from the time limits.

Equity

Conference participants recommended a campaign to inform schools, students, and parents about Title IX requirements so that pregnant and parenting teens are not denied educational opportunities, including the choice of remaining in their home public schools.

Pregnant and parenting teens have a range of academic backgrounds. Some have histories of school failure, while others are strong students in college preparatory classes. Some pregnant and parenting teens receive a good education and valuable supportive services from alternative high schools, but these schools are not the best settings for everyone. Alternative schools may only offer a two-year curriculum, and they may lack higher level courses as well as specialized

vocational programs offered at regular high schools.

Title IX of the Education Amendments of 1972 prohibits sex discrimination in schools that receive federal funds. Regulations explicitly forbid certain forms of differential treatment of pregnant and parenting teens, including expelling pregnant students from school, excluding them from classes or extracurricular activities, and harassing or stigmatizing unmarried teenage mothers. The regulations also require schools to grant medical leave to pregnant students whose doctors deem it necessary and to reinstate such students at the end of their leaves.

Despite Title IX requirements, some schools continue to push pregnant and parenting teens out of their doors. Conference participants offered many examples, some blatant, some subtle. For example, a student who delivers a baby in April is told that her year is over and given no opportunity to finish the remaining course work. "Other students miss school for a medical reason and can get make up assignments," said Wolf. "If home instruction is made available to other people who are absent from school because of a prolonged medical reason, this pregnant teen [should] qualify for that as well."

In many districts, pregnant and parenting teens are steered to alternative schools, regardless of their preferences. While these students have the right to participate in special programs, they must volunteer. They "cannot be coerced into that alternative school," said Wolf.

But sometimes they are. "There are a lot of ways to make someone unwelcome in your school besides telling them they cannot come back," said Dr. Sally Hodson of the Florence Crittenton School in Denver. "It is done kind of covertly... Middle school and elementary school principals do not want pregnant girls walking the halls because they are more afraid of what the parents have to say than they are [afraid] of Title IX." "Some of these students were considered troublesome to begin with," added Burns, explaining that it may do them no good to insist on their legal rights. "They face a toxic environment if they stay."

Middle schools are least likely to provide services to pregnant teens and often least comfortable about keeping them in school. Sometimes, the schools respond with "social promotions" of such students, shipping them off to high school whether or not they are ready academically.

Flexible School Settings

School districts should apply lessons learned from alternative schools and provide more supportive learning environments for pregnant and parenting teens and for other at-risk students. Competency-based methods, home schooling, summer sessions, partial credit for work accomplished, and arranging for students to transfer or take courses at other schools can help students at risk of dropping out. Administrative flexibility is important as well. Compressed class schedules leave more room for appointments related to parenting during the day. And absence policies typically must be adjusted to allow pregnant and parenting teens to care for ill children as well as meet their own needs for medical care.

At their current capacity, alternative schools can educate only a fraction of the pregnant and parenting teen population. Wolf noted that in Philadelphia, 3,300 girls under the age of 18 give birth in a year; counting teen parents from prior years, the city may have 9,000 girls in need of services. Alternative schools accommodate only several hundred students at any one time. New York City, with five times as many girls in need of services as Philadelphia, reaches only 600 with alternative education programs. The Paquin School in Baltimore, serving over 300 per semester, is one of the nation's largest.33

Cities anticipate large influxes of students to their high schools in response to the requirement of the PRWORA that teenage mothers receiving TANF return to school. In New York City, according to the comptroller's office, 4,500 to 10,000 additional students could seek to enroll once the new welfare rules are fully implemented.34 Appendix D explains this issue in detail. Even with expansions in capacity, alternative schools cannot do it alone. Public school systems can use alternative schools and other special programs for pregnant and parenting teens as "learning labs," to identify successful methods of teaching and encourage their use in regular high schools.

The Florence Crittenton School in Denver is an alternative middle and high school. Typically, in a year, the school provides classroom instruction, job training, and parenting education to 250 mothers (aged 12 through 19) and 60 fathers. Its on-site nursery accommodates 110 babies. Social services are also provided on the school's campus. "Our goal is a very seamless integrated service delivery system," said Hodson. "Teens are really hard to track. They have all these people working with them all over the city and they do not have any way to get there. We are trying to get people to come to them."

The Crittenton School allows students to enter at four different times of year. This policy, along with competency-based learning methods, enables students to complete a semester's work in a shorter time. "We [are] looking at how women learn best," said Hodson. "Our school is very interactive. The girls sit at tables rather than at desks. Our classes are small and personal. A lot of students who have done really poorly suddenly feel like they are competent learners."

When teenage mothers lack basic skills, the school attempts to remedy these gaps. Literacy and math skills receive major emphasis at Crittenton. Because each student is encouraged to work at her own pace, some will progress to much more advanced courses of study. "We follow our seniors with...intensity. We want them graduating, and we want them going on to post-secondary [education]," Hodson said. "We [prepare] them to make the school-to-work transition. If they do not get help, whether they are transitioning back to their home school or...to the work world or to college, it is very difficult."

33Data provided by Wendy Wolf, Center for Assessment and Policy Development, December 9, 1997.

34 Felicia R. Lee, "Classrooms Brace for Teen-Age Parents, and Babies," *The New York Times*, January 10, 1998.

Health

School-based and school-linked programs can facilitate access to health services for pregnant teens, including prenatal care that begins in the first trimester of pregnancy, and health care, developmental screenings, and follow-up services for their children. Care providers should also seek to improve teens' knowledge about nutrition, general health habits, and family planning, as well as help pregnant teens to quit smoking and end substance abuse.

The health needs of pregnant and parenting teens sometimes receive inadequate attention from the health care system and from teens themselves. Prenatal care and good nutritional habits should begin early during pregnancy. For many reasons, however, pregnant teens may avoid or fail to keep prenatal appointments. Some have never received gynecological care before; others lack transportation. And as the more sensational cases make plain, some teens spend their pregnancies in a state of denial or immobilized by fear of what parental or peer reaction will be once their condition is disclosed.

"Obviously, the kids who do not find out about their pregnancy or do not acknowledge their pregnancy until much later...have not had the opportunity to take care of themselves during their pregnancy," said Jaenike. "So they are going to have poorer outcomes." In her area of Texas, "anywhere between 25 to 32 percent of all teens have low birth weight [babies], have no prenatal care or none until their sixth month." Nearly one-third of teen mothers in her area became pregnant again with "their second, third, fourth, or fifth children," she further noted. In part she attributed such findings to poverty and also to the power of "magical thinking." When the attitude is "it cannot happen to me...we have a difficult time getting [adolescents] the information they need to stay healthy."

While a clear medical link exists between cigarette smoking during pregnancy and delivering a low-birth weight baby, prenatal care does not necessarily focus on this problem. According to a study commissioned by the David and Lucile Packard Foundation, 20 percent of all low birth weight births would not occur if pregnant women did not smoke. Medical researchers cite low maternal weight gain and low weight prior to pregnancy as additional risk factors which, along with smoking, account for close to two-thirds of growth-retarded babies.35

"Many teens smoke because they want to lose weight," observed Jaenike. Without strenuous efforts to get them to stop, she noted, many pregnant teens will continue to smoke and attempt to lose weight despite the enormous risks to their babies.

Burns reported that 75 percent of the pregnant teens referred to the Youth Health Service program in West Virginia receive prenatal care during the first trimester. She credits this achievement to an "open door policy" about referrals and strong links to family. "Most of our teens come in with their mothers or their family members and get that pregnancy test or get some follow-up after they have had a pregnancy test," she added. "The girls who did come to our

35*Low Birth Weight*, op. cit., pp. 5-8.

program kept appointments and had lower rates of low birth weight and pregnancy complications altogether."

The Paquin School in Baltimore has a health center on its campus. According to Charlene Ndi, the center's manager, 20 percent of the students receive health services on-site and the rest are closely monitored. In the past four years, Ndi reported, "very few" of the pregnancies at Paquin involved medical complications and "not many" of the infants failed to thrive.

The Gundersen Lutheran Teen Health Service, a school-linked program in LaCrosse, Wisconsin, is located in the Gundersen Lutheran Hospital. Though begun with federal funds, the LaCrosse program is currently financed entirely by the hospital. In addition to providing health services to teens, mainly through the hospital's clinic, the program emphasizes outreach activities at the schools in its district. With the help of school counselors, program staff offer social services to pregnant and parenting teens, including assistance with child care. Staff teams also work through high school coaches to get information about family planning and prevention to teenage males.

"What's most effective in preventing problem pregnancies is early and frequent contact with the health care system," said Bruce Theiler, director of the LaCrosse program. "If [teens] come in during the first trimester, they'll have 10 to 14 visits with us, on average." He added that the clinic stays open until 7 p.m. once a week to facilitate teen appointments after school. All of the program's services, including prenatal care, are free. Obstetrical and other physician services are billed to insurance or Medicaid.

Even at the La Crosse program, with its focus on access to health care, some of the teens served have problem pregnancies. In 1996, the program reached 97 teens. The average client, aged 17, had a dozen prenatal visits to the clinic, and delivered a baby weighing more than 7 pounds. However, seven clients that year did not receive prenatal care until late in the pregnancy, and six of the babies born to teens in the program were premature.36 Although, according to records supplied by the program, most teens choose some form of birth control when discharged, twelve of the 1996 cases were repeat pregnancies, an unusually high proportion at this clinic.

Programs with links to comprehensive health services are the exception, however. Theiler believes the LaCrosse program, which has yet to be replicated elsewhere in Wisconsin, is unique in the Midwest.

Conference participants praised the efforts of school-based clinics to focus on the health needs of adolescents. But because teens are their primary mission, most of these clinics are neither prepared nor equipped to offer services to the children of adolescents. In New York City, however, the LYFE program provides technical assistance to high schools with child care centers. The program arranges pediatric care for the children of teen parents who attend these centers. It

36Based on records compiled by the Gundersen Lutheran Teen Health Service, it is not clear whether the pre-term deliveries and the cases of late prenatal care are the same.

also provides regular checkups, immunizations, and developmental screenings on-site. When these examinations and screenings identify medical or developmental problems, the centers bring in specialists. Hearing, vision, and physical therapists are the main ones children need, explained Davis. When these services are provided on-site, the child's mother can be excused from class for a short time to meet with the therapist without major disruption to the school day.

Social Support

Programs must reflect the linkages among domestic violence, substance abuse, and teen pregnancy, so that timely actions can be undertaken to reduce risks to teens. Many teen parents experienced violence as children, and many become pregnant through sexual encounters that occur while they are drunk or on drugs. "We do a lot of work with girl gangs," said Jaenike, "because one of the initiation factors in the girl gangs in our area is multiple sexual encounters in a very short period of time."

Canessa observed that many of the young women who will bear children as teenagers have come to the attention of public agencies beforehand. Based on her review of caseloads, over 1,600 per year, Canessa said, "Eighty percent were suspended at least once because they were involved in fights at school. The teachers knew about them...They have exhibited problems." Others, with histories of physical or sexual abuse, "are familiar to the child protective systems," she added. "The police have come to their homes many times." When the parents of the teens are alcoholics or drug addicts, the families are "known in the system" as well.

Safe housing for teen mothers and their children is a major problem which few programs are able to address. The Lula Belle Stewart Center in Detroit offers transitional housing to mothers aged 17 to 21 while they complete school or job training. Plans to open a second house for 16- and 17-year-olds and their children are underway. The new facility will function like an emergency shelter, explained Sharon Stewart of the center. "These are young people who just have nowhere to go with their child...They will get other services while there, but the primary service would be meeting the emergency housing need."

Given the scarcity of "second chance" housing, conference participants also raised concerns about how hardship cases will be handled under the PRWORA. Some speculated that exceptions to the requirement that minor teen parents live with their parents or another adult relative would prove difficult to obtain.

Case Management

Conference participants encouraged programs to reduce the size of caseloads and improve coordination so that families do not have to deal with a multitude of caseworkers from different agencies or a different caseworker for each family member. Susan Batten of the Center for Assessment and Policy Development listed the following functions as vital to comprehensive approaches to improving outcomes for teen parents and their children:

- client outreach and identification;
- building trusting relationships with teen parents and their families;
- accurate assessments of clients' needs, with an emphasis on strengths;
- development of client goals and service plans which identify needed resources;
- monitoring and evaluating the delivery of services;
- ability to advocate for clients and their families within the service network
- building survival skills to enable clients and their families to function as independently as possible and solve problems themselves;
- establishing access to service delivery and developing productive networks for obtaining services;
- providing support, counseling, and referrals;
- conducting and attending training, case conferences, and service network meetings;
- follow-up contacts with clients to assure that needed services were obtained, mediating between clients and service providers when necessary; and
- conducting evaluations with clients to determine whether agreed-upon services and activities were effective.37

37Susan T. Batten and Bonita G. Stowell, *School-Based Programs for Adolescent Parents and Their Young Children: Guidelines for Quality and Best Practice*, Center for Assessment and Policy Development, October 1996, pp. 27-28. The list of components of case management systems was based on the Adolescent and Family Life Program in California, among other sources.

Recommendations

Conference participants valued the opportunity to meet and share information about their work with colleagues from other states as well as federal officials. Some planned to urge their states to designate a representative in their education departments who would be an authority and for pregnant and parenting teens and their children. The National Institute on Early Childhood Development and Education was urged to consider convening conferences annually, to facilitate discussions among government officials, educators, social workers, other program administrators, and researchers about means of improving outcomes for teen parent families.

The key points to emerge from the panels and discussions are listed below. These observations are grouped by recommendations for schools, community programs and practitioners, and government agencies.

School-Based and School-Linked Programs

- take intensive approaches to improve retention and graduation rates;
- recognize the links between teen pregnancy, domestic violence, and substance abuse;
- improve teens' knowledge about nutrition, general health habits, and family planning;
- assure pregnant teens' access to health care, including prenatal care that begins during the first trimester;
- help pregnant teens quit smoking and substance abuse;
- expand opportunities for education in alternative schools and programs;
- reach pregnant and parenting teens early, while they are still attending school;
- facilitate a prompt return to school after childbirth;
- build mentoring relationships which help motivate teen parents to stay in school;
- implement Title IX so that pregnant and parenting teens are not denied educational opportunities, including the choice of remaining in their home schools;
- incorporate asset-based approaches that strengthen identity and self-esteem in efforts to discourage childbearing by teens;
- offer supportive learning environments for pregnant and parenting teens in public schools, applying lessons learned from successful alternative schools;

- develop competency-based learning and other flexible programs of study in public high schools for pregnant and parenting teens and other at-risk students;

- arrange for quality child care services in or near schools attended by teen parents;

- arrange for on-site health care, developmental screenings, and follow-up services for the children of teen parents;

- strengthen the involvement of fathers in the care and support of their children;

- develop and implement comprehensive, multigenerational approaches to providing education and supports to teen parent families;

- emphasize the value of nurturing and stimulating environments for children beginning in infancy, help teen parents to maintain such environments at home, and guide their searches for suitable child care; and

- develop effective and well-coordinated systems of case management in programs serving teen parent families.

Federal and State Governments

- develop multigenerational policies to address the needs of whole families;

- provide stable and flexible sources of funding for comprehensive educational and supportive services to pregnant and parenting teens and their children; and

- tap additional resources and identify stable funding sources to improve both the quality and availability of care for the children of teen parents.

Federal Government

- support longitudinal research on the effects of adolescent childbearing on families;

- determine, in consultation with researchers, whether new sources of longitudinal data or definitions of outcome measures are needed for intergenerational studies;

- mobilize additional support for rigorous evaluations of programs serving pregnant and parenting teens and their children;

- establish a clearinghouse to gather, publish, and disseminate information about local programs, innovations, and best practices; and

- convene government officials, educators, social workers, other program administrators, and researchers in discussions about improving outcomes for teen parent families.

State Governments

- devote a portion of the average daily attendance funding to pay for child care;
- revise policies that limit the eligibility of teen parents for child care subsidies;
- develop policies that exempt teen parents who are in school from TANF time limits;
- develop guidelines on statutory rape to distinguish cases that require the attention of the criminal justice system as an alternative to mandatory reporting requirements;
- require school districts to offer classes in parenting education, accompanied by home visits, to provide teen parents with information about health, nutrition, and the developmental needs of their children; and
- designate an authority on issues affecting pregnant and parenting teens and their children.

School-Based and School-Linked Programs for Pregnant and Parenting Teens and Their Children

National Institute on Early Childhood Development and Education
Office of Educational Research and Improvement

Conference Agenda

November 5, 1997

9:30 – 9:45 Welcome

Naomi Karp, Director, National Institute on Early Childhood Development and Education

9:45 –10:15 Setting the State: Parent and Grandparent Perspectives

Paquin School and Family Health Center, Baltimore, Maryland
Wilde Lake High School Teen Parenting Program, Columbia, Maryland

Moderator: *Evelyn Moore,* National Black Child Development Institute

10:15–11:00 Framing the Issues

Wendy Wolf, Center for Assessment and Policy Development
Patricia Canessa, National Organization on Adolescent Parenting, Pregnancy, and Prevention

11:00–11:15 Break

11:15-12:15 Community and Society Issues

Brian Theiler, Gundersen Lutheran Teen Health Service, La Crosse, Wisconsin
Margo Jaenike, Cameron County Task Force on Reducing Teenage Pregnancy and Horizon Youth Service Center, Harlingen, Texas
Margy Burns, Youth Health Service, Elkins, West Virginia
Moderator: *Jeanne Jehl,* Institute for Educational Leadership

12:15–1:20 Lunch

1:20 – 1:30 Overview of Response Groups

1:30 – 2:30 **Response Groups: Next Steps in Tackling Community and Society Issues**

Participants will work in small groups to respond to issues raised and to suggest next steps for schools, organizations, colleges and universities, and governments. Next steps will include policy development and implementation, research questions, school and program practices, and professional development.

2:30 – 2:45 Break

2:45 – 4:00 **Systemic Reform in Welfare and Education**

Nancye Campbell, Administration for Children and Families, U.S. Department of Health and Human Services
Denise Simon, Illinois Department of Human Services
Ronda Simpson-Brown, California Department of Education
Sharon Waggoner, Eastern New Mexico University
Sharon Enright, Ohio Department of Education

4:00 – 5:00 **Response Groups: Next Steps in Systemic Reform**

Conference Agenda (Continued)

November 6, 1997

8:30 – 8:45 **Verbal Reports from Response Groups**

8:45 – 9:45 **Education Options**

Sally Hodson, Florence Crittenton School, Denver, Colorado
Gracie Dawkins, Paquin School, Baltimore, Maryland
Marilyn Keeble, Silver Springs High School, Grass Valley, California
Moderator: *Wendy Wolf,* Center for Assessment and Policy Development

9:45 –10:00 Break

10:00–11:00 **Response Groups: Next Steps in Creating Education Options**

11:00–12:00 **Comprehensive Case Management and Services for Adolescents and Their Children**

Moderator: *Susan Batten,* Center for Assessment and Policy Development
Joan Davis, Living for Young Families Through Education, New York City Board of Education
Becky Cunningham, Margaret Hudson Program, Tulsa, Oklahoma
Sharon Stewart, Lula Belle Stewart Center, Detroit, Michigan
Patricia Lemus, Young Family Independence Program, King County, Washington

12:00– 1:00 Lunch

1:00 – 2:00 **Response Groups: Next Steps in Creating Comprehensive Case Management and Services**

2:00 – 2:30 **Verbal Reports from Response Groups**

2:30 – 2:45 **Closing**

Donna Hinkle, National Institute on Early Childhood Development and Education

School-Based and School-Linked Programs for Pregnant and Parenting Teens and Their Children

National Institute on Early Childhood Development and Education
Office of Educational Research and Improvement

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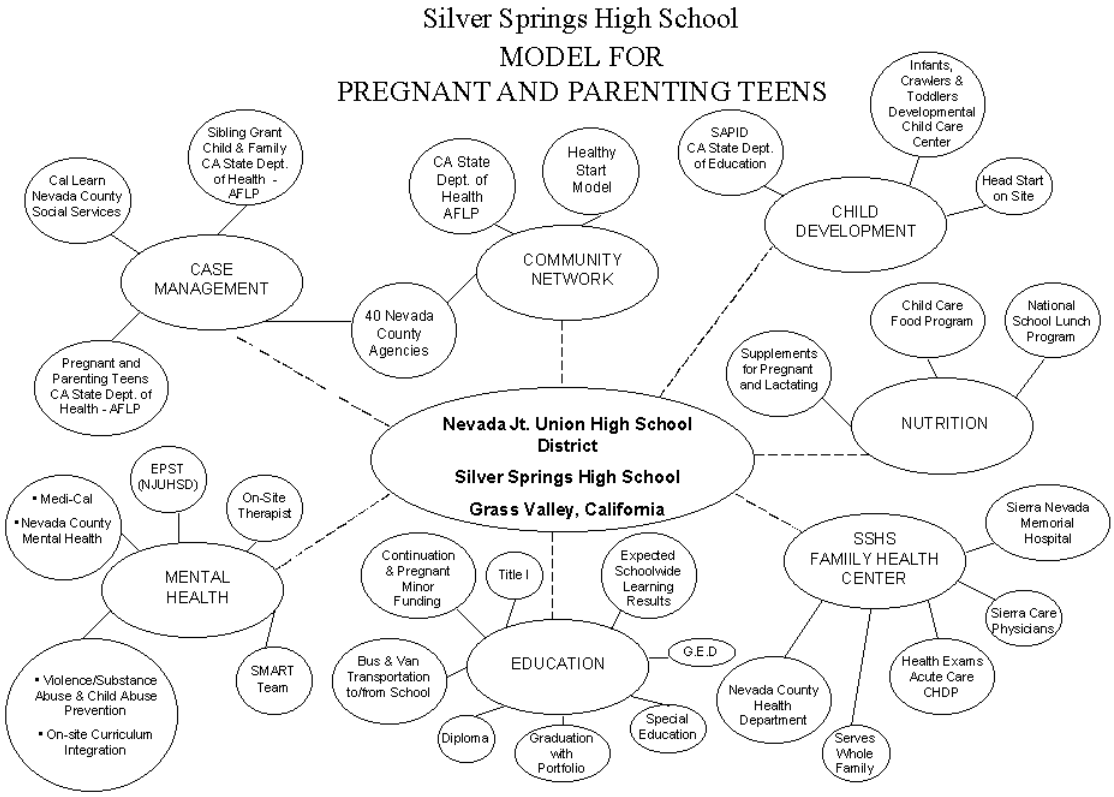

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