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ABSTRACT

This booklet presents information gathered at the November 1997 conference conducted by the National Institute on Early Childhood Development and Education in cooperation with EduTech, Ltd. The conference brought together educators, social workers, health professionals, researchers, teen parents, grandparents, government officials, and others involved with programs for pregnant and parenting teens. 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? The research base in adolescent pregnancy and parenting, conference themes, policy implications, and recommendations that came out of the conference are discussed. Appendixes include: "Conference Agenda and Participants List"; "Silver Springs High School Model for Pregnant and Parenting Teens"; "Painful Choices" (Katherine Boo); "Classrooms Brace for Teen-Aged Parents, and Babies" (Felicia R. Lee). (Author/MKA)

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

**A Synthesis of Conference Proceedings
November 5–6, 1997
Washington, DC**

Sponsored by
National Institute on Early Childhood Development and Education
Office of Educational Research and Improvement
U.S. Department of Education

In Collaboration with
EduTech Ltd.

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U. S. DEPARTMENT OF EDUCATION
OFFICE OF EDUCATIONAL RESEARCH AND IMPROVEMENT

NATIONAL INSTITUTE ON EARLY CHILDHOOD DEVELOPMENT AND EDUCATION

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

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 (51 percent) 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

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.

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

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

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

The complete agenda and list of participants are in appendix A. 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 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 never failed a grade and those who continued with their classes during their

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.

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

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.

Expand the Database

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 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

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 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.

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. 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.

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

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 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

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

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

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.

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

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.

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.

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

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.

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 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

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

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

study. “We follow our seniors with...intensity. We want them graduating, and we want them going on to post-secondary ed[ucation],” 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.”

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.

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

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 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.

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.

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 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.

Appendix A

Conference Agenda and Participants List

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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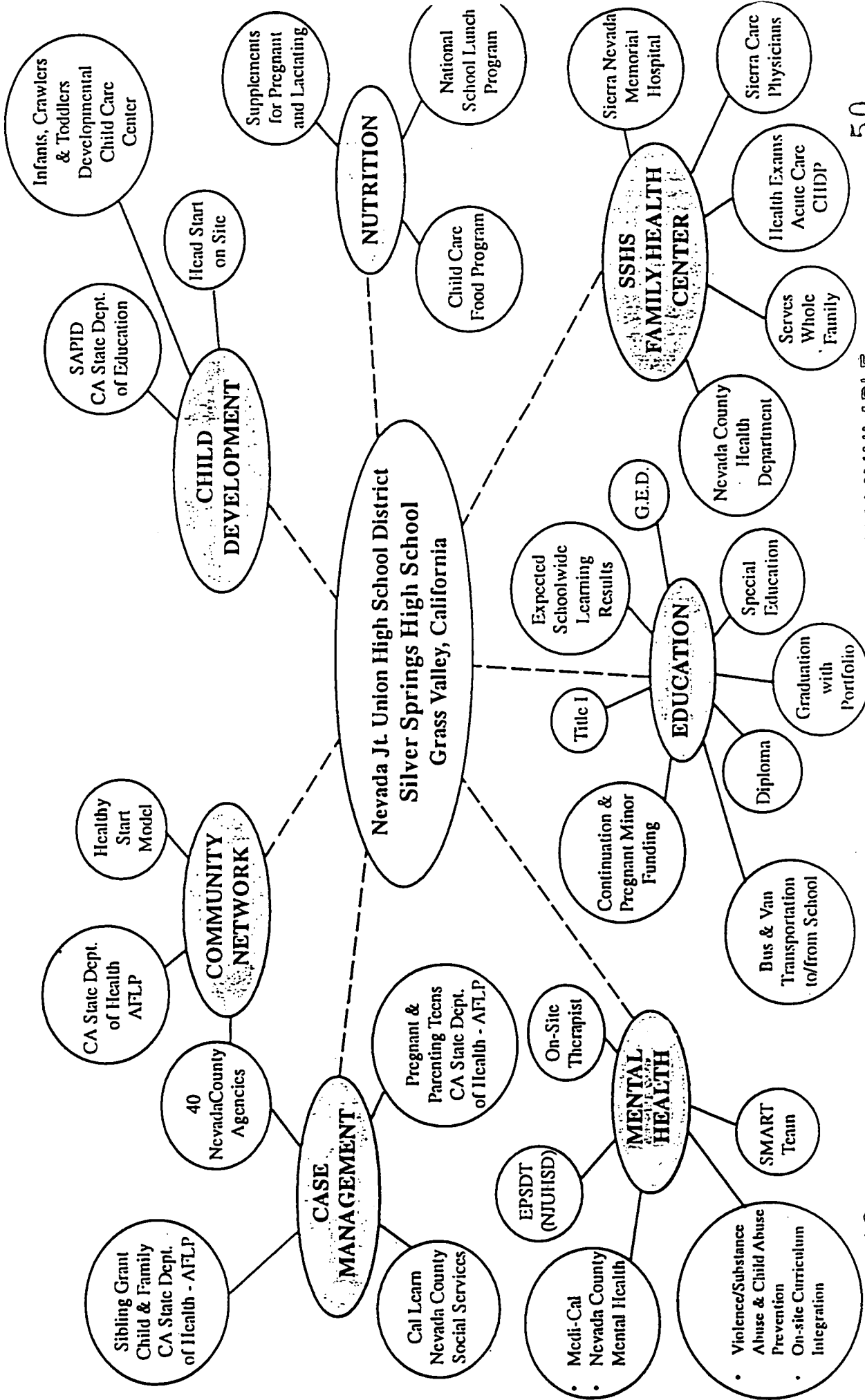
Appendix B

Silver Springs High School Model for Pregnant and Parenting Teens

Silver Springs High School

MODEL FOR

PREGNANT & PARENTING TEENS



Appendix C

Painful Choices

Painful Choices

Denise Jordan Is Off Welfare and Loves Her Job. But What About Her Daughter?

By Katherine Boo

Washington Post Staff Writer

INSIDE WELFARE'S NEW WORLD; WATCHING REFORM AT WORK OCC. , in a series

Sunday, October 19, 1997 ; Page A01

"New Jersey prom mom held on suspicion of murder," the newscaster is saying. "Plus, newborn found dead in Prince George's County storeroom." Denise Jordan snaps off the Channel 9 news. This sweltering summer evening, in the shades-drawn dark of a Benning Road apartment, such stories are best avoided. Tonight, 34-year-old Jordan understands too well the urge to make a baby disappear.

Shuffling into the living room is the source of Jordan's despair: a girl with bow lips, almond eyes and a T-shirt that says "Major Attitude," a quality this child singularly lacks. Jordan's 15-year-old daughter, Kyisha Whittico, holds in her arms her sickly 9-month-old son, Keon. In her belly, Jordan has just discovered, Kyisha holds five months' worth of another life.

There were clues, yes, Jordan can see that now: the Kotex box grown dusty, the T-shirts too big to pass as urban style. But some truths are too grim to accept until they literally protrude before your eyes.

You desk-jockeyed by day, french-fried by night. You sprayed a "Money House Blessing" potion around the apartment, knelt on lineoleum to pray. And finally you achieved what the federal government would consider a social policy triumph: You got off welfare, stayed off, and inched up the socioeconomic ladder. Just in time to see your own teenage mistakes rematerialize in the convex silhouette of your child, to see your whole family -- including your youngest, the bright 7-year-old girl now devouring this scene from under the dining room table -- stumble back down the ladder.

"I have considered myself a strong woman." Jordan releases the words slowly into the air. "But now I feel my spirit breaking."

Since President Clinton last year signed into law the most thorough overhaul of welfare in a half-century, the national eye has trained on welfare mothers hunched over push brooms or Xerox machines. Yet welfare reform's architects also aim at a social engineering more delicate than putting people to work. Believing that six decades of welfare entitlement encouraged family dissolution, they set out to legislate stronger family structures for America's poor. And teenage mothers like Kyisha are the vanguard of this re-engineering effort.

Welfare reform now intercedes aggressively in the lives of girls like Kyisha because they are, statistically speaking, where welfare begins. More than half of the adults on public assistance first gave birth as teenagers. A year ago, Kyisha and her babies could have moved in with a cousin or a friend and collected about \$600 a month in cash and food stamps. The new law blocks this escape route. Now, to qualify for welfare, Kyisha and girls like her must live with their parents or guardians. If those grown-ups have an income the government deems sufficient -- if, say, they have worked their way into a \$24,000 Labor Department clerkship, as Jordan has -- the families will get no public assistance.

Jordan's neighborhood pulses these days with 1960s' cultural idiom: funkified Joni Mitchell floating from apartment windows; tie-dye fluttering from the kiosk outside the Shrimp Boat restaurant. But the '60s notion that government spending can break the cycle of poverty, that's over. The welfare checks slipping through mail slots here now bear the label "Temporary Aid for Needy Families." Families is the key word. The theory is that strong family networks like those in some immigrant communities can provide a sturdier safety net than a government bureaucracy -- at minimal taxpayer expense. But for women like Jordan -- eyes on the middle-class prize, feet in a dream-eating inner-city culture -- the private support network replacing the government one is fragile.

The Washington Post followed Jordan for five months between her discovery of Kyisha's pregnancy in June and the baby's birth this month. Like working mothers of all classes, Jordan spent this time weighing the need to make money against the need to nurture babies, the desire for self-improvement against the ethic of parental sacrifice. But the context in which Jordan lives makes those hard choices even harder.

Should Jordan ask Kyisha, who has just completed ninth grade, to drop out of high school? That would obviate the need to spend \$800 or more a month on day care -- Jordan takes home \$1,300 monthly -- but would darken Kyisha's future even further, and the future of Kyisha's children. Should Jordan take a night job to pay for day care? That would give Kyisha a chance to finish school but would leave the babies alone every night with the silent child who is their mother. And what of Jordan's own dreams of making the management track at Labor, of realizing her potential? "I try to think logically about what I should do," Jordan says. "But what I end up with is panic."

In federal Washington, welfare reform's hierarchy of values is clear and clean: ennobling work above enervating welfare, long-term goals above short-term security, family values above selfishness. In Benning Road Washington, Jordan watches moral imperatives clash, forced to choose from a mess of bad options. Statistics can't show what it does to a woman to see her own future pitted against the future of her daughter, against the futures of two babies. They can't convey what it's like to be Jordan, the welfare success story now crouching in her narrow bathroom, faucet blasting, hoping the children won't hear her cry.

No Room for Tolerance

Maybe you feel like hurling a plate, thundering righteously down the hall. But small apartments discourage cathartic stomp-offs. So here are Kyisha and Jordan, on a sunny mid-July morning, sharing one room and nothing else but silence. In the month that has passed since Kyisha disclosed her pregnancy, they've been living as if ringed by electric perimeters, inhabiting increasingly separate worlds.

Jordan irons the dress she will wear to her job as a wage-hour assistant at Labor. Kyisha flops on her mother's bed watching "The Dating Game." She has never been on a date. Her body has swelled in the last few weeks, as if in relief from the months of hiding her condition. This morning she is killing time until her obstetrician's appointment.

Like many former welfare recipients, Jordan agreed with the politicians that the welfare system needed reforming. But she and Kyisha were stunned to learn at the welfare office on East Capitol Street that with Jordan's salary, they weren't eligible for assistance for Keon or the baby on its way.

This denial had exactly the effect policymakers intended: It diminished Jordan's already minimal tolerance of Kyisha's childbearing. Exhausted by the ordeal of caring for the premature Keon, Jordan immediately took the girl to a Pennsylvania Avenue abortion clinic. There, Jordan learned that new welfare statutes don't overrule old civil liberties. Having financial responsibility for a teenager is not the same as having authority over her. As the doctor explained the indelicacies of abortion at five months, Kyisha balked. "It hurts," the girl says of abortion, the less imminent pain of childbirth remote in her mind. And Kyisha, not Jordan, has the legal right to choose.

As they washed the dinner dishes together on subsequent evenings, Jordan made the case for putting the babies in foster care or up for adoption. But she found it difficult to counter Kyisha's reluctance when early summer offered regular news reports about chaos in the D.C. foster care system. And Kyisha wasn't about to give up her own flesh and blood for adoption. On her dresser perch two of her prized possessions: a teddy bear and her sonogram.

Jordan even marched into police headquarters in June, asking that they charge the babies' father with statutory rape. But in the District the man must be five years older than the minor girl. Between Kyisha and Antonio Hill, the father of both babies, the years are only three.

Jordan knows -- the possibilities haunt her -- that there are other ways to get a safety net beneath Kyisha and the babies. If she quit her job and went back on welfare, the family would qualify for an array of social services. If she put Kyisha and the babies out on the street, they would qualify, too.

It is easier, this grim July morning, to consider another option, one welfare reformers wish more females would take: Kyisha and Antonio could marry. Then maybe he could go into the military to support his family. As Jordan applies her going-to-work makeup -- gently melting her eyeliner on the stove to make it cling -- she indulges this fantasy, which requires serious suspension of disbelief.

"We weren't together then and we're not together now," Antonio says of Kyisha. An 18-year-old 11th-grader who prefers the streets of Lincoln Heights to a trifling summer job, who makes his home wherever a relative will lend him a bed, he has tried to help out with his sickly son. Tiny boxes of baby Nikes stacked in Kyisha's closet are his signature contribution.

Still, Antonio's words stoke Jordan's hopes. "That's my son," he says, thick fist on his heart. "I want to be part of raising him. I want him to grow up -- decent." But the exigencies of Lincoln Heights life tend to trump his family feelings. Isn't he supposed to be here this morning, to accompany Kyisha to the doctor?

"He's not coming," Kyisha says, affixing her eyes on Bachelor Number One.

Jordan raises her eyebrow. "But I thought . . ."

"Not coming," Kyisha repeats.

Not coming: as it was in Jordan's own 15th year, two decades ago. Her mother dropped her off at George Washington Hospital, where she gave birth to her first baby alone. As "All My Children" became "One Life to Live" became "General Hospital," as bombs detonated inside her, she gripped tight the bars of the bed. This is life, she told herself. You can't fight it. You just endure it.

Once, as a girl, Jordan had trolled the anterooms of the D.C. courthouse, imagining herself as a hipper Perry Mason. After the baby, a girl she named Tamika, Jordan let that dream go. Years passed. Men came and went. Children were born and raised on welfare checks and sitcoms and silence. "It was get-up-get-their-clothes-on-feed-them. But I didn't know what to say to them, what to do for their insides," she says.

Unlike many very young mothers, she managed to graduate from high school. She got married, briefly and wretchedly, to Kyisha's father. But gloom kept licking up around her. Twice she dispatched Kyisha to foster care for a spell. She permanently dispatched a daughter born between Kyisha and 7-year-old Kimberly, a girl now living with her father's family, a girl Jordan has seen maybe 10 times in as many years.

That's life, Jordan told herself. And it was her life -- until a D.C. government caseworker glimpsed a yearning mind behind the mask of nonchalance. "This woman battered me. She wanted me to take some training course. She wouldn't let me alone." The effort of resisting became greater than the effort of giving in. She showed up for a temporary job at Labor in 1988. "I figured two weeks, then back on my couch." Instead, she fell in love with work.

A job did for Jordan what welfare reformers hope it will do for millions of poor women: provided remuneration that transcended economics. From her colleagues she learned not just the fine points of fair labor statutes, but self-respect, the possibility of working toward goals. Above her bed are neatly framed certificates: "Proofreading I," "Advanced WordPerfect," two "Special Achievement Awards."

"My kids think we're rich," Jordan laughs. Her \$1,300 a month is deluxe by the standards of Benning Road. But as common sense suggests and social science affirms, improving children's futures has more to do with time and values than with income. A neighbor on welfare distracts her small children with repeated showings of "Pulp Fiction." Jordan's children got Little Golden Books, "Miracle on 34th Street" and a mother often away at work. Jordan counted herself lucky when Tamika finished high school childless and joined the Army. She was less lucky protecting Kyisha from the seductions of Benning Road.

From her bedroom window Jordan glimpses the usual morning bustle at her beige-brick apartment complex: cabbies polishing hubcaps in the parking lot, nurses' aides hightailing it to the bus stop. "We're unsubsidized here," Jordan says -- not a complaint, a point of pride. But her reef of striving sits between two vast public housing projects, one that's boarded up, one that might be. "A drug-invested place," Antonio calls the neighborhood. "A place where kids get bad habits."

Research indicates that women who are climbing the lower rungs of the economic ladder feel but increasingly inadequate. No wonder: Jordan is too well-off for the free "Send a Kid to Camp" programs her neighbors rely on but too poor to send her children to camp -- let alone obtain the ballet classes and high-stimulation day care that more affluent working women purchase to compensate for their daily absences.

Jordan yearns to escape to Prince George's County, a place of decent schools and safer streets. But this apartment's \$550 rent is what she can afford.

Chill out, Jordan tells herself, beating an exit from this baby-haunted home. Soon she is on the subway, then safe in cubicle country. She'll spend the day fielding the phone complaints of area workers who feel they're being exploited. Here, as other people's tribulations pour into her ear, she'll feel competent, in control. Her boss says he wishes he could clone her. But work is easy by Jordan's lights, easier than she imagined back when she was on welfare. It's motherhood that has turned out to be hard.

A Comforting Heartbeat

One hundred fifty-four beats a minute. The amplified throbs fill the tiny examination room, strong and fast and, to Kyisha, as beautiful a sound as anything on MTV.

What goes on in that girl's head? At work, between phoned-in complaints, Jordan tries to understand. "Everything I did was because I was afraid of being alone," she hazards: chased men, tied them to her by having their babies, looking for a family feeling she had not found in her childhood home. "I don't want Kyisha to feel she has to have children to keep a man, have a sense of family. . . . But still I wonder if she is afraid of being alone, because I know I was."

Today, hearing heartbeats, Kyisha does not feel alone.

It's hard to prevent children in poor neighborhoods from having more children. Recent studies in New Jersey and other states that deny teenagers welfare benefits show that birthrates are unchanged. Carrots don't seem to work any better than sticks. The Manpower Demonstration Research Corporation followed disadvantaged teenage mothers who received expensive, intensive social services over several years; aid made the girls no less likely to have a second baby.

Does nothing work? Data from the massive National Longitudinal Study of Adolescent Health indicates that children with strong emotional attachments to their parents are less likely to become sexually active at an early age than children who lack that bond. Jordan worries that her ineptitude as a young parent hurt Kyisha. She worries that the following years of frantic working hurt the girl more.

"Maybe I never talk," Kyisha speculates, "because I never had anyone to talk to."

The doctors term Kyisha's second pregnancy high-risk, given the catastrophe of her first one last year. When her cervix opened at six months, her doctor commanded bed rest. Instead she went to the mall. The next day she delivered, by Caesarean, two unready babies. Three weeks later she sat in the Children's Hospital chapel sobbing, her Absolut Madness lanyard dangling over a baby-girl corpse. After multiple eye surgeries and six months of lung therapy, the survivor, Keon, came home from the hospital -- \$250,000 worth of treatment covered by Medicaid, the sole government assistance for which he qualifies.

At which point Kyisha noticed her period truant again.

Now, as Kyisha shivers on the white-papered table in this North Capitol Street medical office, a nurse carefully explains to her what labor pains will feel like: carefully, because the nurse detects something it has taken Jordan years to acknowledge.

Jordan has suspected since Kyisha was a toddler that her child's quiet differed from the quiet of other children. "Slow," was the word she used. The junior high school principal advised against special education, saying it would stigmatize Kyisha. Jordan lacked -- confidence? time? stomach for the truth? -- to further plumb the mysteries of her daughter's brain. Kyisha simply went to school, existed sub-radar, collecting enough C's and D's to be passed out of one teacher's hair into another's. "I don't trouble them," Kyisha says of her teachers, "and they don't trouble me."

Jordan, haunted by her own past, was more aggressive in educating Kyisha about sex. She took her daughter to the doctor regularly beginning at age 12, advising her to get birth control if she needed it. Kyisha emerged from the office visits empty-handed. "Denies sexual activity," one medical record reads, before noting her preferred jump-rope style: "Likes double-dutch."

Doing fine, the nurse says today. Kyisha exhales, relieved.

Confinement, they called pregnancy in the old days. But Kyisha has learned with Keon that confinement doesn't end with delivery. When your baby can't breathe the outside air or tolerate sunlight in his diseased eyes, you stay inside. Antonio, beeper ever beeping, never stays as long as you'd like. Your friends stop stopping by. In the evening, after their summer jobs, they gather on the corner and shake their heads about you. "Two already!" they say. "That's a life sentence." It disconcerts Kyisha when such comments drift back her way. She should have thought. She didn't.

Jordan has thought. What she sees ahead are more bad choices.

Give up on Kyisha and move on to the next child, the ardent Kimberly: That's what some advise. If Kyisha drops out of school, she can take care of the babies and Jordan won't have to pay for day care -- which for the new baby alone would consume more than 50 percent of Jordan's weekly earnings. But another number also weighs on Jordan's mind. Five years: The new welfare law provides only five years of assistance in a person's lifetime. A slow child who's had two kids before her sweet sixteen is going to struggle anyway. Without a diploma, Jordan fears, Kyisha will be doomed.

The nurse now explains to Kyisha that she needs to increase her iron intake, that she will be constipated when she does. The nurse's advice -- Metamucil -- in hand, Kyisha heads home through a brilliant summer day, past a truck farmer selling cantaloupes, past carnies folding circus tents by RFK, past children her age playing sharks and minnows in the public pool.

Back home Kyisha doesn't turn on the lights. In the dark she Windexes the glass top of the dinner table, scours the spill rings on the stove. She listens for the bus that will bring Keon back from his daily developmental therapy: a horn toot at which time she will try to set aside an idea so mortifying it can only be murmured in darkness.

"I am not ready to do this. I am a child."

Sharing a Sister's Burden

"I just feel burnt out." Jordan this August night literally leans on her best friend and neighbor Sheila, whose black T-shirt is laced with golden baby vomit. "You can give Kyisha and Antonio your opinion, talk until you go crazy. But you can't make them do what you want them to do. Sometimes I get so frustrated I just want to run away."

Antonio, angry that Kyisha dressed Keon in a T-shirt instead of the Mickey Mouse outfit he bought for him, has shoved Kyisha. Kyisha retaliated by hurling a brick at him.

Sheila is clear on Jordan's course: "He should be barred from your house. A man doesn't hit a woman and that's that."

But Jordan feels Antonio has good inside him, that the boy yearns to change. She's been working on him, about the military, about his paternal obligations. Still, she worries, "What if we wake up one morning and Keon and Kyisha are gone? I get sick thinking of what would happen to them out on their own."

As this grown-up stuff swirls around her, Kyisha's little sister Kimberly turns her bunk bed into a fort of books, a la "Daniel Boone's Frontier Adventures." But the fort does not protect her. The fact that welfare reform keeps Kyisha in the household on Benning Road impinges on Kimberly's future as much as it does on Jordan's.

"I want be a mother some day," says Kimberly, who last year won first prize in an essay-writing contest at school. "But I think I'll be a police and a fireman first."

Last spring, between baby crises, Jordan secured a partial scholarship for Kimberly to attend a Catholic school across the Anacostia River. Jordan wanted her to see a world where children go to college, postpone babies. But with the new baby coming, with the future so uncertain, Jordan feels she can't cover her portion of the tuition. For now, Kimberly will attend the neighborhood public school.

Policy-makers might wish that Jordan would scrimp and borrow to come up with Kimberly's tuition, an investment that could pay off in the long run. But Jordan has been shaped by a culture that tends to distrust the future. Anything can happen, and does. Kimberly's bike, stored on the third-floor balcony, is stolen by an acrobatic thief. Keon goes into respiratory distress during developmental therapy and must be revived by paramedics. It's hard to think about getting ahead when you're busy getting by.

"I need to open Kimberly up to more things, but Kyisha has drained me," Jordan frets. She finds herself jumping on Kimberly when the girl dawdles over her breakfast toast and is late for school. "I wonder if it's because I know Kyisha feels bad enough already and I can't yell at her," Jordan says. "So I snap at the kid who can take it. I try to be patient. I am determined not to let Kyisha's situation hurt Kimberly's future. But Kyisha is what life is about now."

Counterdose of Celebration

Raise high the roof beams! Crack open the Hawaiian punch! Jordan has received a \$3,000 raise. Okay, so after taxes and all, the gross nets out to about \$100 a month. Still, it reverberates. As September arrives, Jordan's spirits lift a bit. And she finds herself, after months of studied indifference, susceptible to baby magic.

On Keon's first birthday Jordan decides that the months of stress demand a counterdose of celebration. Balloons are inflated. Antonio rolls in bearing a mite-sized Chicago Bulls outfit, more shoes. His beeper sounds -- Lincoln Heights calls. He says he has to go. He stays instead. Kyisha passes him cheese curls, a piece of Power Rangers cake. She cannot hide her smile.

"Didn't think you'd make it this far," neighbor Sheila says to Keon as he rocks on a wicker horse from the Salvation Army. A cupcake, candle-lit, memorializes his dead twin.

Jordan still hates to see Kyisha so trapped, so freighted. But the dread Jordan used to feel coming home from work has ebbed. "Now that I'm 35 I look around and think of all the things I could have done," she says, Keon bouncing in her arms. "I'm better with Keon than I was with my own."

Even the nurse who visits to administer Keon's weekly respiratory therapy is impressed by the change. The family seems to have coalesced as they struggle to raise Kyisha's child. When Jordan suctiones the mucous from Keon's nose and medicates his troubled eyes, when she explains to Kyisha why soap and water clean better than BabyWipes, a subtle alchemy seems to be taking place. The responsibility of teaching Kyisha how to be a mother is making Jordan more conscious of her own parenting.

This consciousness has practical consequences. In September, after applying for night jobs at Caldor and Hollywood Video and Pizzeria Uno at Union Station, Jordan decides that Kimberly, Keon and the new baby require her more than they need her additional earnings. She clenches her teeth and decides: Kyisha will stay out of school to care for her children. She'll return to 10th grade a year from now, Jordan promises herself.

"God doesn't give you more than you can handle," she says, just before Kyisha starts to give birth in the living room.

A New Arrival

It's the first week in October. Kyisha has stayed up all night. Indigestion, she thinks. Labor, it is. By the time Jordan grasps what's up, the contractions are fast upon each other. Jordan grabs Keon. Antonio, who's been staying at the house in anticipation of the birth, takes Kyisha's arm. Together they tear out to Washington Hospital Center, where, as Jordan and Antonio grip her hands, Kyisha silently expels a noisy baby boy.

As Kyisha dozes, Antonio prowls the halls, telling the nurses about his splendid new son. Keon reaches for him, proffering his first word: "Dada." Jordan looks at the sleeping Kyisha. She looks at the preening Antonio. She looks at the playful Keon. She looks at the child who will be named Marques. It would be nice to sleep through the next 10 years. She knows she probably won't get an unbroken night for months.

Muddling Through

But life goes on, doesn't it? You pray the two babies don't want to eat at the same time. They usually do. You pray they won't wake each other up in the night. They usually do. Antonio takes to sleeping on the floor by the crib, training to be the fastest bottle-warmer on Benning Road. Bleary-eyed in the morning he gets up to go to school. Kimberly grabs her backpack and follows fast behind him. Jordan, also bleary-eyed, gets dressed, checks her clothes for baby spit and Gerber spills, and goes to work.

Kyisha watches these leave-takings silently, smudges of sadness beneath her eyes. She carries her new baby to the couch. "Cosby Show." "Family Matters." "Sanford and Son" -- what her mother watched in her years of teenage motherhood. Kyisha has received an injection of Depo-Provera contraception.

This is life, she says. "Nothing in it to be happy about."

Then again, Kyisha and her children are not on welfare. Federal fiat is pushing this family to cohere -- to change habits and expectations. And they have muddled through. A public expense has been averted.

The private expense will not be officially tallied.

Jordan emerges from a bathroom stall at the Labor Department. So a few of her own dreams have been tabled. So she won't win the middle-class sweepstakes this year. Still, she's making it. Improvising and surviving. Can anyone tell? she wonders, looking around as she hustles down the hall, back to work. Can anyone tell she's been crying?

ABOUT THIS SERIES

Last year Congress hammered out one of the most ambitious social engineering efforts of recent American history, the "Personal Responsibility and Work Opportunity Reconciliation Act," which ended six decades of welfare entitlement. The Washington Post is chronicling the impact of this watershed act. Since the law's passage, much attention has been given to the law's demand that states put one-quarter of welfare recipients into jobs or "work activities," or suffer multimillion-dollar penalties. Today's story explores, through the prism of Denise Jordan and her pregnant teenage daughter, a less-noted, more delicate intent of the law: the effort to strengthen family structures among America's poor.

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Appendix D

Classrooms Brace for Teen-Age Parents, and Babies

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High Schools Installing High Chairs as Dropouts Must Return, or Forfeit Welfare

By Felicia R. Lee, The New York Times, January 18, 1998

It looks like any ordinary New York City high school, except for the strollers lining the hallway and the childish finger paintings adorning the walls. Then a visitor comes upon the centerpiece of the whole place: four rooms that have been turned into jolly nurseries, with all manner of toys, high chairs, refrigerators, books—and babies.

This is the School for Continued Education at 22 East 128th Street in Harlem, one of five schools dedicated exclusively to pregnant students or young mothers and one of 41 such centers, most of which are housed inside conventional schools. These combination day-care centers and schoolhouses currently accommodate 600 babies, ranging in age from 2 months to 33 months, and graduate 200 parents each year.

But the program, Living for the Young Family through Education, or Lyfe, the largest of its kind in the nation, has been bracing for months for an influx of what could be thousands more teen-age mothers who dropped out of school, but now must return to school to keep their benefits under the new Federal welfare law. In New York City, that could mean between 4,500 and 10,000 more students in the already severely crowded schools, according to the schools and the City Comptroller's office. Other estimates have been as high as 19,000 students.

New York State officials last year gave themselves a Nov. 1 deadline for writing and enforcing the rules for a law that requires parents under 18 to attend a school or training program or lose cash, food stamps and medical care. The deadline has passed, yet the specific regulations and their enforcement—and the mothers and the babies—remain in a holding pattern.

Renelda Higgins-Walker, a spokeswoman for the city's Human Resources Administration, said yesterday that the city expects as early as next month to start requiring young mothers to prove they are in school when they appear for periodic recertification of their eligibility for welfare benefits.

“The word is out in the income-support centers,” Ms. Higgins-Walker said. “It is expected to be operational next month.”

The school mandate, part of the Federal welfare reform legislation passed in 1996, says the mother must be back in school by the time her child is 12 weeks old.

The school system, meanwhile, has responded to the influx of mothers with plans to open four new Lyfe centers, each accommodating about 18 mothers and their children, by this

fall. It will also expand its general equivalency degree and adult education programs, focusing on sites near day-care centers.

Still, some advocates for poor people are distressed that it has taken so long to clarify the situation. "All this failure to do anything means that young women are not getting what they need to go into adulthood," said Sandy Socolar, the chairwoman of the Childcare Committee of the Citywide Task Force on Pregnant and Parenting Teens, a group made up of city officials and community leaders.

Ms. Socolar said some young mothers who dropped out and contact schools about the possibility of returning have been discouraged by school officials because the mothers are so far behind academically. She said she believes the schools need to reach out more to the teen-agers. The task force is also working hard to expand the number of family homes used for day care, she said.

"The idea is that the babies we service have no other means of child care," said Joan Davis, the assistant principal of the Lyfe program. "We are also looking into what kinds of educational programs we need. The girls who are coming back are the ones with the most educational deficits."

Each of the four new Lyfe centers will have a nursery for 18 babies. The new centers will work in the same comprehensive way as the current ones. While a mother—or the occasional father—studies for a diploma or a general equivalency degree, the babies are enrolled in educational programs of their own. The parents also get help with social services, ranging from housing to counseling.

Last year, the Board of Education spent \$4.6 million for new nurseries and nursery repairs and staff salaries. As a result, there is space now in the schools for about 685 babies, with the largest nurseries accommodating up to 40 children.

J.D. LaRock, a spokesman for the Board of Education, said the board is convening advisory boards in each borough to determine how many students will be returning to school. "Increasing numbers of mothers are calling us wanting to return to school who have littler or no credits." Mr. LaRock said. "It makes appropriate placement difficult."

Each year in New York City, about 10,000 teen-agers give birth to their first child, and an additional 3,000 have a second or third child. Perhaps a third of these mothers have a high school diploma, according to statistics gathered by the Board of Education. About half of the teen-agers who are now mothers dropped out of school before they had babies.

"Many of our young people are at survival level," said Sharyn Wetjen, the principal at High School Redirection in the Brownsville section of the Bronx. The school, which has a nursery, serves students who have failed to make it in other schools.

One recent rainy morning, Curtisha Davis, who will graduate from the School for Continued Education this June, checked on her son Sidarius, who is 7 months old.

Ms. Davis, who is 19 and lives in the Bronx, said that when she became pregnant, she had no idea of what to do, but said she realized that she would go nowhere without at least a high school education.

“I would have stayed home and taken care of my son the best way I know how,” Ms. Davis said when asked what she would have done if she did not attend a school with a nursery. “Here, I can get my education. The teachers are good. I basically like all my classes. I’m not the best student in the world but I do my best. I want to go to college.”

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