
SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR YOUNG CHILDREN

An Overview

CONTENTS

- **WHY SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN?**
- **WHAT OUTCOMES SHOULD PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN SEEK TO ACHIEVE?**
- **WHAT ARE THE CORE ELEMENTS OF A COMPREHENSIVE SERVICE STRATEGY TO ACHIEVE THOSE OUTCOMES?**
- **WHAT ARE COMMON BARRIERS TO IMPLEMENTING COMPREHENSIVE SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN?**
- **WHAT GENERAL LESSONS HAVE BEEN LEARNED FROM THE FIELD ABOUT IMPLEMENTING COMPREHENSIVE SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN?**
- **WHAT SPECIFIC STRATEGIES HAVE BEEN USED TO OVERCOME COMMON BARRIERS?**
- **CREATIVE STRATEGIES USED TO OVERCOME CRITICAL BARRIERS**
- **WHAT CAPACITIES WILL PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN NEED?**
- **REFLECTIONS ON EARLY IMPLEMENTATION DURING PHASE 2 OF CAPD'S SCHOOL-BASED INITIATIVE FOR ADOLESCENT PARENTS AND THEIR YOUNG CHILDREN**
- **NEXT GENERATION ISSUES**

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WHY SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN?

Rationale for Parents

- Schools have the potential to connect with and support adolescent parents before they drop out of school and become alienated from educational goals.
- Later non-school interventions with adolescent parents who have already dropped out of school have only modest effects on increasing social and economic self-sufficiency, while there is new evidence that intervening before they drop out is more effective.¹
- Research on the LEAP program suggests that stronger positive outcomes are achieved when the intervention is closely tied to schools, that is, by having case managers located in the schools and in-school child care.

Rationale for Children

- Almost half of all poor children were born to an adolescent.
- Poor children have less access to basic services that promote health and development, such as well-child care, developmental screenings, immunizations, and quality child care/development experiences. Thus, they are at greater risk of poor health and development and of being less well prepared for school success.
- School-based programs for adolescent parents offer opportunities to link their children with basic health and child development services and to support good parenting practices.

¹ For example, although *New Chance* had significant effects on GED receipt, there were no impacts on the likelihood of moving from welfare into the job market or on the timing or frequency or repeat pregnancies. LEAP showed significant effects on receipt of both high school diplomas and GED certificates, but the program was most successful for participants who were served through a school-based program.

WHAT OUTCOMES SHOULD PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN SEEK TO ACHIEVE?

SELF-SUFFICIENCY OUTCOMES FOR PREGNANT AND PARENTING TEENS

- Increased school attendance
- Increased progression toward school completion
- Increased graduation from high school with diploma
- More successful movement from school to further education and training or employment
- Increased length of time between first birth and second pregnancy
- Developmental Outcomes for Children of Adolescent Parents:
 - Increased healthy births
 - Increased age-appropriate physical, emotional, cognitive and social development
 - Increased readiness for school success
 - Increased on-time receipt of appropriate health and child development services

OUTCOMES FOR FAMILIES

- Increased practice of good parenting skills, including ability to obtain needed services for one's children and to provide developmentally appropriate nurturing and stimulation
- Reduced use of inappropriate discipline
- Reduced incidence of child neglect or abuse and domestic violence

WHAT ARE THE CORE ELEMENTS OF A COMPREHENSIVE SERVICE STRATEGY TO ACHIEVE THOSE OUTCOMES?

Services for Adolescent Parents

- Flexible, quality educational options
- Quality child care and child development programs
- Access to prenatal care and family planning services
- Case management services
- Family support services that include the teen's own family and potentially the child's father
- Parenting, child development and nutrition education
- Support services, including transportation assistance
- Transition support to post-secondary education, training or employment services

Services for Children

- Quality child care and child development programs
- Well-child care, including immunizations and physical examinations
- Developmental and other screens (including lead screens) with appropriate follow-up services
- Access to health care services

For more details on best practices of these program elements, please see "School-Based Programs for Adolescent Parents and Their Young Children: Guidelines for Quality and Best Practice." Susan T. Batten and Bonita Stowell, Bala Cynwyd, PA: CAPD October 1996.

WHAT ARE COMMON BARRIERS TO IMPLEMENTING COMPREHENSIVE SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN?

- The difficulty of 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 system.
- The difficulty of providing support services (such as case management, health services, transportation) to teen parents in an efficient and effective manner.
- The difficulty in 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 set of preventive services.
- The difficulty of obtaining sufficient stable funds and of blending funds from different sources to support program services for a broad range of teen parents and their children.

WHAT GENERAL LESSONS HAVE BEEN LEARNED FROM THE FIELD ABOUT IMPLEMENTING COMPREHENSIVE SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN?

- Adolescent parents are often invisible — in the community and to the schools — unless they encounter the welfare system.
 - Schools represent a valuable option for intervening early with both young parents and their children.
 - Few programs have consciously defined a set of short- and long-term outcomes and developed a strategy to achieve those outcomes. Thus, many programs lack necessary services and supports critical to teen parent and child outcomes, and few collect sufficient data on services and outcomes to assess their effectiveness and strengthen their programs.
 - While few programs are comprehensive, there are some that provide a broad range of services, generally to adolescent parents and sometimes to their children as well.
- Many programs have devised creative strategies for overcoming barriers to implementing particular services.
- No single program setting or set of services is likely to be able to meet the individual needs and goals of all teen parents and their children.
 - Developing a comprehensive strategy requires cooperation and collaboration among a variety of community organizations, including the schools.

For more details, see "School-Based Programs for Adolescent Parents and Their Young Children: Overcoming Barriers and Challenges to Implementing Comprehensive School-Based Services," C. L. Sipe and S. T. Batten, Bala Cynwyd, PA: CAPD, October 1994.

WHAT SPECIFIC STRATEGIES HAVE BEEN USED TO OVERCOME COMMON BARRIERS?

Flexible Quality Schooling for Pregnant and Parenting Teens

- home schooling
- summer sessions
- changes in absence policies
- competency-based education
- award of partial credits
- links with other schools for course work

Support Services for Pregnant and Parenting Teens (health examples)

- school-based clinics
- mobile medical vans
- school nurses
- coordination with community health agencies to provide services unable to be offered in or at schools

Quality Child Care for Parenting Students

- expanding school-based services by using state drop-out prevention or foundation funds
- using specially designed portables to house child care programs when no space in the school is available
- working with the local child care providers to use existing or create new family day care homes for teen parents around schools
- supporting relative caregivers to facilitate healthy child development
- providing special training to providers caring for the children of teen parents
- using in-school child care center staff, school nurses, school-based health center staff or itinerant medical staff to link children in various child care arrangements with health services

Funding Comprehensive School-Based Services

- making teens a priority for funding services
- funding collaboratives
- centralized funding
- using flexible funding sources like enhanced ADA reimbursement or state drop-out prevention funds to pay for services that cannot be funded by categorical resources

CREATIVE STRATEGIES USED TO OVERCOME CRITICAL BARRIERS

SERVICES TO PARENTS

Educational Programming

Strategies to provide more flexibility in how credits are earned toward graduation (while maintaining educational quality) include:

- Offering additional opportunities to cover material and accumulate credits through such options as home schooling (Columbus, St. Paul, Oakland) and summer sessions (Albuquerque, Portland)
- Alternative approaches to credit accumulation, e.g., competency-based education (Minneapolis New Vistas, Sarasota), partial credits (Pinellas County, Oakland) and creative course development (Silver Springs High School, Albuquerque)
- Changing policies with regard to absences (Sarasota) and school hours (Minneapolis New Vistas, Silver Springs High School)
- Maximizing both flexibility and equity in access to a full range of educational opportunities for pregnant and parenting adolescents can be accomplished through district-wide programs that offer students a mix of educational settings and options from which to choose. (Minneapolis and Pinellas County)

Health Care

Strategies for providing family planning services (particularly contraception) on site include:

- Offering health services through outside providers rather than by school personnel (Albuquerque)
- Obtaining legislative exception to a law prohibiting dispensing contraceptives on school grounds for school-based programs specifically for adolescent parents (Louisville)
- Transportation
- Provide students with bus passes or vouchers for

local public transportation (Portland, Oakland)

- Transport students and babies on program-operated buses equipped with child safety seats (Sarasota, Louisville)
- Transport students and babies on regular school buses, requiring students to bring and use child safety seats (Pinellas County)

SERVICES FOR CHILDREN

Creating a sufficient supply of quality child care:

- Involves developing a variety of child care settings including on-site centers, family child care homes and relative care

Ensuring quality includes

- Incorporating licensing standards for both centers and family child care homes
- Requiring both center staff and family child care providers to receive training in early childhood education; training in adolescent development is also helpful for providers working with adolescent parents
- Monitoring home providers through regular visits
- Developing a network of home providers and facilitating regular networking and support meetings

While linking children in on-site care to health and developmental services is relatively easy, providing these links for children in family child care or relative care is more difficult. Strategies observed include:

- Periodically bringing children into a central location to receive routine health and developmental assessments (Pinellas County)
- Employment of visiting or rotating professionals to provide limited services in the caretaker's home (Minneapolis)

Creative Strategies Used to overcome Critical Barriers (continued)

Adolescent parents also need counseling and education around selecting quality care for their children.

Strategies observed include:

- students with a questionnaire that covers such topics as daily schedules, health and safety issues, and regulatory compliance and license inspection (Inglewood, CA)
- Discussions with staff about what to look for in quality care, visits to an average of three family child care homes followed by further discussion with staff about the strengths and weaknesses of each provider (San Francisco)

FUNDING SERVICES

Sources of Flexible Funding

Enhanced ADA (Average Daily Attendance) and FTE (Full-Time Equivalent) formula funding provides flexible dollars that can be used to pay for a wide range of services for adolescent parents and their children.

- Florida's Teenage Parent Program provides schools with 1.6 FTE in state education funds for each student enrolled in a school-based program for pregnant and parenting students plus an additional 1.6 FTE for each child of these students. Funds can be used to pay for basic educational services, child care (on or off-site), transportation, case management, counseling, etc. These additional funds must be used for dropout prevention activities, but are not restricted to programs for pregnant and parenting students.
- Oregon provides school districts with additional ADA funds for pregnant and parenting students. While these dollars may be used to fund a range of services for pregnant and parenting students, districts are not required to use the funds for this population.
- California's Pregnant Minor Program provides additional funds to several county offices of education to operate programs and provide support services for pregnant students. While these funds must be spent on services for this population (unlike Florida

and Oregon), the enhanced funding is not available statewide.

Funding Child Care

Programs face several barriers to funding child care for adolescent parents. Overcoming these obstacles generally requires programs to draw upon multiple sources of child care dollars. The primary source of child care subsidy for welfare-eligible parents is JOBS; however, programs often have difficulty accessing these funds for in-school parents because JOBS does not place a high priority on serving in-school teen parents.

- Child care for non-welfare-eligible teens can be subsidized with Child Care and Development Block Grant (CCDBG) funds, with Community Development Block Grant (CDBG) funds, with Carl Perkins Single Parent/Displaced Homemaker Program funds and various state, local and foundation sources.
- Because most child care funds are not targeted specifically for adolescent parents, teen parent advocates need to participate in community planning efforts to ensure adolescent parents receive priority for various block grant funds.
- Breaks in service during school vacations often jeopardize students' child care subsidy. While CCDBG provides no flexibility for covering these breaks in service, JOBS regulations allow states the option to pay for breaks in service. Another alternative for covering these breaks is to supplement either federal source with foundation funds.
- While many child care funding sources cannot be used to support training, technical assistance and support activities for child care providers, sources such as CCDBG, Social Services Block Grant funds and some foundation, state education and county funds have been used successfully to support these activities.

Creative Strategies Used to overcome Critical Barriers (continued)

Funding Services for Parents:

Programs rely on various federal (Title XX, JTPA, Medicaid), state and local funds to pay for educational and support services for adolescent parents.

- Title XX may be used to support counseling, case management, health education and child care.
- JTPA funds are available to pay for support services as well as summer programming, pre-employment and school-to-work transition services .
- Medicaid reimbursement can be claimed for case management services provided to eligible students.
- States often have specific programs that fund services for adolescent parents. California's Adolescent Family Life Program funds case management services for pregnant and parenting students. Ohio's Graduation, Reality and Dual Role Skills program funds parenting education and case management services for pregnant and parenting students.

While Medicaid is the primary source of funds for school-based health services, programs need to identify alternative sources to cover the cost of health services for students (and their children) who do not qualify for Medicaid.

- Programs most often rely on Title V Maternal and Child Health Block Grant funds to pay for health services for non-Medicaid-eligible students. These funds can be used for pre-natal care, preventive well-baby care, family planning and health assessments and rehabilitative services for children.

As the health care system is increasingly dominated by managed care plans, for both Medicaid and privately insured patients, schools' ability to recover payment for health services is becoming more complicated.

- School-based clinics can opt to become primary providers for specific managed care plans, or
- School-based clinics can negotiate agreements with managed care plans to become a satellite to other primary care providers, allowing students to be referred to the school-based clinic for services.

WHAT CAPACITIES WILL PROGRAMS FOR ADOLESCENT PARENTS AND THEIR CHILDREN NEED?

- School and community vision for school-based programs for adolescent parents and their children, with identified strategy, goals and benchmarks
- Authority for decision-making to design, implement, assess and modify identified service strategy
- Organizational commitments, staff and other resources to implement the identified service strategy
- Capacity for gathering and analyzing information on adolescent parents and their children and on the services and supports available to them
- Strategies to ensure institutionalization of the service strategy and its expansion over time

REFLECTIONS ON EARLY IMPLEMENTATION DURING PHASE 2 OF CAPD'S SCHOOL-BASED INITIATIVE FOR ADOLESCENT PARENTS AND THEIR YOUNG CHILDREN

- It takes considerable effort to reduce the invisibility of this population. A broad set of stakeholders are needed both within the district and beyond it. In some instances, it makes sense to link the needs of these students with other students within the comprehensive high school.
- Each district faces considerable budget crunches. Under these circumstances, these programs struggle to maintain their funding base. Despite this, sites have managed to make some progress at expanding the scope and scale of school-based programs for this population.
- Flexible resources administered at the state, county or city level have played a significant role in supporting core elements regardless of welfare status of the adolescent parent. This has been particularly important in supporting child care and case management.
- There has been considerable uncertainty in these programs as a result of the newness of Temporary Assistance to Needy Families (TANF), the welfare reform bill. During this period, communities have not known exactly how the bill would be implemented in each state and community.
- Despite the fact that teen parents are required to stay in school to receive welfare benefits, schools are by and large left out of the welfare planning process at the local level and are not provided support to participate in this planning.
- While districts tackle the social, emotional, health and developmental needs of the adolescent parent and their children, special attention needs to be paid to the creation of educational environments conducive to the learning needs of these teens who historically have had poor patterns of performance in school.

NEXT GENERATION ISSUES

- How to address the invisibility of this population in the schools. How does one generate systemic responses to the needs of these students in light of school-based management. How to create the public will to support efforts for adolescent parents and their young children.
- How to address the educational needs of adolescent parents in school. How to build a broad-based constituency within the schools for alternative instructional methodologies such as open-entry, open-exit, competency-based education in basic subjects in comprehensive high schools.
- How to create stable resources to fund programmatic elements about which much is known: quality child care arrangements for the children of teen parents; support of these various child care arrangements; developmental screens for children in different child care arrangements; and finally, comprehensive case management.
- How to encourage state and community planning for TANF to work more integrally with the schools, given that we know intervening early through schools is more likely to produce positive benefits than waiting until teens have dropped out. What are the strategies that can be used to bring together welfare planners and the schools?
- How to disseminate best practices and strategies for overcoming barriers to expanding the scope and scale of these programs that have been developed by numerous organizations.
- How to strengthen the research base on these programs. Do the programs themselves have to be strengthened prior to the availability of quality data on their outcomes?