
PROVIDING CRITICAL SERVICES AND SUPPORTS TO TEEN PARENTS AND THEIR CHILDREN

Education is a key to the long-term well-being of adolescent parents and their children, and making educational systems work for teen parents is a critical priority. At the same time, it is clear that many of these young parents will not be able to stay in and succeed in school without additional services, including health care, child care, parenting education, and case management. Further, assuring the health, development, school readiness and ultimately school success of the children of teen parents means that these young families need support services.

Our review of research evidence and best practices has identified a set of critical services that should be available through a comprehensive school-based approach in order to ensure the best outcomes for teen parents and their children. Not all teen parents need all these services or need them continuously, nor is it necessary that all individual programs provide all of them on site. However, our analysis suggests that a community that wants its school-based efforts to have the maximum benefit for all teen parents and their children will put in place a system of services and supports, accessible based on need, that includes:

- A core set of services offered to all pregnant and parenting adolescents for themselves and their children:
 - developmentally appropriate child care;
 - prenatal care and family planning services;
 - preventive health care for infants and young children; and
 - case management that includes assessment, care planning and coordination of services in the areas of health, nutrition, education, parenting, psychosocial development, life skills and economic self-sufficiency.

- A set of additional services and supports that should be available in sufficient supply and accessible to meet the needs of pregnant and parenting teens and their children:
 - transportation;
 - counseling, including substance abuse counseling and treatment;
 - housing assistance; and
 - economic assistance.

In this section we outline the challenges inherent in making these services available through school-based programs and identify some approaches used by local communities to overcome these challenges. We end with several suggested policy changes that would help expand and extend these efforts.

The Challenges of Providing Critical Services to Adolescent Parents and Their Children

There are three major sets of challenges that communities face when attempting to create a system of services and supports linked with school-based programs for teen parents and their children:

- Barriers internal to schools related to bringing in or linking with community-based services;
- Limitations in the capacity of available community-based service providers to serve teen parents in age-appropriate ways and to link with schools; and
- The reluctance of some teens to make use of support services, whether school- or community-based.

Providing Critical Services and Supports to Teen Parents and Their Children (cont.)

Barriers within schools to linking with community-based services

Schools can be inhospitable environments for other services. They are one of the largest bureaucracies in a community, operating under very different regulations, labor agreements, and other restrictions from other agencies. Schools see their primary mission as education and are increasingly held publically accountable for the school success of the general student population, while other organizations in the health and social service arena have different agendas and different ways of measuring and being held accountable for success for their clients. Even when schools provide support services on-site (such as counseling by school staff or health clinics operated by local hospitals or other providers), they are not necessarily tailored to the needs or special circumstances of parenting students or available to their children. And, schools are often reluctant to accept responsibility for providing services to the young children of teen parents, even when they recognize the long-term impact of efforts to increase school readiness.

Capacity limitations of community-based providers

Many of the support services and supports needed by teen parents - economic assistance, health care, housing, child development programming, case management and other critical services - are available in the community, but are designed for and offered to parents and families, regardless of the age of the parent. While this may make these services broadly available in the community, depending on other eligibility criteria such as income, it is also likely to mean that they are not specially suited to the unique needs of teen parents and their children. Even the processes required for accessing and using these services may assume a level of maturity and independence that many teen parents do not yet have. Identifying and meeting the needs of adolescents and their children may require special skills or capacities for which providers may not be prepared.

Further, there is considerable fragmentation within the health and social service provider community making it difficult for there to be a coherent system-wide plan for linking services with schools. Thus, school-based programs must negotiate these arrangements on an ad hoc basis with many different organizations, while at the same time there is often resistance to changing the catchment areas, sites and times at which services are offered to fit more closely with school schedules or to offer services at schools. Some agencies do not see advantages of linking with schools to identify teen parents who may need their services, when they are already unable to meet additional demand (as in the case of subsidized housing) or may be experiencing pressure to reduce the number of clients (as for public assistance benefits).

Reluctance of teens to use services

Adolescents themselves very often resist seeking out and using available support services. Even when such services are offered to them, it often takes special efforts to deal with the concerns of teen parents for their own independence and authority over decisions affecting themselves and their children, while providing them with appropriate information and guidance in making appropriate decisions.

For example, many teen parents are reluctant, at least initially, to use formal child care programs, preferring relative care. It is often hard to ensure the quality and stability of relative care arrangements or to use such care settings to link teens and their children with other support services. While these issues face other parents who must choose child care, making sure this decision is an informed one for parenting teens may require special effort. Helping teens consider all facets of their decision about child care in light of their own needs and the needs of their child is often a delicate process, one that must take into account teen parent fears for the well-being of their child in the hands of "strangers" and sometimes the pressure teens may feel from their families to keep their children at home.¹

¹ ***In addition to believing in the importance of caring for children at home, some families may look to child care stipends provided for relative care as a way to supplement income and teen parents may feel an obligation to help their family in this way.***

Providing Critical Services and Supports to Teen Parents and Their Children (cont.)

Solutions from the Field

We have seen a number of ways in which individual communities have brought support services to school-based teen parent programs.² They include:

- Linking community providers with schools in the following ways:
 - outstationing staff from health and social service agencies at schools (for example, in St. Paul, Minnesota, where JOBS workers from the county are housed in schools to provide case management services to participating students);
 - providing space at school sites for operation of satellite offices like health clinics (for example, in Columbus, Ohio, where a local hospital uses a mobile medical van to provide prenatal care to students at a high school site); and
 - bringing services to school sites on a rotating basis (for example, in Pinellas County, Florida, where the county health department provides a traveling well-baby clinic for the children of students in the schools' teen parent programs).
- Creating referral arrangements so that school or school-based staff (nurses, social workers, counselors) can link students to off-site services - this has been particularly effective in making family planning services available to students where local policy does not permit reproductive health issues to be addressed by school staff or in school facilities.
- Providing specialized training and support to both staff and family involved with teen parents and their children - for example, Minneapolis has a network of family day care providers who receive on-going training and are compensated at a higher rate for their work with teen parents and their children. In addition, a training program has been developed for

the staff in school-based child care centers.

- Setting up alternative school sites at supervised living arrangements for teen parents where other services are also provided.³ The Juvenile Horizons program in St. Paul, Minnesota, which offers a therapeutic living environment for teen parents and their children, has a public school-operated educational program on site.
- Putting in place cross-agency comprehensive case management for teen parents and their children. Two of the Initiative sites - Minneapolis and Portland - focused considerable effort on developing the procedures, tools and school-community provider relationships necessary to implement comprehensive case management. In Minneapolis the focus was on ensuring a coordinated way to identify and respond quickly to school attendance issues among parenting students. In Portland system development focused on providing standardized assessment and case management services to both TANF and non-TANF teen parents.

However, it appears that the strategy with the greatest potential for broad impact and sustainability is to put in place a network among community-based providers and schools with the will, authority and resources to develop, sustain and strengthen a system of supports and services for teen parents and their children.

- In states where the state has funded case management for teen parents (California and Rhode Island), it has been easier for communities to build the network and develop such a system. In both states, state case management funds for teen parents are accompanied by a responsibility to identify a community convener or coordinator for the provider system, which generally includes schools, public assistance, social services, health and housing. While communities have discretion about which

² *Some communities are cited below, but more details on solutions and more examples are described in our earlier report, "School-Based Programs for Adolescent Parents and Their Young Children: Overcoming Barriers and Challenges to Implementing Comprehensive School-Based Services," CAPD, Bala Cynwyd, PA, 1994.*

³ *See S. T. Batten and S. J. Koenig, "Local Implementation of the TANF Minor Teen Parent Living Arrangement Rule," Bala Cynwyd, PA, CAPD, Jan. 29, 1999, for more general information.*

Providing Critical Services and Supports to Teen Parents and Their Children (cont.)

agency will take on this responsibility and administer the state funds, there are requirements that bring the schools and other public entities to the table. These state efforts have gone a long way toward helping communities overcome institutional and organizational barriers to collaboration. They have provided the funding necessary to operate provider networks and to develop local systems of services and supports linked to schools.

- Minneapolis and Portland do not have a state-level mandate or resources. However, their locally-driven work on case management has marked the beginnings of such a system. Both sites were able to use foundation grants to obtain consultant support for facilitation of cross-agency work sessions and technical assistance in the development of forms and procedures and in staff training.

Policy Recommendations

As noted above, there are many hurdles to overcome in linking community-based services with school-based programs for teen parents. **Community service providers - especially those charged with supporting early child development - need to consider schools as an important potential site** for delivering services to, or at least reaching, parenting teens and their children. At the same time, the educational system needs to see community providers and agencies as a way to reach teen parents who may not be engaged in or only marginally connected with schools. While there is considerable goodwill and shared interest in helping these vulnerable young families, overcoming the natural barriers to working more closely together would be greatly facilitated by funding incentives.

Public and private funding of community provider agencies, including early childhood service providers, should include **requirements to implement strategies that link with school-based programs** for teen parents and their children. (As noted in the next section, there are special opportunities for use of TANF resources to strengthen links with school-based programs for parenting teens.) School districts should also be held accountable, and provided finan-

cial incentives, by their boards for developing relationships with community agencies that bring support services into schools for at-risk students, including parenting students. They should also be expected to enhance the school readiness of the children of teen parents by helping establish links with health and child development services, whether through on-site child care or other child care settings, for the children of all parenting students.

One approach to this would be to **develop flexible funding streams that pay for comprehensive coordinated case management services** for all teen parents and their children, regardless of eligibility for public assistance or other means-tested benefits. Research - such as the evaluation of Ohio's LEAP program - has shown the effectiveness of providing case management to parenting teens at school sites. These services need not be provided by school staff, but should ensure that parenting teens are supported to complete their education and acquire the necessary academic and life skills necessary to become self-sufficient. Case management services should also focus on the health and development of the children of teen parents. Thus, the outcomes that case management services should be designed to achieve include not only the immediate educational engagement and success of teen parents, but also their long-term chances for self-sufficiency and their children's chances for school readiness and early school success.

Making case management successful in both the long and short run and for both teen parents and their children will require the **development of standards of practice and accountability systems** that support these goals. Further, case management will only work to the extent that there is a system of services and supports appropriate to meet identified needs and implement individualized service plans. Therefore, funding and technical assistance are needed to support the **development of a community system**, including creating a forum for establishing connections and building relationships among providers including the schools, exploring and overcoming barriers to information sharing and exchange, and developing joint accountability that acknowledges each

Providing Critical Services and Supports to Teen Parents and Their Children (cont.)

provider organization's unique contribution while still holding the entire system responsible for parenting teen and child outcomes.

Finally, additional support for the **documentation and dissemination of information on effective practices** in working with teen parents and their children should be part of a public and private funders'

agenda in the areas of family strengthening, economic self-sufficiency and early child development. This information then needs to be translated into **training for front-line staff** in the various service agencies and providers who have the opportunity to work with teen parents or the children of teens.