CAPD

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Dear Colleague: → Gaynor

Enclosed is a copy of CAPD's report School-Based Programs for Adolescent Parents and Their Young Children: Overcoming Barriers and Challenges to Implementing Comprehensive School-Based Services.

School-based programs have the potential to improve outcomes for adolescent parents and their children. They can reach pregnant and parenting adolescents early to provide a range of services before they drop out of school (and often before they begin receiving welfare) enabling them to continue their education and progress toward self-sufficiency. Since 47 percent of all poor children had an adolescent parent, equally important is the potential for schools to intervene with the children of these adolescent parents ensuring that they get the basic services they need to arrive at school healthy and ready to learn — i.e., preventive health care and quality child development programming.

Much is already known about the essential elements that need to be included in programs for adolescent parents and their children. At the same time, however, very few programs reach their full potential primarily because a series of critical barriers inhibits their ability to implement fully comprehensive programs that are able to serve large numbers of students and their children. Five foundations — the Foundation for Child Development, the Stuart Foundations, the W. K. Kellogg Foundation, The California Wellness Foundation and The William and Flora Hewlett Foundation — provided support to CAPD to examine what lessons could be gleaned from programs across the nation that have been successful in overcoming at least some of the barriers to implementing school-based programs.

We have derived a number of critical findings through this work. First, to a large extent adolescent parents remain invisible and largely unattended to by both schools and communities until they encounter the welfare system. As we looked across the country, we found a few examples of communities that have been able to pull together many of the necessary elements and provide comprehensive services to substantial numbers of adolescent parents. But most communities did not serve this population well. However, we found many examples of creative solutions to specific barriers. We believe these strategies need to be disseminated and school-based programs generally need to be supported in their efforts to expand both the scope and the scale of their programs.

We hope that you find the information contained in the enclosed report interesting and informative and we welcome any comments or reactions you would like to share with us.

Sincerely,

Wendy C. Wolf

Wendy C. Wolf, Ph.D.
President

CAPD

SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR YOUNG CHILDREN:

Overcoming Barriers and Challenges to Implementing Comprehensive School-Based Services

October 1994

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The Center for Assessment and Policy Development (CAPD) is a not-for-profit organization whose mission is to improve the self-sufficiency of disadvantaged children, adolescents and families. CAPD provides strategic planning, program design and evaluation assistance for foundations, corporations, governmental agencies and other not-for-profit organizations.

CAPD'S WORK FOCUSES ON THREE AREAS:

- **Educational programs and policy;**
- **Social interventions for economically disadvantaged populations; and**
- **Systemic reforms in the delivery of services to children and families.**

School-Based Programs for Adolescent Parents and their Young Children:

Overcoming Barriers and Challenges to Implementing Comprehensive School-Based Services

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Within the Center for Assessment and Policy Development, Sally Leiderman reviewed several drafts and helped us conceptualize the presentation of our findings. Judy Barci and I. Michelle Ricks provided production and secretarial assistance. Of course, any errors of fact or interpretation, remain ours alone.

Heather Harris edited and proofread the final document. Robert Henry designed the report layout.

We would like to thank all of these individuals for their time and assistance.

C.L.S.
S.T.B.
S.A.S.
W.C.W.

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EXECUTIVE SUMMARY

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This report presents results from Phase I of the School-Based Initiative for Adolescent Parents and Their Young Children, an initiative developed by the Center for Assessment and Policy Development (CAPD) to improve outcomes for adolescent parents and their children by expanding the use of schools as a locus of early intervention. During this initial phase of the project, CAPD's work focused on identifying potential solutions to critical barriers in creating comprehensive school-based programs for teen parents and their children.

Phase I of the Initiative, an 18-month effort to distill lessons learned from extant programs, was supported by the Foundation for Child Development, the Stuart Foundations, The William and Flora Hewlett Foundation, the W. K. Kellogg Foundation and The California Wellness Foundation. In the next phase of the project, CAPD will work with a small number of sites to enhance and enlarge their existing programs. The project aims to use the lessons learned in Phase I about how to overcome barriers to assist schools and communities to provide more comprehensive services to both parents and children, to expand their capacity to serve both groups, and to increase their ability to measure and track desired outcomes.

The overall initiative is premised on the need to shift the nature of interventions for adolescent parents and their children. We know that almost half of all young poor children today were born to a teenager, and that there is a strong relationship between poverty and outcomes for both teens and their children. To change these patterns we must not only make strong and concerted efforts to reduce teen pregnancy, but also intervene in the lives of young parents and their children in new ways. First, programs must intervene early in the lives of teen parents and their children to strengthen the resilience and responsibility of these young families, rather than waiting until problems appear or they begin to rely on public assistance. Second, comprehensive strategies for adolescent parents and their children need to take advantage of opportunities afforded by schools to meet the needs of both teen parents and their young children. But they must also bring to bear the resources and expertise of other systems, including health care and social services, as these are needed to improve the life chances of young parents and children.

OUTCOMES AND ESSENTIAL ELEMENTS OF COMPREHENSIVE SCHOOL-BASED PROGRAMMING

Comprehensive school-based programs for adolescent parents and their children have the potential to help young families grow and develop to become healthy and productive members of society. Well-implemented comprehensive school-based programs have the potential to affect outcomes for both adolescent parents and their children. The ultimate goals are to improve the probability that adolescent parents will continue to mature, be responsible and nurturing parents, and become able to support themselves and their family financially, and that their children will develop physically, emotionally, socially and cognitively so that they can succeed in school and follow their parents into a healthy and productive adulthood. The payoff to our society is not only averted public welfare costs, but also increased productivity and quality of life for all.

A successful comprehensive service strategy should assist pregnant and parenting adolescents to progress toward school completion, graduate from high school and acquire the knowledge, skills and motivation to become economically self-sufficient. These programs should also enable teens to develop good parenting skills and actively seek out opportunities to improve their children's well-being and development and to delay subsequent pregnancies. With the development of good parenting skills, these adolescents, along with their partners and other family members, should be more successful in creating a safe and nurturing environment for their children with a reduced risk of child neglect or abuse.

The young children of adolescent parents served by comprehensive programs should benefit both from direct services provided to them and from the enhanced parenting skills and educational and economic successes of their parents. In the short term, we expect that children should exhibit improved health status beginning with better birth outcomes, increased receipt of immunizations and well-child screenings on schedule. Children should also demonstrate physical, social, emotional and cognitive development within age norms.

Analysis of what is effective in improving educational and self-sufficiency outcomes for adolescent parents and health and development of young children suggests that programs need to put in place a comprehensive array of services. Core services for parents include flexible quality educational opportunities, parenting and child development education, quality child care, supportive services (including case management and transportation assistance), access to prenatal care and family planning services, and assistance with making a successful transition to post-secondary education or employment. In order to maximize benefits to children of adolescent parents, interventions should include good-quality child development programming and links to preventive health care.

BARRIERS AND CHALLENGES TO DEVELOPING COMPREHENSIVE PROGRAMS IN SCHOOLS

While most schools do not provide any special programs or services to pregnant or parenting teens and their children, many that do have attempted to deal with the needs of adolescent parents by developing programs that provide at least some subset of the model elements. Very few, however, have been able to put together a comprehensive array of services for adolescent parents and their children. Further, in most cases, existing school-based programs are able to serve only a very small portion of the teen parents in their communities, and even fewer assist with on-site services to their children.

Attempting to put together a school-based strategy for improving outcomes for pregnant and parenting students and their young children often presents a daunting task for communities and school districts. In addition to problems related to community opposition and financial constraints, schools have been hampered in their attempts to expand the scope and scale of programs to serve pregnant and parenting students and their children by a series of critical challenges, including:

- the difficulty of providing educational services to parents that are flexible, and at the same time, allow access to the full range of quality educational options within the school system;
- the difficulty of providing other types of support services to students;
- the difficulty of providing an adequate supply of quality child care at or near schools or near students' homes;
- the difficulty of linking children in various child care arrangements to a broad set of preventive services;
- the difficulty of obtaining sufficient funds to support programmatic elements and of combining funds from different sources; and
- the difficulty of obtaining and using data on services and outcomes to inform program operations.

RESEARCH APPROACH

CAPD sought to develop knowledge of solutions to these barriers and challenges primarily through the collection and analysis of qualitative data from programs that have put in place one or more components of comprehensive programming for adolescent parents and their children. A potential group of programs was identified through an extensive reconnaissance process that involved a review of the literature; interviews with national experts on child development programming, services for adolescent parents and funding; and consultation with an advisory group of experts in these fields.

It is important to note that the programs selected for study do not constitute a set of model programs; they generally do not include all of the core elements necessary to produce the full set of outcomes discussed above. Several programs were selected because they offered interesting strategies for overcoming one specific program challenge or for implementing one specific program component.

Based on information collected from site visits, as well as from an extensive review of the literature and consultation with national experts, this report documents the existence of strategies to overcome commonly experienced barriers and challenges. It also describes the range of strategies and approaches observed, drawing implications for next steps.

KEY FINDINGS

While there are only a few programs that come close to providing a comprehensive package of services to teen parents and their children, many programs have crafted solutions to some critical barriers. This summary highlights a few of the most innovative solutions; more details on these and others are provided in the full report.

Overcoming Barriers to Providing Flexible Quality Educational Opportunities for Teen Parents

For adolescents to become self-sufficient they must acquire the skills that will enable them to obtain a good-paying job. One of the first steps in the process of becoming self-sufficient is obtaining a high school diploma. Teen parents face particular difficulties in their attempts to achieve this goal: they often have already fallen behind in school before becoming pregnant, their attachment to school is often weak, and the responsibilities of parenting pose additional barriers to school attendance, course completion and graduation.

Some programs, particularly stand-alone programs, recognize the barriers to credit accumulation and graduation experienced by parenting students. Various strategies have been developed by these programs to provide more flexibility in how credits are earned toward graduation while maintaining educational quality, ranging from offering additional opportunities to cover material and accumulate credits (home schooling, summer sessions), changing policies with regard to absences and school hours, and converting to a different educational approach (competency-based education).

Overcoming Barriers to Providing an Adequate Supply of Quality Child Care Services for Teen Parents

A major barrier to providing quality child care to children of teen parents is developing an adequate supply of quality care at or near schools. There are three ways in which teen parents can have access to child care: center-based care (school-based or off-site), family child care homes, and care provided by relatives.

While on-site child care has a number of advantages for teen parents and their children, it is unlikely that on-site centers alone will be able to meet the need in most programs. School-based programs have effectively expanded child care for teen parents by working with existing child care agencies, namely CCR&Rs, to build and support family child care networks. These programs recognize the special challenges associated with serving teen parents and include a number of strategies to provide additional training and support.

Overcoming Barriers to Linking Children to Health and Preventive Services

Research indicates that, even more than other children, children of teen parents are especially likely to experience problems in their physical, emotional and intellectual development and not receive preventive health care, developmental screens and follow-up medical services. Many school-based or linked programs have recognized that children of teen parents can benefit developmentally from a range of comprehensive services and have taken steps to expand programming in this regard.

Some of the strategies used to link children in on-site child care centers to health and preventive services (use of school-based staff to provide health and development screenings or other care, access to on-site health clinics, care provided by visiting health care providers) have been adapted to other care settings. For example, some programs make arrangements to bring children in family care to the on-site clinic or another central location for services or arrange for the visiting health professionals to rotate among off-site child care facilities. In this way, school-based programs help link young children to the basic preventive services they need to thrive.

Overcoming Barriers to Funding Comprehensive School-Based Programs

While there are many potential sources of funding for elements of comprehensive school-based programs for pregnant and parenting adolescents and their children, many are highly categorical in nature and can fund only some services to some individuals, while others are limited in

total funds available and have other target groups. Educational funding streams are a particularly valuable potential way to support a wide range of services through school-based programs, because they are generally not tied to income eligibility requirements; can be used to fund both educational and other services to both teens and their children; and they are set aside for students. Some states have developed different approaches to making non-categorical funds available to schools for parenting teens. One strategy is to develop education funding formula that provide additional funds for pregnant or parenting teens (and sometimes their children as well) by an enhanced average daily attendance (ADA) rate. These funds can be used to fund a wide range of services.

Overcoming Barriers to Coordinating Funds to Support Comprehensive Services

Accessing different funding sources provides many programs with the flexibility to serve students who do not meet eligibility criteria for some funding sources. Staff of some teen parent programs have used as many as twelve different funding streams to support comprehensive services. To use this strategy to its maximum benefit requires that programs be adept at coordinating a mixture of funds with their different eligibility requirements, authorized services and reporting requirements.

In some locations community collaboratives have provided school-based programs with a mechanism to coordinate funds to support comprehensive services, develop a cadre of local leaders to make teen parents a priority for funding and help reduce duplication and maximize funds. Another strategy has been to centralize responsibility for key funding streams under the umbrella of the school-based program itself.

LESSONS LEARNED AND IMPLICATIONS FOR NEXT STEPS

In the first phase of the Initiative, we have identified programs that provide examples of how barriers have been overcome and elements of a comprehensive set of services implemented. Our analysis of the strategies developed by these programs provides a base for thinking about how to put a fully comprehensive approach in place at scale. In this summary, we briefly outline the major lessons learned and implications for next steps; fuller discussion of these issues is provided in the report.

Making Teen Parents and Their Children a Community Responsibility

Our search for effective programs made it clear that, in many districts and communities, teen parents are largely invisible unless they encounter the welfare system. That is, the need to support them in their efforts to parent their children, complete their education and enter adulthood ready to be independent and economically self-sustaining is not a high priority for many schools and other critical community agencies. There is evidence that waiting to intervene until young parents become welfare recipients, even with strong interventions, is not a promising strategy to reverse the pattern of poverty and welfare dependency and its negative effects on both parents and children.

There are examples of communities in which serving teen parents and their children early, using school-based programs, has become a shared responsibility. These communities have developed collaborations across agencies and providers to focus attention on the needs of these young families and to pull together resources to serve them. However, to facilitate a broad policy shift toward supporting such programs rather than waiting until young families begin to rely on welfare, it will be necessary to demonstrate that it is possible to implement comprehensive programs, engage and serve not just a few teen parents and their children, but all within the community, and eventually show improvements in measurable outcomes.

Instilling an Outcomes Orientation

Many programs have been unable to implement an outcomes orientation, in which there is a clear understanding of the outcomes the program seeks to affect; the necessary elements to achieve these outcomes are included in the program's service strategy; information on services received and outcomes are collected and monitored; and the program uses these data to assess implementation and to modify the service strategy.

Without an orientation toward both short-term and long-term outcomes, programs often miss the opportunity to put in place a system of services and supports that enhance the potential to achieve these goals. For example, many efforts, both school-based programs and welfare reform initiatives focus attention primarily on teen parents and do not take advantage of their work with these young mothers to reach out and serve their children as well. Further, many school programs offer assistance to teen parents in attending and completing high school but do not have a well-developed educational component that provides graduates with the skills they need to be economically self-sufficient.

Further, most programs lack information on critical short-term outcomes (for example, grade progression or credit accumulation, graduation, or repeat pregnancies for the parents, and receipt of appropriate preventive care and screens, or achievement of development milestones for their children) for the full set of current and past participants. Even more they lack information about longer-term outcomes (such as completion of further education after high school, success in the job market, or ability to earn a living above the poverty level among teen parents, and school readiness and school achievement for their children). Without such data it is difficult for programs to assess how effective the services and supports they provide have been or to craft strategies or services to improve their effectiveness.

This finding suggests that school-based programs would benefit from assistance in several areas. An explicit definition of outcomes, both short- and long-term, that programs hope to help teen parents and their children achieve could be facilitated by more systematic exposure to research and evaluation results, as well as by assistance in developing a broad consensus on those outcome goals across the community. Programs also need assistance in translating outcomes goals into specific service strategies and in implementing these strategies. Programs often lack the technical expertise and resources to set up systems to collect data on participants and to track outcomes. Technical assistance, staff training and grants for acquisition and installation of hardware and software would help programs implement necessary information systems. Finally, since most programs have not had access to data in the past, assistance in analyzing and interpreting data as input to ongoing efforts for program improvement would also be beneficial.

Disseminating Creating Strategies to Provide Individual Services

Our work found many examples of programs that have overcome barriers to implementing particular services for adolescent parents and their children. However, while innovative solutions have been tried in particular programs, very often these experiences are not known to the field in general. Most programs do not have the capacity to find models from other communities around the country or even within their own states. Nor is there a forum through which these experiences can be shared and accessed.

The field needs to develop mechanisms to disseminate the experiences of individual programs so that the effort of developing services and overcoming barriers to their successful implementation can be reduced. As programs adopt some of the strategies, we also need to learn more about how well they work in new settings and what might be necessary to tailor them to different circumstances.

Creating A Funding Strategy

Creative approaches have been implemented in various programs, overcoming barriers to using specific funding streams to fund particular types of services. Thus, there are interesting strategies that need to be shared more broadly. At the same time, we found that most programs know of only a few of the potential funding options that exist and that frequent changes in funding opportunities and funding source regulations make it difficult for programs to keep abreast in this area. Technical assistance and dissemination of information about funding sources and strategies would be of help to many programs seeking to expand both services offered and individuals served.

We need to support schools and communities in developing strategies to coordinate available separate funding streams, that make teens a priority across agencies and that focus on a school-based strategy as at least one way to serve this population. At the same time, we need to continue to work at the state and federal levels to develop options for more flexible funding.

Implementing a Comprehensive Service Strategy at Scale

Even among programs that have successfully put in place some of the critical services for adolescent parents and their children, the majority do not have a fully comprehensive service strategy. Nor are they able to serve most or even many parenting teens in their communities.

Where programs come closest to a comprehensive approach, the effort has involved extensive collaboration. In order to put such an approach into practice, the school must draw on services available from other providers and service systems in the community. Many programs have found that it is just as effective and often more practical to arrange for services to be provided on school grounds by another agency or organization (school-based health clinics are one common example).

Furthermore, in order to meet the needs of the whole population of adolescent parents and their children, programs need to develop multiple options. No single approach — be it a stand-alone educational program, on-site child care, or single strategy for meeting health care needs — is likely to be able to serve all teen parents and children or to meet their individual needs and goals. Thus, district-wide approaches and those involving schools along with other community providers have generally been more successful in moving toward providing a wide range of services to a broader set of teens.

Building comprehensive strategies able to meet demand is a difficult task and one that has taken some programs a long time to achieve, even partially. Programs would benefit from technical assistance in designing and implementing such strategies, to learn from the experience of efforts that are further along and to allow them to move forward more quickly. At the same time, the field needs to amass more knowledge about how to put all the pieces together in a single effort and to build additional evidence of feasibility. To do this, programs that are further along in having comprehensive strategies need to be strengthened and supported in efforts to expand, while assistance is made available to augment programs with some of the elements of a comprehensive approach.

Critical Next Steps

The need for intervention and the potential of schools are increasingly evident. Our work recognizes the many barriers and challenges school-based programs for parenting teens and their children still face. By demonstrating that more comprehensive and broader scale programs can and do exist, and by documenting successful approaches for overcoming common barriers and meeting shared challenges, we can begin to offer programs the technical information, models, and potential strategies they need to help young parents and their children lead healthy, productive and responsible lives.

PART I

Introduction

CHAPTER I: Comprehensive School-Based Programs For Adolescent Parents And Their Children: Critical Elements And Barriers and Challenges To Implementation

This report presents results from Phase I of the School-Based Initiative for Adolescent Parents and Their Young Children, an initiative developed by the Center for Assessment and Policy Development (CAPD) to improve outcomes for adolescent parents and their children by expanding the use of schools as a locus of early intervention. During this initial phase of the project, CAPD's work focused on identifying potential solutions to critical barriers in creating comprehensive school-based programs for teen parents and their children. The strategies described here for expanding the scope and scale of school-based programs are the result of an 18-month effort to distill lessons learned from extant programs.

Phase I of the Initiative was supported by the Foundation for Child Development, the Stuart Foundations, The William and Flora Hewlett Foundation, the W. K. Kellogg Foundation and The California Wellness Foundation. In the next phase of the project, CAPD will work with a small number of school districts to enhance and enlarge their existing programs. The project aims to use the lessons learned in Phase I about how to overcome barriers to assist schools and districts to provide more comprehensive services to both parents and children, to expand their capacity to serve both groups, and to increase their ability to measure and track desired outcomes. Phase II will lay the groundwork for conducting a more rigorous evaluation of program impacts.

The overall initiative is premised on the need to shift the nature of interventions for adolescent parents and their children in two important ways. First, programs must intervene early in the lives of teen parents and their children to strengthen the resilience and responsibility of these young families, rather than waiting until problems appear or they begin to rely on public assistance. Second, comprehensive strategies for adolescent parents and their children need to take advantage of opportunities afforded by schools to meet the needs of both teen parents and their young children. But they must also bring to bear the resources and expertise of other systems, including health care and social services, as these are needed to improve the life chances of young parents and children.

SCHOOL-BASED PROGRAMS AS A VEHICLE TO IMPROVE LIFE CHANCES FOR ADOLESCENT PARENTS AND THEIR CHILDREN

There is a strong relationship between poverty and adverse outcomes for both teens and their children. Teens who are poor and come from communities with significantly reduced life options for education, employment and a decent standard of living are more likely to become pregnant and have children. (See, for example, Brindis 1990; Dash 1989 for discussions of community and/or cultural factors related to teenage childbearing.) They are then less likely to obtain the education and life skills necessary to make the transition out of poverty. (See Brindis 1990; Chase-Lansdale et al. 1991; Dryfoos 1990; Williams 1990 for discussions of the intertwined relationship between teen pregnancy and poverty.) Children of poor, young parents are especially likely to begin life at a disadvantage in terms of their own physical, intellectual and social development. The effects of chronic poverty persist throughout the child's life and affect life chances and choices in adolescence and adulthood. (See Hayes 1987; Brooks-Gunn and Chase-Lansdale 1991; Brooks-Gunn and Furstenberg 1986; Nord et al. 1992 for reviews of effects of teen parenting and poverty on children.) In the

face of these facts and in the absence of effective interventions, the long-term prognosis for many adolescent parents and their children is bleak.

Effects of Teenage Childbearing on Adolescents and Their Children

Pregnant and parenting adolescents and their children are among the most vulnerable groups in American society. Young parents are more likely than other adolescents to:

- leave school before completion;
- have additional unplanned and closely spaced pregnancies;
- experience prolonged bouts of poverty and family instability; and
- receive public assistance for long periods.

While some adolescent parents eventually succeed in establishing economically viable households, they generally take longer to do so and remain vulnerable to setbacks. (See, for example, Chase-Lansdale et al. 1991; Dryfoos 1990; Hayes 1987; Leiderman et al. 1994; Quint et al. 1994.)

Adolescent parenthood also has dramatic negative effects on children (Brooks-Gunn and Chase-Lansdale 1991; Leiderman et al. 1994; National Commission on Children 1991; Nord et al. 1992):

- forty-seven percent of all poor children under the age of six have mothers who were adolescents when they first gave birth;
- the children of adolescent parents are at increased risk of poor birth outcomes;
- the children of teens experience more problems in their physical, emotional and intellectual development than children of older mothers, affecting their ability to succeed in school once they reach school age;
- when these children of teen parents reach adolescence, they are more likely to have behavior problems in school and the community, to engage in delinquent or criminal activities, to become sexually active early and to become teen parents; and
- families in which the mother first gave birth as a teen account for large social service costs.[1]

Need for a Policy Shift

The impact of poor outcomes for adolescent parents and their children, not only on the individuals themselves, but on society as a whole, calls for a policy shift in addressing this problem. Not only must society make strong and concerted efforts to reduce teen pregnancy and childbearing, we also need to take responsibility for developing and implementing successful approaches to ensure that all young parents and their children have the opportunity to become healthy, educated and productive citizens.

This is a particularly opportune time to consider a policy shift in our approach to these issues for a number of reasons:

- there is a growing recognition of the close link between teenage childbearing, poverty and poor outcomes for the next generation;
- the policy community is concerned about preventing the need for welfare and is looking for new strategies to prevent long-term welfare receipt;
- programs serving those young single parents who have left school and begun receiving welfare show weak effects at best on self-sufficiency; and
- there is strong interest in linking schools with other providers in communities to create more effective and comprehensive service strategies.[2]

[1] It has been estimated that more than $34 billion was spent ni 1992 on Aid to Families with Dependent Children, Medicaid and Food Stamps to families that began when the mother was a teenager (Center for Population Options 1994).

[2] See, for example, Melaville and Blank 1993; Dryfoos 1994.

Strategies to intervene early for adolescent parents and their children by providing comprehensive school-based or school-linked services are a new thrust within the public policy arena. While there have been a few isolated comprehensive efforts, most interventions have been either narrow in focus (e.g., parenting education programs, whether center-based or home-based) or narrow in terms of the target population (e.g., work and education programs directed at young AFDC mothers); seldom have interventions focused attention equally on services for parents and their children.

Results from Previous Efforts

Work and education programs for adolescent parents (Project Redirection, New Chance, the Teenage Parent Demonstration) have tended to focus on educational and employment outcomes for parents and have typically targeted mothers after they have begun receiving welfare. And although many of these demonstration programs have served in-school mothers as well as dropouts, services have not typically been school-based or school-linked. In these projects, effects on mothers in terms of educational outcomes, reduced receipt of welfare and repeat pregnancy rates are modest at best, and by and large, decay over time (Polit et al. 1988; Maynard 1993; DeParle 1994a)[3].

Early results from one of the most recent demonstrations aimed at reducing welfare dependency — Ohio's Learning, Earning, and Parenting Program (LEAP) — indicate the importance of reaching adolescent parents before they drop out of school and of providing school-based services. LEAP participants had higher high school graduation rates and GED receipt than control group members, and the program was most successful when participants enrolled before dropping out of school (Bloom et al. 1993; Chira 1994). Further, LEAP participants who received "enhanced" services (i.e., case managers based in the schools and in-school child care) had higher graduation rates than other LEAP participants. Program evaluators believe that the presence of case managers in the schools was a particularly important factor in the success of the enhanced program (Chira 1994).

Both LEAP and the Teenage Parent Demonstration include bonuses and sanctions tied to participants' AFDC grants. Both have shown a positive impact of the program on increased participation in educational and employment activities and greater school completion rates among participants. While evaluations of LEAP have not yet examined long-term outcomes, the Teenage Parent Demonstration results indicate little effect of that intervention on post-program employment and welfare receipt. Research on adolescent development suggests that teen parents need a mixture of supports and challenges to successfully take on increased responsibility (Gambone 1993). Supports without challenges foster dependence, while challenges without supports lead to frustration and giving up. LEAP's combination of school-based supports and bonuses and sanctions may prove more effective than past efforts in producing positive long-term outcomes for teen parents.

For the most part these efforts have not yet demonstrated benefits for children.[4] Project Redirection, which tracked some outcomes for children in its later stages, found more enduring positive effects for children than for mothers (Polit et al. 1988). There is strong research support for the value of high-quality child development programming and preventive health care in improving the health and development of young children (see review by Brooks-Gunn, in press). And often, interventions designed specifically to meet the needs of children accrue to their parents as well (Clewell et al. 1989). For example, early intervention programs for children appear to produce positive outcomes for mothers as well — these mothers are more likely to be in school or employed and demonstrate better parenting skills compared with mothers whose children did not participate in an early intervention program (Benasich et al. 1992). We have learned that positive outcomes for children motivate mothers and positive outcomes for mothers lead to benefits for children. These findings suggest the synergistic effects that might be expected from two-generational approaches.

This research on previous interventions suggests the potential for producing positive results by offering a comprehensive array of services to both adolescent parents and their children. While some programs have offered a wide array of services to some groups of parents or children and other programs have offered very specific services to a broader population of poor families, few interventions have made a comprehensive set of services for both par-

[3] In some cases repeat pregnancy and birth rates were actually higher among program participants than for control-group members.

[4] The New Chance and Teenage Parent Demonstration will both be looking at some outcomes for children; findings are not yet available.

ents and children available to poor families regardless of their welfare status.

Potential of Comprehensive, Two-Generation School-Based Programs

School-based programs for adolescent parents and their children have the potential to:

- intervene while teenagers are still attending school (in many cases, before they begin to receive public assistance);
- focus substantial attention on direct services to, and outcomes for, the infants and very young children of adolescents; and
- address child care and other issues that affect adolescent parents' participation in education programs as well as the developmental outcomes of their children.

School-based programs — by which we mean that the program serves youth who remain in or return to school and that most core services are provided "on-site" (on school grounds) although not necessarily administered by the school or the school district — offer several advantages in serving adolescent parents and their children.

Schools are logical sites for comprehensive interventions with teen parents and their children for a number of reasons. They provide opportunities to identify and begin to work with pregnant adolescents and to keep them in school during their pregnancy and after their delivery. Such early intervention not only makes receipt of pre-natal care and other critical supports possible, but also avoids the costs of dropout retrieval and gives young women the chance to obtain a high school diploma, which is generally of greater long-term value than a GED certificate. Early intervention with pregnant and parenting teens offers opportunities to reach and provide critical services to their infants and young children, including access to child development programming and preventive health care.

Young parents, particularly those from low-income families and neighborhoods, are often isolated, and they and their children often do not receive the supports and services they need to develop. Keeping teen parents in school and providing services on-site can help overcome this isolation. For example, there is evidence that relationships with supportive adults are often a key ingredient in development and maturation of adolescents; school-based case managers provide one source of such relationships. On-site or school-linked child care can provide opportunities for parent-child interaction and increase the likelihood of positive outcomes for both.

School-based programs, providing services to both teen parents and their children, build on the developmental focus and educational mission of schools. However, school systems cannot implement comprehensive strategies alone; the resources and expertise of other systems, including health care and social services, must be brought to bear to improve the life chances of adolescent parents and their children.

OUTCOMES AND ESSENTIAL ELEMENTS OF COMPREHENSIVE SCHOOL-BASED PROGRAMMING

Comprehensive school-based programs for adolescent parents and their children have the potential to help young families grow and develop to become healthy and productive members of society. Such programs can help increase the educational attainment and employability of young parents and improve the health and developmental outcomes of their children. The payoff to our society is not only averted public welfare costs, but also increased productivity and quality of life for all.

Outcomes of Comprehensive School-Based Programs

Well-implemented comprehensive school-based programs have the potential to affect outcomes for both adolescent parents and their children. The ultimate goal is to improve the probability that adolescent parents will continue to mature, be responsible and nurturing parents, and become able to support themselves and their family financially,

and that their children will develop physically, emotionally, socially and cognitively so that they can succeed in school and follow their parents into a healthy and productive adulthood.

School-based programs are one way to help achieve these long-term goals for adolescent parents and their children. The more immediate focus of school-based programs is on outcomes that are intermediate to the long-term goals.

These short-term outcomes are summarized in Table I.1 and discussed below.

A successful comprehensive service strategy should assist pregnant and parenting adolescents to progress toward school completion, graduate from high school and acquire the knowledge, skills and motivation to become economically self-sufficient. These programs should also enable teens to develop good parenting skills and actively seek out opportunities to improve their children's well-being and development and to delay subsequent pregnancies. With the development of good parenting skills, these adolescents, along with their partners and other family members, should be more successful in creating a safe and nurturing environment for their children with a reduced risk of child neglect or abuse.

The young children of adolescent parents served by comprehensive programs should benefit both from direct services provided to them and from the enhanced parenting skills and educational and economic successes of their parents. In the short term, we expect that children should exhibit improved health status beginning with better birth outcomes, increased receipt of immunizations and well-child screenings on schedule. Children should also demonstrate physical, social, emotional and cognitive development within age norms.

To the extent that a comprehensive service strategy involves a range of community organizations — including social service agencies, health providers and child care providers in addition to the schools — these programs should produce an increased awareness of the needs of adolescent parents and their children. As awareness increases and community leaders and stakeholders develop some agreement on priorities and strategies to meet the-

TABLE I.1

ADOLESCENT PARENT AND CHILD OUTCOMES

Outcomes for Pregnant and Parenting Teens	Outcomes for Children of Adolescent Parents	Outcomes for Families
increased probability of progression toward school completion	good birth outcomes and physical growth	increased evidence of good parenting skills, including ability to obtain needed services for one's children and to provide developmentally appropriate nurturing and stimulation
increased probability of school completion	receipt of appropriate health and child development services	
more successful movement from school to post-secondary *education or employment*	cognitive, social and emotional development comparable to age norms	reduced incidence of inappropriate discipline, child neglect or abuse, and domestic violence
increased length of time before second pregnancy/birth		

seneeds, changes in the funding and delivery of key services should also result.

Essential Elements of Comprehensive School-Based Programming

Analysis of what is effective in improving educational and self-sufficiency outcomes for adolescent parents and health and development of young children suggests that programs need to put in place a comprehensive array of services.[5]

Synthesis of evidence on school success and economic self-sufficiency suggests that the following elements are essential to achieving educational and related outcomes for adolescent parents (see Nickel and Delany 1985; McMullan and Wolf 1989; McGee and Blank 1989):

- flexible schools, with features such as self-contained or alternative classrooms, flexible hours, year-round schedules, and/or credit for partial semesters. These accommodations can help young parents continue to make progress toward graduation during pregnancy, return to school as quickly as possible after delivery, and handle both school and parenting responsibilities while acquiring the knowledge and skills necessary to move successfully toward self-sufficiency;

- educational support or remediation (since pregnant and parenting adolescents are disproportionately likely to be performing poorly in school before they become pregnant — see Dryfoos 1987; Furstenberg et al. 1987);

- availability of affordable, reliable child care acceptable to parents (Cahill et al. 1987);

- access to family-planning services to avoid subsequent pregnancies (because it is often at the second birth that a teenager's chances of success in life become dramatically diminished — see Furstenberg et al. 1989);

- links to routes to self-sufficiency through post-secondary education, job training and adult mentors, to name a few; and

- case management, family support services, and referral to other services to reduce barriers to school attendance (McGee and Blank 1989; Weiss and Jacobs 1988). The most pressing concerns are typically access to emergency and long-term sources of housing, health care and income supports.

Effective interventions and promising programs also indicate that the following elements are necessary to maximize benefits to the children of adolescent parents (see Wolf and Leiderman 1989; National Commission on Children 1991):

- good-quality child development programming and links to quality preschool programs (Brooks-Gunn in press; Lazar et al. 1982; Ramey and Suarez 1984; Miller and Bizzil 1984; Schweinhart et al. 1986);

- preventive health care, developmental screens, and links to appropriate follow-up health care (Klerman 1991); and

- parenting education, either through classroom settings or embedded within child development programming (Badger 1981; Field et al. 1982; Pfannenstiel and Seltzer 1985).

Table I.2 lists core elements of a service strategy deemed necessary for achieving the outcomes discussed above. Two criteria were used in deciding which elements to include as "essential": evaluation data indicating that a particular component has positive benefits (e.g., child development programming, case management, nutrition, preventive health care) or identification by practitioners as a component related to either a) gaining access to services (e.g., transportation), or b) producing long-term benefits (e.g., transition to post-secondary education or employ-

[5] As discussed in this section, there is evidence from various studies of the potential benefits to adolescent parents and children participating in programs with some components of a comprehensive strategy. However, because most school-based programs for adolescent parents are either small, lacking in some critical elements or both, only limited evaluations of such interventions have been conducted, and methodological problems plague most of these evaluations (Klerman 1979; Roosa 1991). In particular, these evaluations tend not to include comparison groups or use random selection and many have small samples, have low response rates and/or track only a few outcomes.

TABLE I.2

CORE ELEMENTS OF A COMPREHENSIVE SERVICE STRATEGY

Services for Adolescent Parents

- Flexible quality schooling, either in alternative settings or within comprehensive high schools, that complies with Title IX and incorporates accountability on the part of education providers
- Subsidized, accessible, reliable, quality child care while in school and during transitions between school and continued education, job training or employment
- Pre-natal care and family planning services
- Case management services, including referrals to other services as needed (e.g., housing), help with transitions back to home schools, and visitation as necessary (i.e., case management)
- Family support and development services, including personal and relationship counseling
- Parenting and child development education
- Critical support services, including transportation assistance, that will allow the adolescent to stay in school
- Services that facilitate transition to post-secondary education, training or employment

Services for Children

- Quality child development programming (either in center[s], on- or off-site, or in family child care homes nested around schools or with relatives and linked to schools in such a way that children receive the same services as those in school-based care)
- Preventive health care, developmental screens and follow-up services for children

ment). However, because of the barriers to and challenges in providing many of these services, most programs have not been able to put in place the full range of services that are likely to produce positive outcomes for participants.

Services for Parents

Core services for parents include flexible quality educational opportunities, parenting and child development education, quality child care, supportive services (including case management and transportation assistance), access to

pre-natal care and family planning services, and assistance with making a successful transition to post-secondary education or employment.

Flexible quality educational opportunities refer to a variety of practices that schools or programs may adopt including: competency-based education; credit for partial-year completion; creative use of summers as a time for students to "catch up" by earning additional credits; and attendance policies that take into account the need for adolescent parents to be absent for legitimate reasons such as a child's illness. These accommodations allow students to continue to make progress toward graduation during late stages of pregnancy, to return to school as quickly as possible following delivery and to handle both school and parenting responsibilities.

Maximizing students' future opportunities, including access to secondary education, depends upon providing access to mainstream educational offerings. In addition, Title IX prohibits schools from discriminating against students on the basis of pregnancy, childbirth and recovery from childbirth (Brake 1994). Thus, pregnant and parenting students should have access to a range of quality educational opportunities, equivalent to those available to other students within the same school district.

The provision of adequate health care to pregnant and parenting adolescents is critical. Adolescents not receiving adequate pre-natal care have more difficult pregnancies and an increased risk of having a low-birth-weight baby. Following delivery, access to family planning services is required to increase the likelihood that a young parent will avoid unwanted additional pregnancies.

Parenting and child development classes include information on pre-natal care, labor and delivery, contraceptives and STDs, and child development from birth through at least age three. These classes focus on the development of good parenting skills and help students understand what to expect as their babies grow and develop.

In addition to assisting students to complete their high school education, programs can promote self-sufficiency by linking graduating students to post-secondary education or training. Links to self-sufficiency can also be forged through the expansion of parenting/child development classes to include life management and pre-employment skills.

Programs should provide adolescent parents with access to a range of support services, including transportation assistance, counseling and help with transitions between schools and/or programs. Because the needs of adolescent parents are complex and multi-faceted, often differing from student to student, programs should devise a case management strategy for ensuring that individual students receive support services appropriate to their specific circumstances and needs. Case managers should also provide support and counseling to help young parents take increased responsibility for themselves and their children.

Services for Children

In order to maximize benefits to children of adolescent parents, interventions should include good-quality child development programming and links to preventive health care.

First and foremost is the need for quality child care provided in a safe environment by caregivers who have the skills and resources to work with infants and toddlers and their adolescent parents. Quality care includes an orientation toward the child's health development — physically, socially, emotionally and cognitively — and includes instruction and support (such as modeling) for adolescent parents in parenting skills and child development.

Programs also need to ensure that children are linked to appropriate health-related services. This might include helping students access WIC and providing nutrition education as well as tracking children's receipt of immunizations, developmental screenings and follow-up medical services as needed.

Other Services

Once a program has been able to put these core services into place, there are additional services that many compre-

hensive efforts strive to provide as well, including efforts to reclaim pregnant and parenting teens who have already dropped out, access to broader health services, services for the fathers of teen mothers' children and services for other family members.

Because school-based programs are only accessible to adolescent parents who are actually attending school, several programs have developed services that facilitate school re-entry for adolescents who have dropped out and wish to return. Re-entry strategies are becoming increasingly important as states move toward mandatory school attendance policies for adolescents receiving AFDC support.

In addition to pre-natal care and access to family planning services, adolescent parents need routine preventive health services and treatment. School-based health clinics are one way in which many schools are attempting to provide these kinds of services to all students.

The vast majority of school-based programs for adolescent parents focus on serving teen mothers. All too often schools ignore the fathers of the children being served in school-based programs, generally because access to older, out-of-school fathers (which many of them are — see Males 1993) is difficult for schools. This is exacerbated by the fact that many fathers are no longer in relationships with the adolescent mothers participating in a teen parent program. However, providing educational, employment-related and support services to fathers is likely to increase their success in the job market and improve their financial situation. Combined with efforts to establish paternity and obtain child-support orders, the improved financial situation of fathers is also likely to result in improved financial situations for children. And just as children benefit indirectly from improvements in their mothers' lives, assisting fathers to be more responsible parents is likely to positively affect children's health and development.

A few programs have developed programming for other family members of adolescent parents, notably the adolescents' parent(s) and siblings. Being able to serve grandparents, particularly if a young mother lives in her parental home, reduces the likelihood of abuse and neglect and may also facilitate some positive outcomes for young children. Sibling programs tend to focus on pregnancy-prevention issues.

BARRIERS AND CHALLENGES TO DEVELOPING COMPREHENSIVE PROGRAMS IN SCHOOLS

While most schools do not provide any special programs or services to pregnant or parenting teens and their children, many that do have attempted to deal with the needs of adolescent parents by developing programs that provide at least some subset of the core elements discussed above. Very few, however, have been able to put together a comprehensive array of services for adolescent parents and their children. Further, in most cases, existing school-based programs are able to serve only a very small portion of the teen parents in their communities, and even fewer assist with on-site child care services.[6] Developing a comprehensive strategy of providing core elements and providing these services to a large number of teen parents and their children is difficult for schools to accomplish alone.

In some cases, schools have been reluctant to provide services for adolescent parents and their children because of community opposition, reflected in the attitude of some that providing these services constitutes rewarding adolescent parents for having children at such young ages. Without community support for developing these programs, schools will likely encounter difficulty in obtaining cooperation and collaborating with other service providers in the community.

In other cases, however, schools have simply been unable to provide such services because of the limited and shrinking resources available to many school districts. School budgets are often stretched to the limit in attempting to deliver basic educational services. Further, most schools

[6]Even large programs serve only a portion of the total number of parenting teens in their community. For example, in Albuquerque, where there are about 1,000 births to adolescents under 18 annually (which is likely to translate into a total population of school-age parents two or three times that number), the New Futures School serves about 500 students each year and has 100 on-site child care slots. Nearly 1,500 adolescents give birth in Louisville annually; the Teenage Parent Program (TAPP) serves between 900 and 1,000 students and has 252 on-site child care slots. And in Minneapolis, where the number of annual births to adolescents is over 900, school-based programs serve about 500 students each year, providing about 250 on-site child care slots plus a network of 64 family child care homes that are available to adolescent parents.

and their staff have little experience in arranging for or providing the array of social and health-related services necessary to meet the broader needs of pregnant and parenting teens and their children.

Barriers to implementing a comprehensive strategy include a range of things that make it difficult for schools to put services in place. These barriers include three types of obstacles, all of which are addressed in this report:

- *barriers often perceived to be insurmountable*

  These make it seem impossible to develop and implement either specific service components or an overall comprehensive service strategy. An example might be finding funds for health services to poor but non-Medicaid-eligible teens.

- *difficulties or program challenges*

  These include things that are hard to do, particularly without appropriate specialized knowledge or experience, such as how to link children in family child care homes with preventive health services or how to support relative care to enhance child development opportunities.

- *trade-offs*

  In many instances programs are faced with decisions that involve comparing the advantages and disadvantages of different strategies for addressing particular implementation issues. For example, various strategies to ensure both flexibility in schooling and access to quality educational programming are often of this nature.

Thus, attempting to put together a school-based strategy for improving outcomes for pregnant and parenting students and their young children often presents a daunting task for communities and school districts. In addition to problems related to community opposition and financial constraints, schools have been hampered in their attempts to expand the scope and scale of programs to serve pregnant and parenting students and their children by a series of critical challenges, including:

- the difficulty of providing educational services to parents that are flexible and, at the same time, allow access to the full range of quality educational options within the school system;

- the difficulty of providing other types of support services to students;

- the difficulty of providing an adequate supply of quality child care at or near schools or near students' homes;

- the difficulty of linking children to a broad set of services;

- the difficulty of obtaining sufficient funds to support programmatic elements and of blending funds from different sources; and

- the difficulty of obtaining and using data on services and outcomes to inform program operations.

These are difficult problems to resolve, beyond the capabilities of most schools or districts without some outside support and assistance. Schools and other community institutions often do not have the knowledge base to design and implement comprehensive strategies for parents and their children; to identify the sources of funds that can be used to support such comprehensive programming on a broad scale; and to blend these funding sources. The School-Based Initiative for Adolescent Parents and Their Young Children was designed to help schools and districts address these issues by building a knowledge base and making this information more broadly available.

RESEARCH APPROACH

During the initial phase of this Initiative, CAPD focused on developing our knowledge of solutions to barriers and challenges in preparation for assisting schools to expand services to adolescent parents and their children. This process was guided by several key research questions:

- What strategies are successful in overcoming barriers to and resolving challenges of providing critical elements of a comprehensive strategy for pregnant and parenting teens? What policies or practices at the district, local and state levels impede or enhance the implementation of these strategies?

- What strategies are successful in overcoming barriers to and resolving challenges of providing critical elements of a comprehensive strategy for the young children of teens? What policies or practices at the district, local and state levels impede or enhance the implementation of these strategies?

- What strategies can be used to fund and implement comprehensive school-based services to pregnant and parenting teenagers and their children?

- What are the implications of these strategies for programs seeking to expand the scope and scale of their efforts to serve adolescent parents and their children?

Methods

CAPD sought to address these research questions primarily through the collection and analysis of qualitative data collected from programs that have put in place one or more components of comprehensive programming for adolescent parents and their children. The group of programs was identified through an extensive reconnaissance process that involved a review of the literature (Francis and Marx 1989; Marx 1991; National Center for Children in Poverty 1994; Child Welfare League of America 1992); interviews with national experts on child development programming, services for adolescent parents and funding; and consulting an advisory group[7] of experts in these fields convened to help us refine the questions to be addressed as well as identify programs for potential inclusion in our data collection efforts.

Through this process we sought to identify programs that:

- offered alternative approaches to providing flexible educational structures to pregnant and parenting teens in settings that increase their access to quality educational programming and/or permit all students who need services to be served;

- represented efforts to use subsidies, training and other approaches to expand the supply of school-based or family child care;

- had experience in creating linkages between school-based programs and off-campus family child care or other child care providers, in improving the quality of child care and in increasing the use of support services by mothers and children;

- were examples of providing health and other support services to adolescent parents attending both comprehensive high schools and alternative schools created specifically to serve this population; and

- provided interesting examples of how to coordinate funds from multiple sources to provide an array of services.

It is important to note that the selected programs do not constitute a set of model programs; they generally do not include all of the core elements necessary to produce the full set of outcomes discussed above. Several programs were selected because they offered interesting strategies for overcoming one specific program challenge or for implementing one specific program component. Virtually none of the programs identified through this process were sufficiently comprehensive to be able to provide information related to all of the research questions. Further, illustrating the fragility of many of these programs, we found that some programs initially nominated for this effort had changed substantially (often for the worse) or were no longer in existence.

The final group of programs selected for data gathering, through one- to three-day site visits, are listed in Table I.3; brief descriptions of each program are contained in the Appendix. During these site visits, data were collected through interviews with numerous staff; observations of child care facilities (both on-site and family child care); review of program materials including curricula, staff and student handbooks and budgets; and when possible, observations of parenting/child development classes and other program activities.

[7]Members of the national advisory group include experts on services for parents, child care/development and funding as well as one program director. The advisory group members are: Mary Bromel, Portland Public Schools;Mary Larner, National Center for Children in Poverty; Jodie Levin-Epstein, Center for Law and Social Policy; Fern Marx, Wellesley College; Rebecca Maynard, University of Pennsylvania; Sara Rosenbaum, George Washington University; and Louise Stoney, Consultant.

TABLE I.3
PROGRAMS VISITED

- Bananas, San Francisco, CA
- Comprehensive Teenage Pregnancy and Parenting Program (CTAPPP), Oakland, CA
- Cyesis Program for School-Age Parents, Sarasota, FL
- Family Day Care Connection, Chicago, IL
- Graduation, Reality and Dual Role Skills Program (GRADS), the State of Ohio
- Los Angeles High School, Los Angeles, CA
- Minneapolis Public Schools Teen Parent Programs, Minneapolis, MN
- Montebello School District, Montebello, CA
- New Futures School, Albuquerque, NM
- Pinellas County Teenage Parent Program (TAP), Pinellas County, FL
- Portland Public Schools Teen Parent Program (TPP), Portland, OR
- San Diego Unified School District, San Diego, CA
- San Francisco Children's Task Force, San Francisco, CA
- St. Paul Schools, St. Paul, MN
- Silver Springs High School, Grass Valley, CA
- Teenage Pregnancy and Parenting Program (TAPP), San Francisco, CA
- Teenage Parent Program (TAPP), Louisville, KY
- Vista High School Teen Parent Program, Vista, CA
- Youth and Family Center, Inglewood, CA

Quantitative data on program participation and outcomes for parents and children were scarce. While most programs were able to provide relatively accurate counts of the number of parents and children being served (either at the time of the visit, to date during the current school year, or during the previous school year), many had very little or no systematic data for current participants about services received, participants' experiences during the program, or short or intermediate outcomes (such as grades, promotion, graduation, etc.). Further, because none of the programs in this study tracked participants once they left the program, no information about subsequent dropout, graduation and repeat pregnancy rates was available[8].

For some child outcomes, data were collected, but only for a portion of the relevant population. For example, some programs collected information on birth weights of babies born while their mothers were enrolled in one of these programs, but often only for those mothers who received their pre-natal care through program-affiliated health services, such as an on-site health center. Similarly, most programs offering on-site child care tracked immunizations, but only for children enrolled in the school-based child care center. And even when such data were available, programs did not have appropriate comparison information for assessing the effectiveness of programs in improving outcomes for parents and children.

The scope of this effort did not include an analysis of program costs. To the extent it was available, program budget information was used to identify funding sources. However, most budgets did not include in-kind contributions, which are often substantial for these programs. In addition, the school district's financial contribution to teen parent programs, particularly when services are offered within comprehensive high schools, was frequently not included in program budgets. Consequently, the financial information that was readily available was insufficient to estimate costs for specific programs.

Even if available, current total costs for individual programs or program elements would not be helpful in estimating total costs of a comprehensive, two-generational effort. Such an effort would draw upon many services currently available in many sites, both at schools and in the community. Thus, incremental costs to implement a comprehensive program in any given site would to some extent depend upon the availability of such services. Morever, there are likely to be economies of scale that would be realized if a program was able to serve larger numbers of teen parents and their children than did most of the programs visited.

[8]Although a few of these programs have been evaluated at some point since they began and collected relevant data for evaluation purposes, most have not continued to collect these data or track participants once the evaluation concluded.

Analysis

The purpose of this phase of the Initiative was to identify strategies to overcome barriers and challenges to the successful implementation of comprehensive school-based services for teen parents and their children. Based on information collected from site visits, as well as from an extensive review of the literature and consultation with national experts, this report documents the existence of strategies to overcome commonly experienced barriers and challenges. It also describes the range of strategies and approaches observed, drawing implications for next steps. The report provides both detail on specific approaches adopted by individual programs and general principles and issues with regard to those strategies.

ORGANIZATION OF THIS REPORT

Part 2 of the report focuses on strategies for overcoming barriers to providing comprehensive services through school-based programs for adolescent parents and their children. Within Part 2, Chapter II presents strategies for providing educational and other services to adolescent parents, while Chapter III covers the provision of child care and other services for the children of adolescent parents.

Part 3 addresses issues related to the funding of comprehensive school-based programs. Chapter IV reviews funding strategies for individual program components and Chapter V discusses approaches for coordinating various funding streams to create a comprehensive program.

A summary of our findings and implications for future work are presented in Part 4; Chapter VI reviews the lessons learned during Phase I of this Initiative with implications for next steps to be tried.

PART

Overcoming Barriers to Comprehensive School-Based Programs for Adolescent Parents and Their Children: Examples from the Field

CHAPTER II: Providing Educational And Other Services To Adolescent Parents

A comprehensive school-based strategy for improving outcomes for pregnant and parenting adolescents must address their special educational and social support needs. Elements of such a strategy include flexible quality education, including parenting and child development education, access to quality child care and pre-natal care and family planning services. Many parenting students also need access to a range of support services, including case management, counseling, transportation assistance, assistance making transitions between school settings and assistance making the transition from high school to post-secondary education or employment. Programs that serve students who had previously dropped out of school need to incorporate services to assist these students to re-enroll. Finally, effective programs should incorporate services for young fathers, if possible.

This chapter focuses on strategies for providing educational and social supports for teen parents within a school-based setting, while Chapter III discusses strategies for providing child care.

HOW TO CREATE FLEXIBLE QUALITY EDUCATIONAL OPPORTUNITIES FOR ADOLESCENT PARENTS

For adolescents to become self-sufficient they must acquire the skills that will enable them to obtain a good-paying job. One of the first steps in the process of becoming self-sufficient is obtaining a high school diploma. While graduating from high school is no guarantee of economic success, without a high school diploma adolescent parents are more likely to spend long periods of time in poverty and depending on welfare. Teen parents face particular difficulties in their attempts to achieve this goal, particularly as related to school attendance, course completion, and consequent progression toward graduation. Thus, these students need flexible educational options that make it easier for them to attend and progress in school.

In traditional high school programs, students earn credit for course completion at the conclusion of an academic year, based on a combination of attendance and mastery of the material. High absenteeism limits exposure to course materials and potentially how much students actually learn as well as how quickly they accumulate credits. Many support services (such as on-site health services, transportation assistance, etc.) are designed to help reduce absenteeism among pregnant and parenting teens; these services are discussed later in this chapter. At the same time, flexibility in educational programs can be provided to allow students to earn credit toward graduation within alternative structures (e.g., partial semesters, summers) or based on different standards (e.g., mastery of material rather than attendance).

Maximizing students' future opportunities, including access to secondary education, depends upon providing access to mainstream educational offerings. Teen parents benefit from the same educational options and opportunities as other groups of students. That is, some will want to pursue a college-oriented curriculum, requiring that they take advanced or specialized courses in mathematics, science, language arts, and/or social studies. Others will have particular vocational goals in mind and want to receive specialized training and education geared toward those goals. Others will need remedial educational opportunities such as those provided by Chapter 1 services or special education programs. Programs serving pregnant and parenting students need to take these diverse needs into account when designing appropriate educational offerings.

Providing access to specific educational opportunities and options can be accomplished in a number of ways. The most difficult issue is how to ensure that pregnant and parenting students are able to choose from a wide range of courses similar to those available to other students within the same district.

TABLE II.1
PROGRAM STRUCTURE AND EDUCATIONAL PROGRAMMING: STAND-ALONE PROGRAMS VERSUS COMPREHENSIVE HIGH SCHOOL PROGRAMS

Stand-Alone Schools and Programs

A number of school districts have developed educational programs specifically for pregnant and/or parenting students that segregate these students from other students. Usually, a program for pregnant and parenting students may constitute its own school with its own principal, counselors and teachers.

ADVANTAGES	DISADVANTAGES
Orientation toward meeting the specific needs of the population of pregnant and parenting students. Educational program is easily tailored to meet the needs of this population. More likely (than comprehensive high schools) to incorporate flexibility into the educational program through the use of a competency-based system. More likely to alter hours of operation in ways that make it easier for students to arrive at school on time. Availability of on-site child care, which most offer, combined with a flexible education program, facilitates students' return to school soon after delivery while easing back into the academic program gradually.	More limited educational program compared with comprehensive high schools: rarely offer vocational classes (except in child development), advanced academic classes (such as advanced science and math, foreign languages), or a range of electives. limited course offerings affect post-graduation opportunities.

Comprehensive High School Programs

In contrast to stand-alone programs, programs serving pregnant and parenting students within the context of comprehensive high schools generally mainstream these students within the educational program available to all students attending the school. While pregnant and parenting students participating in a teen parent program in these schools have access to various support services, their educational programs, with the possible exception of parenting and child development classes, are identical to those of other students attending these schools.

ADVANTAGES	DISADVANTAGES
Access to all classes offered within the school: students' future opportunities are not prematurely limited because their high school education are restricted. Availability (in most schools) of home instruction programs during "maternity" leave, enabling students to keep up with classes during this absence.	Lack of flexibility: credits typically awarded on basis of attendance and receiving a passing grade at conclusion of academic year. attendance problems characteristically experienced by pregnant and parenting students make it difficult for some students to progress toward graduation at a reasonable rate. Expectation that students returning to school following delivery resume a full-time schedule immediately.

School-based programs serving pregnant and parenting students tend to organize educational services in one of two ways: segregated programs for pregnant and/or parenting students (also referred to as stand-alone or alternative programs) or mainstream schooling in comprehensive high schools. In looking at these programs, we find that program structure is correlated with the mix of flexibility and access to educational offerings (see Table II.1). That is, stand-alone or segregated schools and programs tend to offer students considerable flexibility, while the vast majority of comprehensive high schools follow a fairly inflexible educational model. With rare exceptions, however, stand-alone schools do not offer the same range of course offerings to which students have access in a comprehensive high school.

Thus, school-based programs that hope to meet the needs of a broad range of adolescent parents and improve their chances for long-term success must find ways to address two issues simultaneously:

- how to incorporate flexibility into the educational program, so that absences related to childbearing and parenting do not unduly interrupt the student's progress toward credit accumulation and graduation; and

- how to offer quality educational opportunities on a par with those available to other students in the district.

This section first examines some program strategies that address one or the other barrier, then considers how programs have been able to balance both flexibility and quality educational opportunities.

Incorporating Flexibility into an Educational Program

Nearly every program visited noted that irregular school attendance affects adolescent parents' ability to complete courses and earn credits, and to acquire the knowledge and skills they will need to become economically self-sufficient following school completion. Many adolescent parents had poor attendance and academic problems prior to becoming pregnant and that pattern often continues. However, many of these students' current attendance problems can be attributed to responsibilities and needs associated with parenthood — the birth of a child, taking care of a sick child and keeping appointments for health care and social services.

Programs visited have developed a variety of strategies for introducing flexibility into their educational programs. These strategies are all designed to give students opportunities to meet credit accumulation and graduation requirements in ways that may differ from those of other students, but reflect academic achievements and skill and knowledge accumulation. Such strategies include competency-based education, partial credits, use of summers, home instruction, and altered school hours and attendance policies. Each of these strategies is discussed below.

Competency-Based Education

In competency-based instruction, credits are awarded once students demonstrate mastery of the material rather than on the basis of attendance over the course of a school year. Contrary to the policies in most schools, students in such a system are not automatically failed after missing a specified number of days of school. Students move through the material at their own pace, regardless of their attendance. Some students proceed more quickly, enabling them to graduate on or ahead of schedule, while students who find they are unable to keep up with the regular pace of school can proceed more slowly, but still make progress toward graduation.

The Cyesis program in Sarasota, Florida, the New Vistas School in Minneapolis, the TAPP program in Louisville and Worthington High School in Ohio are all using forms of competency-based instruction. (See Figure II.1.) In all of these cases, course content is identical to that covered in typical district classes, but credit is granted when students demonstrate mastery rather than at the conclusion of a semester or the school year.

Competency-based education provides a good option for some students. However, while competency-based instruction is a useful educational strategy for many parenting students, not all students benefit from such an individualized approach to education. Because these systems often require students to work fairly independently, highly motivated students tend to do well. Those who work best with more structure are likely to struggle under this model. Teachers in programs that rely heavily on this strategy note that students with excessive absences may take as long as two years to complete the equivalent of one semester's work.

FIGURE II.1.
COMPETENCY-BASED EDUCATION

- At New Vistas, about one-third of the curriculum is taught using computer-assisted instruction (CAI), which determines the appropriate level for each student and paces the student through the material. Staff at New Vistas have found that the CAI program is particularly effective with students needing remedial assistance. This approach enables students performing at low levels to move up to grade level fairly quickly, but prevents students from moving on to work that is too difficult without mastering earlier material.
- In Worthington, school counselors work with some students to develop individualized plans, essentially contracts between a student and a teacher regarding the work that needs to be completed in order to earn credit for a particular class.
- At Cyesis, all academic classes are offered under a competency-based structure. Instruction is individualized, permitting one instructor to "teach" students enrolled in various classes within a subject area simultaneously.
- The Teenage Parent Program (TAPP) in Louisville offers a "catch-up" program for over-age eighth graders. Students selecting this option receive individualized instruction to help them complete their work in a shorter timeframe, enabling them to move up to the ninth grade at the beginning of the next semester and providing them with the potential to graduate with their original classmates.

FIGURE II.2
PARTIAL CREDITS

- Both the Comprehensive Teenage Pregnancy and Parenting Program (CTAPPP) in Oakland and the Teenage Parent Program (TAP) in Pinellas County, Florida, use this strategy.
- The Pregnant Adolescent Continuing Education (PACE) program (a segregated program for pregnant students) in Minneapolis, operating on a trimester schedule, also awards partial credits based on a combination of attendance and work completed.

Partial Credits

Some of the programs visited offer partial credits, reflecting work completed for a portion of the school year. This strategy is generally used to ensure that girls do not lose credit for an entire semester or year of work when they miss part of a semester for the birth of a child.

Schools have typically implemented this strategy by dividing the school year into six-week components, permitting students to enroll in classes at any point during the year and to receive partial credit for each six-week rotation completed. (See Figure II.2.)

Creative Use of Summers

The development of summer programs provides an additional opportunity to accumulate credits. When available, students can use summer courses to move toward graduation by making up for courses missed or failed during the regular school year. An advantage for some students who are behind grade is the opportunity to "catch up," at least partially, in a short but intensive session. (See Figure II.3.)

Although the primary motivation for developing summer programs is to provide an opportunity for students to stay on-track for graduation, summer programs offer other potential benefits as well. There is considerable evidence that many students lose ground during the summer months when they are not attending school, but that good summer programming can prevent these summer learning losses (Heyns 1978; Sipe et al. 1988). With students who are at risk of dropping out of school, such as adolescent parents, devising ways to keep them connected to school over the summer is particularly important. Finally, students involved in a summer program also stay connected to other services potentially offered by school-based programs, such as child care and support services, during the summer months.

Although summers can play an important role in meeting the educational needs of adolescent parents, too often programs have insufficient stable funding to support summer classes. With the current budget constraints experienced by many school districts, summer school programs are among the first services to be cut. Thus, programs typically rely on non-school funding to support summer components.

FIGURE II.3
SUMMER PROGRAMS

- One of the most interesting summer programs observed was developed by Albuquerque's New Futures School. New Futures has experimented with an innovative summer program that allows students to earn up to two academic credits during a one-month summer term. Students electing to attend this summer school program take one or two intensive classes, each of which meets for three hours a day and covers a full year's worth of material over the month. The New Futures summer program was extremely successful during its initial implementation — 85% to 90% of the students who enrolled completed the classes and earned credits. The operational costs of the summer program are covered primarily with foundation grant money.

- The Portland Teen Parent Program has developed a summer component (offering 1/2 day of classes and 1/2 day of work) that operates in conjunction with JTPA. Students (who must meet JTPA eligibility requirements) participating in the program can earn credits needed to fulfill graduation requirements in math, government, language arts and health; in addition, students earn elective credit for the time they spend in work experience. Although the teen parent summer program in Portland is operated by the school district, JTPA pays for students' wages and Adult and Family Services (the local welfare department) subsidizes child care.

When outside funding sources are used to support these programs, however, experience suggests that several issues need to be considered. First, some sources, such as one-time foundation grants, are unstable, limiting the possibility of institutionalizing this program component. Second, some sources (e.g., JTPA) carry eligibility requirements that restrict access to this program component. Finally, the potential for summer programs to maintain a connection to a student's regular school-year program appears to decrease when the summer program is funded by an external agency. Although students may earn some needed credits in such a summer program, their participation may do little to help keep them connected to school in general.[1]

Home Instruction

Home instruction programs (often referred to as home tutoring or home study) are available in most school districts for any students, including pregnant girls around the time of delivery, who are unable to attend a regular school program for an extended period of time. These educational options are intended to help students keep up with classwork during their "maternity" leave period, keep them connected to school, and in some cases, keep them connected with other supportive services. (See Figure II.4.)

Although home instruction is an important short-term mechanism for keeping girls from falling behind, schools have grappled with several issues in determining the optimum length of time for students to spend in home instruction. In the interest of maintaining students' connection to school, some experts believe that girls should return to regular classes as quickly as possible, often as soon as two weeks, after delivery. Others argue that allowing girls a longer leave period provides more time for them to recover from delivery and to bond with their babies — an important factor in the child's development — prior to placing them in full-time care. In looking at these programs we found considerable variation in district policies regarding the length of time girls are assigned to home instruction, ranging from less than two weeks to up to 12 weeks.

Aside from the controversy regarding the optimal length of the leave period, some programs have found that district policies are not consistent with local child care regulations. State licensing regulations often require infants to be at least six weeks old before they can be accepted in a licensed child care facility. In these states, district policies requiring students to return to full-time school attendance prior to six weeks following delivery create problems for students without alternative child care arrangements.

Altering the School Day

Several programs have found that simply altering regular school hours helps improve the attendance of adolescent

[1]This problem is best illustrated by the experience of sites participating in the Summer Training and Education Program (STEP) demonstration, which was partially funded by local JTPA programs and on which the Portland teen parent summer program is modeled. In these programs, "continuity and coordination between schools and employment and training agencies, between summer and school-year programming ... were almost non-existent" (Walker and Vilella-Velez 1992:33). Staff affiliated with the demonstration believe that this lack of coordination may actually have worked against the program's goal of keeping students connected with school.

FIGURE II.4
HOME INSTRUCTION

- Students assigned to home tutoring at South High School in Columbus, OH are visited once or twice a week for the duration of their absence from school. A tutor, in coordination with regular classroom teachers, assigns work, provides assistance and checks work completed the previous week.
- Girls attending the Cyesis program in Sarasota return to school within two weeks of delivery. However, these students are eased back into their regular schedule gradually, spending considerable time in the nursery with their babies when they first return to school. This gradual return to a full-time academic schedule is possible because of the school's competency-based educational program, its orientation (as a segregated program) toward addressing the special needs of parenting students and the availability of on-site child care.
- In contrast to Cyesis, when parenting students return to comprehensive high schools in Columbus they are expected to resume full-time class participation and to be on pace with their peers. These students are not permitted to return to school until they have seen their doctor for their six-week post-partum check-up and have medical approval. In the interim, students receive home visits by their GRADS (Ohio's support program for pregnant and parenting students) teacher once or twice during their leave, to ensure that they are completing homework assignments, to see that they are connected to health and support services and to discuss their plans for returning to school.
- The PACE program in Minneapolis developed an optional transitional program to help keep students connected to school during their six-week post-delivery leave. Students, with their babies, come to the school two mornings a week, providing an opportunity to get hands-on parenting instruction, interact with other new mothers and maintain their connection to school while bonding with their babies and recuperating from their delivery.
- The home study program used by CTAPPP in Oakland also requires students to come to school weekly to pick up and drop off assignments.

parents. This can include any of several possible changes: beginning the day later in the morning, either for the entire school or on an individual basis; ending the school day later in the afternoon (often in conjunction with a later start); and ending the school day earlier in the afternoon. (See Figure II.5.)

FIGURE II.5
ALTERING THE SCHOOL DAY

- At the New Vistas School in Minneapolis, students arrive between 9:00 and 9:30 a.m., providing time for students and their children to have breakfast together prior to the beginning of classes at 10:00. Classes end at 4:00 p.m. each day.
- In Portland, Oregon, many adolescent parents attending comprehensive high schools have schedules that do not include a first-period class, enabling them to arrive at school later than the typical student.
- Pregnant and parenting students in the GRADS program in Worthington, Ohio are offered scheduling options that include early release and late arrival.

All of these scheduling options are intended to facilitate students' ability to attend school on a regular basis. While the majority of students easily manage to get themselves to school by 7:30 each morning, adolescent parents, who have to feed, bathe and clothe their children as well as themselves and then get their children to child care, often find it nearly impossible to arrive at school so early on a daily basis. Beginning the school day later in the morning increases the probability that students will arrive on time and ready to put in a full day's work.

A schedule that allows students to leave early extends the amount of time available for scheduling health and social service appointments (reducing the need for students to be absent to keep such appointments). Early release programs also provide opportunities for students to obtain part-time jobs (which many have) that do not require them to work late into the evening.

Changing school hours may be difficult for a school for several reasons. In many locations, school hours and the availability of transportation are integrally connected. Staff at one stand-alone program indicated they would like to start their school day later in the morning, but because their program buses are shared with another program they

are not free to change their hours[2]. Similarly, individual students cannot take advantage of policies permitting them not to schedule a first-period class if they must rely on district-provided transportation to get to school.

Even if transportation is not an issue, late arrival and early release options do not work for all students. Parenting students are frequently already behind schedule for graduation; shortening their school day and therefore the number of classes they take reduces their opportunity to accumulate credits and lengthens the time required to graduate.

Changing Attendance Policies

Receipt of a high school diploma is nearly always dependent upon accumulation of a specified number of credits; in traditional high school programs, receiving credit for a specific course is partially dependant upon attendance. As noted previously, pregnant and parenting students often fail to receive credit for some classes because they exceed the number of absences allowed. The traditional attendance policies in place in many schools do not take into account these students' legitimate need to miss school for medical and social service appointments or because of a child's illness.

A number of programs have addressed this issue by altering their attendance policies to include these reasons for missing school as excused absences. With excused absences, students have an opportunity to make up work that was missed and are not precluded from receiving credit for classes due to a higher-than-allowed number of absences[3]

[2]Programs with exclusive use of buses or vans, of course, are free to establish their own school hours.

[3]However, even if school policy allows students to miss additional days of school and still receive credit, some students who are frequently absent will have difficulty mastering course material and acquiring needed skills. Therefore, many school-based programs for teen parents directly address the need to make access to health care and other services for themselves and their children easier and more convenient. These strategies are discussed later in this chapter.

[4]Title IX regulations; see Brake 1994.

Offering Quality Educational Opportunities

While offering students access to core academic classes is sufficient for them to meet a district's graduation requirements and obtain a diploma, such a limited curriculum also limits students' future educational opportunities. In addition, for reasons of equity, pregnant and parenting students should have access to the same range of options as other students within the same school district.[4]

As discussed earlier, comprehensive high schools and stand-alone programs tend to differ in terms of the educational offerings available to pregnant and parenting students. Comprehensive high schools are most likely to offer the widest range of class options, primarily because of their relatively large size. Larger schools are able to offer multiple sections of some classes, a range of academic classes including foreign languages and advanced science and math classes, and vocational classes. In spite of participating in special classes related to parenting and child development, pregnant and parenting adolescents attending comprehensive high schools tend to have access to the full range of classes offered within these schools. Multiple sections of parenting classes are often available and most programs are somewhat flexible about scheduling time for students to work in on-site child care centers. Thus, rarely are students unable to enroll in a particular class because of a conflict with participation in a teen-parent program.

In contrast, stand-alone programs tend to be more limited in their range of class offerings, primarily because they are generally much smaller than comprehensive high schools. However, we have seen several strategies used by these programs to increase the range of quality educational options for pregnant and parenting students. These strategies include: increasing the scale of the stand-alone program, developing links with other institutions and broadening opportunities through creative course development. Each of these strategies is discussed below.

Increased Scale

Simply by virtue of having more teachers, larger schools are able to offer more classes. In addition, having a larger student body increases the likelihood that some threshold number of students will be interested in taking specific classes. That is, a school is unlikely to offer a foreign lan-

guage for one or two students, but may be more willing to teach this class for 15 students. As noted above, the size threshold is more easily met in comprehensive schools. However, the larger the stand-alone program, the more likely it is to be able to offer a wide variety of courses and educational options.

The best example of how a large program can expand its educational offerings is the Teenage Parent Program (TAPP) in Louisville. TAPP serves nearly 1,000 pregnant and parenting students annually with a teaching staff of 42 across three stand-alone schools. Course offerings include a range of science and math classes (algebra I & II, geometry, pre-calculus, biology, chemistry, environmental science), social studies, health and physical education, art, chorus, foreign language, computer science, health care services and medical transcription.

While larger stand-alone programs are better able to provide a range of class offerings, increasing program scale is not an easy task. For programs to expand their scale, they need to demonstrate additional demand for their services, and acquire additional resources in terms of space, funding, staff and support services. Programs as large as TAPP have grown gradually over a period of about 20 years.

Since increasing scale is not easily accomplished in a short period of time, small stand-alone programs often implement alternative strategies to expand program offerings.

Links with Other Schools

Programs have developed links with other schools as a way to increase the range of class offerings available to their students. These links allow individual students to take courses, particularly specialized or advanced courses, that are offered at other schools within the district. This may allow these students to accumulate credits in courses necessary for college admission or to meet their vocational goals. (See Figure II.6.)

[5]In most districts, stand-alone programs serve only a very small portion of the pregnant and parenting students. It is likely, then, that additional demand for services exists.

For students attending stand-alone programs who would like to enroll in "low-incidence" or specialized classes, these arrangements are often the only viable strategy available. Although these arrangements can go a long way toward expanding the educational offerings available to students, programs have encountered a number of difficulties in trying to implement this strategy. Transportation between the two programs, for example, is often problematic. Conflicting schedules between the teen-parent program and the other school often present a barrier for students wishing to take some classes at another school. And students accustomed to the flexibility that often characterizes stand-alone programs may have difficulty readjusting to the rigidity of most comprehensive high schools.

Programs that have their own buses or that are located within walking distance of another school are able to solve transportation problems relatively easily. Programs without these advantages have found that students rarely take advantage of linkage arrangements because they have no way to travel between the two institutions. Resolving issues related to conflicting schedules often depends upon the willingness of the stand-alone program to accommodate individual student needs, something many are able to do.

Resolving these issues is critical, not only for students who wish to take courses at another school while remain-

FIGURE II.6
LINKS WITH OTHER SCHOOLS

- In spite of the relatively large scale of TAPP, school staff have found that they still are unable to offer some classes that their students are interested in taking. For example, although TAPP offers chemistry and biology, they do not have enough demand to offer a physics course. School staff have arranged for students to take some of their classes at a nearby comprehensive high school for courses not offered by TAPP.
- The Cyesis program in Sarasota is quite small and able to offer its students only core academic classes. In addition to arranging for some students to take classes at a nearby high school, they have also developed a relationship with the local vocational/technical school. This arrangement allows qualified students to spend their mornings at Cyesis (taking child development and a couple of required courses) and their afternoons at the vocational school.

ing enrolled in a stand-alone program, but for many parenting teens. Strategies to resolve transportation difficulties and to help students make the transition from one type of educational environment to another are discussed more fully later in this chapter.

Creative Course Development

A third strategy that has helped stand-alone programs expand their educational offerings is creative course development. For example, schools have developed interdisciplinary classes that combine two academic classes or that combine material typically included in elective or vocational classes with a core academic class.

By combining material that typically would be taught in two separate courses, a small cadre of teachers is able to offer a wider range of classes. And combining, for example, parenting and science within the structure of one class frees an extra class period for students to enroll in a course that would not otherwise be available to them. In addition, some interdisciplinary classes have been structured so that students earn credit for two classes simultaneously. (See Figure II.7.)

FIGURE II.7
CREATIVE COURSE DEVELOPMENT

- The New Futures School in Albuquerque has developed some interdisciplinary classes, such as a combined English and history block.
- Silver Springs High School in Grass Valley, California has developed several interdisciplinary classes. Science of the Unborn" combines pre-natal health materials typically covered in parenting classes with basic science information. Electives offered at this school are organized into two "academy" tracks (business and technology, and health and human services) that combine academic and vocational materials.

Multiple Program Options as a Strategy for Balancing Flexibility with Access to Educational Opportunities

The sections above illustrate how school programs for pregnant and parenting teens, whether stand-alone or within comprehensive schools have been able, through various strategies, to provide flexibility in their educational programs or offer a range of courses. We have seen a variety of strategies for incorporating flexibility into education so that these students are able to both meet their parenting obligations and maintain progress in school. We have also observed several strategies for ensuring that a range of educational offerings is widely available to pregnant and parenting students attending district schools.

The most difficult challenge, however, is to combine flexibility with a diverse educational program so that benefits for teen parents with different skills and interests are maximized. In general, single-site programs, whether stand-alone or within comprehensive high schools, have been unable to achieve both flexibility and access to varied educational opportunities.

The programs that have achieved the best balance between flexibility and educational opportunities are district-wide rather than single-site programs. District-wide programs tend to offer students a choice of program sites that include stand-alone schools, programming in comprehensive high schools and programs in alternative and vocational schools. Individual school sites in these districts offer differing degrees of flexibility and ranges of classes available in their respective educational programs. (See Figure II.8.)

District-wide programs with multiple options provide students with choices. In a well-designed system of programs, students can consider the various programmatic alternatives available and select the program that seems best suited to their particular needs. By locating some programs in comprehensive high schools with a wide range of courses, including advanced academic classes, students in good academic standing who intend to enroll in college can continue with their established high school curriculum. Other students, who may have been unsuccessful in the traditional high school, may feel more comfortable in a stand-alone school that offers them more flexibility at the expense of a varied curriculum. And students with an interest in combining vocational training with their regular high school program might opt for a program located in a vocational school.

While this district-wide approach has many advantages, in practice some are less well coordinated than might be optimal, often because the programs have been developed

piecemeal over time. Individual programs that operate relatively independently rather than as parts of an integrated system are less efficient. Information, resources and staff skills are not maximized when the individual programs are not part of a coordinated system. Lack of coordination between program options also makes it difficult for individual students to fully understand their options and select the best option for their situation.

Key Findings and Implications: Overcoming Barriers to Providing Flexible Quality Educational Opportunities for Teen Parents

- Programs, particularly stand-alone programs, recognize the barriers to credit accumulation and graduation associated with more frequent absences among parenting students.

FIGURE II.8
DISTRICT-WIDE PROGRAMS OFFERING MULTIPLE OPTIONS

- The Minneapolis Public Schools (MPS) provides a good example of a system of programs that incorporates a variety of options for pregnant and parenting students. MPS has two stand-alone programs — one (PACE) that serves pregnant students and one (New Vistas) that serves primarily parenting students. Support services and child care (either on-site or in family day care homes near each school) are available in comprehensive high schools, alternative high school programs and one middle-school program. Older students for whom a regular high school program is inappropriate (i.e., older students who have accumulated few or no credits toward graduation) can enroll in a GED program (Options).

- Similarly, Pinellas Public Schools offers pregnant and parenting students several options. The Harris School serves pregnant and parenting middle school girls; pregnant students can attend Project Help (the local YWCA operates two centers in collaboration with the schools); and educational and support services are available in nine of the district's 15 comprehensive high schools as well as two vocational schools. On-site child care is available at the Harris School and the vocational schools; the program helps parenting students attending comprehensive high schools locate family day care homes.

  - Various strategies to provide more flexibility in how credits are earned toward graduation (while maintaining educational quality) are available, ranging from offering additional opportunities to cover material and accumulate credits (home schooling, summer sessions), changing policies with regard to absences and school hours, and converting to a different educational approach (competency-based education).

  - No single strategy is suitable for all students, and each poses implementation issues and potential tradeoffs. Furthermore, all strategies need to be monitored to ensure that students are acquiring skills, not simply accumulating credits toward graduation.

  - Programs need to simultaneously address both the effects of absences among teen parents on their chances of school success and the factors associated with absenteeism. Many of the support services discussed in this chapter have as a goal helping teen parents attend school more regularly.

- An equally important issue is providing a full array of educational opportunities to pregnant and parenting teens. This issue has not received much attention until recently.

  - Legally, districts are obliged to offer pregnant and parenting students the same educational opportunities that are available to other students. However, program size is a major determinant in the range of options that are practicably accessible.

  - Thus, comprehensive high schools are best able to offer pregnant and parenting teens access to the full range of courses and educational programs.

  - There are a number of strategies used by smaller stand-alone programs to expand the course offerings available to their students.

- The most difficult challenge, then, is maximizing both flexibility and equity in access to a full

range of educational opportunities for pregnant and parenting teens.

- ✧ District-wide programs have been able to achieve this by offering students a mix of educational settings and options from which to choose.
- ✧ The next step in these programs is to increase integration and ensure that students actually have the information and counseling to make the best choice among the options available.
- ✧ In such a system, some students will move between educational settings. Specific types of services need to be in place to support those transitions; these are discussed later in this chapter.

HOW TO PROVIDE PARENTING AND CHILD DEVELOPMENT EDUCATION AND SUPPORT

A critical component of school-based programs serving pregnant and parenting students is the parenting and/or child development instruction and support offered. Adolescent parents, like many other new parents, lack knowledge about what their babies should be able to do at different ages and how to stimulate development building upon milestones at different ages. Young parents often need information about the health care needs of their young children and about the importance of preventive care, both pre-natally and for their babies. This lack of knowledge is complicated by the fact that adolescent parents are themselves still developing and may not be fully prepared to take responsibility for themselves and their children. Providing child development information and practice in parenting skills helps students understand what to expect and how to respond as their babies grow and develop. In addition, because there is considerable evidence that young parents are at risk of abusing and neglecting their children, these classes focus on the development of good parenting skills, including appropriate discipline techniques, and the importance of play. Finally, the parenting education component provides an excellent setting in which program staff can facilitate these young parents' own growth and development to the extent that instructors have an awareness of adolescent development as well as early childhood development.

While it is generally recognized that parenting education should be an important part of school-based programs for pregnant and parenting teens, programs encounter two major issues in designing this program component:

- ✦ how to get the most out of parenting education by coordinating classroom work with time spent practicing what was learned in actual child care settings; and
- ✦ how to ensure that teen parents have access to high-quality parenting education while not interfering with their academic progress and access to other educational options.

Providing Parenting Instruction and Support

Parenting and child development instruction is typically taught either as a class or as a combination of classroom work supplemented with practical, hands-on experience, in a school-based child care center. Many programs combine classroom and hands-on experience in child care centers to help students learn good parenting skills as well as develop a better understanding of child development.

While the information provided in classes is important, the time students spend working in the child care centers, either interacting with their own children or simply helping to care for all the children enrolled, provides several additional benefits: [6]

- ✦ students gain practical parenting experience within a controlled environment monitored by program staff;
- ✦ instructors and caregivers can model appropriate behavior or demonstrate activities that parents and children can enjoy together;[7] and

[6] In programs that require students to spend time in the child care centers, the danger that students will be used to make up required caregiver-to-children ratios also exists. Over-reliance on students as caregivers in school-based centers can potentially affect the quality of care babies receive.

[7] This presumes that parenting instructors and center staff have appropriate training and experience working with adolescents so that they can serve as effective role models. Training for child care providers is discussed in Chapter III.

- "students gain the opportunity to strengthen bonds between mothers and their children as they interact with each other in positive ways.

To the extent that material covered in the classroom is coordinated with practical exercises or activities in the child care center, the potential for students to develop good parenting skills is increased. A major barrier to coordinating classroom work with supervised hands-on experience with the teen's own child is, of course, the lack or limited capacity of on-site child care centers. Chapter III discusses how school-based programs can build a network of on-site and off-site care arrangements that can provide many of the supports and services most often available only for the parents of children who are able to be served on-site.

Balancing Parenting Education with Other Aspects of the Student's Schedule

While parenting instruction is a crucial part of any adolescent parent program, the possibility exists that this component will absorb a significant portion of a student's schedule, limiting access to other course opportunities as a result.

Scheduling of parenting education, including time spent working in child care centers, depends on both how frequently students are required to be in class or in the child care center and over what period of time students are expected to be enrolled in parenting education. Schools can achieve a balance between these requirements and the remainder of the student's schedule by reducing the amount of time students are required to spend in parenting activities, but more commonly schools expand the content of parenting classes to include other material. (See Figure II.9.)

There are several benefits to be gained by expanding the content of parenting and child development instruction. First, expanded course content provides a way to incorporate material that students typically would get through taking other elective courses while still learning important material on parenting and child development. Adding academic material to a parenting class so that students are able to earn core, rather than elective, credit frees a spot on a student's schedule for taking an additional class. Expanding the content of parenting classes also facilitates adolescents' development by making connections between parenting responsibilities and other aspects of the teen parent's life. And programs that require only one year of parenting class free considerable time for students to enroll in other classes over their high school years.

Limiting the number of required parenting classes permits students more access to other academic offerings, but not all programs are able to implement this strategy because of funding requirements. Florida's Teenage Parent Program (TAP), which provides the funding for Cyesis, requires that students enroll in a parenting class for the

FIGURE II.9
BALANCING PARENTING EDUCATION WITH OTHER EDUCATIONAL GOALS

- Students attending Cyesis in Sarasota are required to enroll in parenting classes each year they attend the school. Because many students attend the school for several years, staff have developed a sequence of classes beyond basic parenting and child development to include life skills (e.g., sewing, cooking, household budgeting). To help reduce the burden of taking parenting classes every year, students can earn additional credit for completing some courses and one class helps fulfill the district's health class requirement. In addition to class, students work in the child care centers for one morning or afternoon every two weeks, for which they receive no credit.

- Students attending Silver Springs High School in California receive science credit for the pre-natal parenting class offered. In addition, all students who graduate from Silver Springs complete a career academy track, one of which — Health and Human Services — focuses on child development. Not only do these students learn information that will help them in their roles as parents, they also acquire skills that will help them pursue post-secondary education or careers in the child development field.

- Ohio's GRADS program addresses self-development and employability in addition to parenting and child development.

- Students participating in Minneapolis' MICE program are required to take only one year of parenting instruction. However, these students also work one period a day in the on-site child care centers (for which they receive elective credit) for as long as they have a child attending the center.

duration of their participation in TAP. In addition, some program staff would argue that students need more than one year of parenting and child development classes to actually benefit from the material presented. Ultimately, programs have to weigh the importance of the parenting component with other aspects of these students' educations in determining how to structure parenting classes.

Key Findings and Implications: Providing Parenting and Child Development Education and Support

- Programs recognize the importance of providing teen parents with parent education and information on child development.

  - Parenting education programs can be enhanced by integrating them with the regular academic or core curriculum.

- Parenting education programs that include practical experience as well as classroom work offer a number of advantages for teen parents, and considerably strengthen the ability of programs to ensure the development of strong parenting skills and the health and well-being of the child.[8]

  - In their ability to include direct interaction between the teen parent and her child as part of the parenting education curriculum, programs are limited by the availability and quality of on-site child care.

  - Efforts to build a network of child care arrangements, described in Chapter III, should consider how to provide experiential learning for teen parents as well as how to provide other services to the children in off-site child care settings.

HOW TO ENSURE ADEQUATE HEALTH CARE FOR PREGNANT AND PARENTING ADOLESCENTS

Receipt of pre-natal care is essential for reducing the risk of having a low-birth-weight baby, diagnosing any problems that do occur and generally ensuring a healthy pregnancy. Family planning services are necessary to help teen parents avoid subsequent pregnancies; it is often the second or third baby that makes the critical difference in the long-term outcomes for teen parents and their children. In addition to pre-natal care and family planning services, parenting adolescents need a source of basic preventive and acute health care as well as health education.[9]

A number of programs offer students at least some of these services on-site, through school-based clinics (operated by either the school district or an outside entity), through limited service clinics operated by outside entities, or by school nurses. While full-practice clinics may offer all of these services on-site, most programs offer students a more limited set of services.

Because the issues related to providing each of these groups of services are somewhat different, barriers and strategies for them are discussed separately below.

How to Provide Basic Health Care and Health Education

The primary benefit of providing some basic health services, including health education, is ensuring that students are healthier in general. Students in poor health miss more days of school; thus helping these students maintain good health increases the likelihood that they will attend school on a regular basis. Basic health services include regular check-ups, information about nutrition and hygiene, current immunizations, and diagnosis and treatment or referral for treatment of acute conditions or illnesses. Nearly every school visited provides some level of basic

[8] Very few evaluations of parenting programs have been conducted; those that have are characterized by methodological problems. However, there is some evidence that the benefits of parenting classes can be enhanced by offering them in conjunction with the provision of child care (Brooks-Gunn, in press).

[9] Of course, the children of adolescent parents also need health care, including preventive care, health and development screening, and diagnosis and treatment of chronic and acute conditions or illnesses. Strategies to create access to health care for the children of teen parents are discussed in Chapter III.

health care and health education either through a school nurse or within a school-based health clinic.

Most school-based clinics are able to provide health education services and some acute care to all students regardless of their insurance status. However, students enrolled in managed care plans are often restricted in the services that they can receive through a school-based clinic or school nurse. Without agreements with local managed care plans that make school-based clinics or individual practitioners approved providers under the managed care plan, these providers cannot be reimbursed for the services to students enrolled in managed care plans. This issue is discussed in more detail in Chapter IV.

How to Provide Pre-Natal Health Care

Appropriate pre-natal care includes such things as taking a general health history, conducting periodic physical examinations, providing appropriate laboratory tests and services to assess and manage high-risk pregnancies and providing education and counseling about such issues as nutrition, physical activity and exercise, toxins that affect fetus development (such as cigarettes, drugs and alcohol) and preparation for delivery and post-partum care. (See Figure II.10.)

The primary advantage of providing pre-natal services on-site is the ease of accessibility for students and the ability to monitor receipt of care directly. Students do not always keep appointments that are scheduled and many private physicians drop patients who have missed a certain number of appointments. When services are provided on-site, program staff can become more aware when appointments are being missed and can more easily intervene. Monitoring receipt of pre-natal care with off-site providers is often difficult, unless program staff have established a relationship with the relevant providers and have overcome patient-data confidentiality issues. At the same time, when pre-natal care is provided at the school, maintaining continuity of care throughout the pregnancy and providing a link with the provider and setting may be difficult, although this can be accomplished in some special circumstances.

One of the major limitations faced by school-based clinics, which also applies to on-site pre-natal care, is the inability to provide access to care for all students (depending on their insurance status) and the funding available to pay for these services. In many cases, students who receive their primary health care through managed care plans may not be able to take advantage of on-site pre-natal health care.[10] Chapter IV addresses the issue of funding health services for adolescent parents and their children in managed care environments.

How to Provide Family Planning Services

Comprehensive family planning services include information, education and counseling about family planning, including various contraceptive methods and their use, physical examinations, provision of contraceptives and

FIGURE II.10
PROVIDING PRE-NATAL CARE

- Students attending one of the TAPP schools in Louisville have access to pre-natal care through the full-service school-based clinics operating at each site. The schools have contracted with a private physician to provide pre-natal care at two schools and with the University of Louisville medical school to provide care (by ob-gyn residents) at the third school. To ensure continuity of care, the school-based clinics continue to operate during the summer months; students using these clinics for their care deliver at University Hospital.
- A local hospital is piloting use of a mobile medical van to provide pre-natal care to students attending South High School in Columbus, Ohio. Through the van, staffed by two nurses, a dietician, a social worker and rotating physicians, students can receive all aspects of their pre-natal care on school grounds. Students are offered the option of delivering at the sponsoring hospital or selecting another facility, in which case staff forward their medical records to the appropriate facility.
- The majority of students attending Cyesis in Sarasota use the local health department clinic for pre-natal care. The school employs a nurse who has responsibility for ensuring that students are actually receiving care.

[10]The New Vistas program in Minneapolis offered on-site pre-natal care when the program began, but later dropped these services when they discovered that most students were already receiving pre-natal care when they enrolled in the program and wanted to continue with their own obstetricians.

pregnancy testing. Nearly all programs for pregnant and parenting teens provide information and education about family planning, including contraceptive information. There is more variability in whether programs offer gynecological examinations, pregnancy testing or contraceptives on-site. (See Figure II.11.)

Programs face a number of obstacles, however, in developing a strategy to ensure that students receive adequate family planning services. More than other health care services, provision of family planning is likely to meet with resistance on the part of the local community. While some programs, as noted in Figure II.11, are able to dispense contraceptives on-site, many others are not.

Many programs have found that school-based clinics operated by private contractors (rather than directly by the school district) are more likely to be able to provide politically sensitive services such as dispensation of contraceptives. While district policies often preclude school employees from dispensing contraceptives, clinic staff employed by a private contractor may be exempt from such a policy.[11]

Key Findings and Implications: Ensuring Adequate Health Care for Pregnant and Parenting Adolescents

- On-site provision of health care has some clear advantages in terms of accessibility for students.
  - Various models of delivering pre-natal care, family planning services and preventive and acute health care on-site are available. Many involve the provision of these services by entities other than the school.
  - Not only is it not necessary for the school to operate clinics or provide health services directly; there can be advantages to having an outside entity do so.
  - The expense of health care services makes the issue of reimbursement from third-party payors particularly important to the ability of programs to provide these services. Managed care arrangements are recognized as a major factor in the funding of health services, and are discussed further in Chapter IV. Outside entities are often perceived as more successful in negotiating relationships with managed care providers to allow reimbursement for services delivered at the school.

FIGURE II.11
PROVIDING FAMILY PLANNING SERVICES ON-SITE

- Comprehensive family planning services, including dispensation of contraceptives, are available on-site to students enrolled in one of the TAPP schools in Louisville.[1]
- School-based clinics in Minneapolis, St. Paul and the Albuquerque New Futures School all provide family planning services to students attending these schools. All of these clinics provide pregnancy testing, counseling and prescriptions for contraceptives; only one of these programs, however, is able to dispense contraceptives on-site.
- Although any student with parental permission can obtain a pregnancy test through the mobile medical van at South High School in Columbus, only parenting students are eligible to receive contraceptives through the on-site van. Contraceptive information and educational services are provided through the GRADS program at this school.
- The New Vistas program in Minneapolis has introduced a "positive family planning" program for its students. Students volunteering for this program meet with the school's public health nurse monthly to discuss their current birth control and whether they are experiencing any problems. Pregnancy tests are conducted every two months (except for students on Norplant or Depo-Provera); small incentives are awarded to students with negative tests.[2]

[1] Although Kentucky generally prohibits dispensing contraceptives on school grounds, the program director successfully lobbied the state legislature to add an exception to that law that allows school-based programs specifically for parenting adolescents to dispense contraceptives on-site.

[2] Unfortunately, program staff were not able to provide any data on the effectiveness of this program in preventing repeat pregnancies.

[11] There are other advantages to school-based clinics administered by a private contractor that schools need to consider as well. For example, as discussed in Chapter IV, private contractors may find it easier to negotiate agreements with managed care plans.

- There are significant trade-offs in providing on-site health care for teen parents.
  - Providing a regular source of care that is available when the school is not open (evenings, weekends, on school holidays) and ensuring continuity of care across providers is important to the quality of care.
  - If the children of students are not able to receive care on-site, this may also pose some issues for teen parents to coordinate care
- The principal barriers to providing health services to teen parents are political and financial, not technical or organizational.
  - The provision of certain services in schools — primarily family planning services and especially the distribution of contraceptives — are hotly debated in many communities.
  - While strategies have been successfully implemented to provide these services (for example, by having an outside agent contract with the school to provide them on- site), this remains a politically sensitive issue in many places and may be a barrier to expansion of teen-parent programs into comprehensive high schools.

HOW TO PROVIDE PREGNANT AND PARENTING ADOLESCENTS WITH SUPPORT SERVICES

In addition to direct education and health services, pregnant and parenting adolescents need access to a variety of support services to help them continue their education and prepare for gainful employment. These support services include case management, counseling, transportation assistance, and assistance with transitions between school settings (including re-enrollment assistance for students who previously dropped out of school). Because teen parents are embedded in a social network of family and friends, whose supports, needs and demands affect their ability to attend and succeed in school, some programs for pregnant and parenting adolescents provide services to the fathers of the teens' babies and if possible to other family members as well.

Programs have devised various strategies for providing support, although few programs have been able to provide a full array. These strategies, discussed in this chapter, indicate the range of options available to programs and some of the tradeoffs that need to be considered when adopting a particular strategy. One of the major barriers to providing support services to all teens who need them is lack of sufficient quantity of good-quality services in the community due to insufficient funding. Issues related to funding are addressed in Chapters IV and V.

Providing Case Management Services

Being a parent is often only one impediment to a student's ability to remain in school and continue progressing toward graduation. Case managers are expected to identify other barriers faced by students and assist them in overcoming these barriers. Thus, good case management services should result in more students remaining in school and graduating. Well-trained, effective case managers also have the potential to facilitate adolescent parents' development into mature and responsible adults. For programs "to facilitate growth that will yield positive outcomes, the single most critical source of support adolescents must have is *stable, caring* relationships with *adults*" (Gambone 1993). Although other program staff also provide support, case managers are in an optimal position to fulfill this need for a caring, stable relationship.

Case management includes assessment of students' needs and the development of individualized service plans, referral and assistance in accessing non-school-based services, monitoring that services are actually received, periodic reassessment and helping students learn to negotiate the system themselves.[12] Some of the services that case managers typically assist students in accessing include WIC, appropriate child care, housing assistance, income support such as food stamps and AFDC and counseling not provided by the school-based program.[13]

[12]In addition to working directly with students, most case managers spend considerable time developing contacts with other service providers to facilitate students' access to these external services.

[13]In a number of programs case managers also provide some counseling; see the next section for a discussion of counseling services.

Case management can be provided by a range of school personnel, including parenting instructors, school counselors and social workers. Alternatively, programs can contract with external agencies (community-based organizations, local health clinics) to provide case management services. (See Figure II.12.)

The ability of case managers to assist students, however, depends upon a number of factors. To be effective, case managers need to be skilled at establishing a rapport with students, assessing their needs and developing appropriate service plans. Case managers are more likely to be able to establish rapport and provide adequate support and guidance if they have received training related to working with adolescents and have a basic understanding of adolescent development, including teens' need for a balance of support and challenges. However, even the most skilled and best trained case managers cannot be effective when their caseloads are too large to establish relationships with each of their clients.

Equally important is case managers' knowledge of community resources and their ability to facilitate students' access to these services. Case managers based at the school generally find it easier to develop relationships with other school staff and have more in-depth knowledge of students' service needs than off-site case managers because of their more frequent contact with and easy access to students. School employees, however, often have limited time for, or experience with, developing contacts with community service providers. In contrast, case managers who work for community-based organizations are likely to have extensive knowledge of and connections with other service providers.

A critical barrier to providing effective case management is the lack or scarcity of some services within the local community. For example, many case managers find that students need housing, but most communities have a shortage of appropriate, affordable housing available for this population. Even effective case managers will be unable to overcome such a limitation.

Providing Counseling Services

Counseling is an important mechanism for enabling students to address and overcome issues that affect their ability to attend and progress in school. Students who are involved in destructive or abusive relationships, or who have substance abuse problems (or who live with a family member with abuse problems) are unlikely to succeed in school unless these problems are addressed. Students need access to a variety of counseling services including: academic, vocational/career, personal, family and relationships, substance abuse and mental health.

Programs often provide some counseling directly, but many counseling services are provided through referrals to other community agencies. Direct counseling provided

FIGURE II.12
CASE MANAGEMENT SERVICES

- California's Adolescent Family Life Program (AFLP) provides case management services to pregnant and parenting adolescents in many locations across the state. Local AFLPs are administered by various county departments (health, social services), by community based organizations, by health centers, and in two locations, by school districts. In Oakland, for example, the program is administered by East Bay Perinatal Council, but to improve their accessibility to clients, case managers have established on-site offices in two schools. State program requirements that AFLP agencies participate in local service networks and establish agreements with various entities for services help ensure clients' access to a wide range of support services.

- Ohio's GRADS program includes case management as part of the services provided by GRADS teachers (all of whom are vocational home economics teachers). To increase GRADS teachers' knowledge of community resources, state requirements for local programs include the establishment of advisory groups (comprised of representatives of local service providers) and a reduced teaching load to provide time for GRADS teachers to develop connections with service providers to whom they can refer students.

- In St. Paul, STRIDE (Minnesota's JOBS program) workers are housed in the schools to provide case management services to adolescent parents on AFDC. STRIDE workers coordinate their efforts with school nurses and social workers who also have case management responsibilities.

- In Minneapolis, case workers from the county's Adolescent Parent Unit offer case management services to all adolescent parents; some of their time is spent in the schools to ensure that students are receiving services. Students also have access to school counselors and social workers who provide case management.

by school-based programs includes home visits, individual counseling and support groups. In most programs academic and vocational counseling is provided by school guidance counselors, similar to the counseling available to all high school students. Case managers or school counselors often facilitate support groups and may provide limited individual counseling; most case managers' job responsibilities include periodic home visits. (See Figure II.13.)

Students requiring in-depth counseling for mental health issues, physical or sexual abuse or substance abuse are nearly always referred to external providers for service. Case managers typically have responsibility for determining students' needs for such counseling, making the appropriate referrals and following up to ensure that students are receiving the required services. Unfortunately, many communities have a paucity of counseling programs, particularly those appropriate for treating adolescent clients.

FIGURE II.13
COUNSELING SERVICES

- The five counselors at the New Futures School in Albuquerque provide academic counseling, conduct individual counseling on personal issues and facilitate support groups on issues such as relationships, sexual abuse, self-esteem and communication. In addition, an outside counselor visits the school once a week to help facilitate the sexual abuse support group, to see students individually and to confer with the school's counselors on dealing with particular students.
- In addition to providing academic and career counseling to students, Silver Springs High School in California employs a therapist to provide individual, crisis, couples, family and group counseling. These counseling services are funded by Child Abuse Prevention/ Intervention Therapy (CAPIT) funds and by SSHS's state Healthy Start grant.

Providing Transportation Assistance

Providing transportation assistance removes one of the critical barriers faced by adolescent parents and increases the likelihood that students will attend school more regularly and on time. Because very few of these students have their own means of transportation and students are generally not permitted to transport their babies on regular district school buses, getting their babies to child care and themselves to school is a critical issue for many adolescent parents.

Transportation assistance includes helping students travel between home, school and, if necessary, child care. Two strategies tend to be used for providing transportation assistance: providing students with passes or vouchers for public transportation or actually transporting students and their children on district-owned buses. (See Figure II.14.)

Assisting students with transportation by providing vouchers for local public transportation requires first that a program is located in a community with adequate public transportation. Even where public transportation exists, bus routes and stops may not be convenient for some students. Obtaining buses specifically for use with adolescent parents and their children is preferable to providing students with bus passes; however, purchasing this equip-

FIGURE II.14
TRANSPORTATION ASSISTANCE

- In both Portland and Oakland, school-based programs for pregnant and parenting adolescents provide students with bus tokens for the local public transportation system.
- The Cyesis program in Sarasota transports students and their babies to school and back home each day via district-owned buses shared with another district program. To meet the requirements of the district's liability coverage, the buses are equipped with child safety seats and must carry a child care aide when babies are being transported.
- The St. Paul Public Schools use a combination of direct transportation and vouchers for public transportation, depending on a student's specific circumstances. Students (and their children) attending their neighborhood high school are transported via the district's special day care buses. Students attending the district's stand-alone program receive door-to-door service between their homes and the school. Students who live outside a school's normal bus routes are provided with passes for public transportation.
- In Pinellas County parents and their children are transported to school and the child care facility on school district buses, whether the child care is school-based or in a family child care home. Parents must be on the bus with their children and are required to bring and use car seats.

ment can be expensive.[14] Further, to meet safety standards, and to comply with liability requirements, buses need to be equipped with child safety seats, adding to the expense of the equipment and reducing the overall capacity of individual buses. Large programs may require several buses to provide transportation to all students who need assistance. In a few districts, parents and babies are transported on regular school buses; to comply with liability requirements, parents also bring appropriate child safety seats.

Programs with limited resources located in communities with good public transportation may find that offering students vouchers provides a good solution to the transportation problem. For programs or districts with sufficient resources, however, having their own buses offers other advantages as well:

- control over students' transportation affords programs greater freedom to establish flexible hours of operation that may differ from other schools within a district; and

- buses can be used by the program for additional purposes including transporting students and children to medical and social service appointments, to other district schools (for students taking some classes elsewhere), to and from off-site child care settings, and on field trips.

Assisting Students in the Transition Between School Settings

In a number of school districts, programming for pregnant and/or parenting students is only available in segregated schools or limited to a few comprehensive high schools. Students who wish to take advantage of the services available through these programs must transfer to the appropriate school. In addition, a number of stand-alone programs are designed to serve pregnant and parenting students for only a limited time after delivery (for example, three to six months or the balance of the semester). Students attending these short-term programs are expected to transfer back to a comprehensive high school (or an alternative educational program) at some point (usually at the conclusion of the semester or school year) following delivery. Transition between schools poses challenges for all students, but particularly for parenting students. Transition services help ease students' anxiety about entering a new situation and ensure that the services and supports they need are in place in the new setting. This assistance increases the likelihood that students in transition will remain in school and be successful there.

Transition services generally include contact between staff at the sending program (usually a social worker or case manager) and someone — a counselor, program coordinator or social worker — at the receiving school. All of the programs described in Figure II.15 have gone beyond simply dealing with the paperwork involved in school transfers to helping ensure that parenting students are connected with a support person in their new school. The key to making this process work is the existence of a support mechanism in the receiving school. Very often, unless there is a teen parent program at the receiving school, schools are likely to designate already overburdened school counselors as the contact person for in-coming students. It is unlikely that these counselors will be able to provide the support that many teen parents need to remain in school.

FIGURE II. 15
TRANSITION ASSISTANCE

- In St. Paul, case managers take students to visit the receiving school and introduce them to the counselor or program coordinator located in that school. This counselor helps students with any paperwork required by the transfer, explains services available at the school and, if the student will be attending the school for the first time, arranges a tour of the building.

- Staff in Minneapolis provide similar transition services. In addition, however, program coordinators at the comprehensive high schools try to connect a new student with another student in the program who can show her around, eat lunch with her and help her understand services available through the program.

- Social workers at the sending and receiving schools in Pinellas County, Florida, where many students use family day care homes for their child care, work together to ensure that students have appropriate child care in place prior to the actual school transfer.

[14] Not only is the equipment expensive, but districts are often concerned that they will incur greater liabilities in the case of an accident if babies are allowed on district buses. To mitigate this possibility, most districts require such precautions as the use of car seats, having monitors on board, and the presence of parents when their children are being transported.

Providing Re-entry Services for Dropouts

The majority of school-based programs for pregnant and parenting adolescents primarily serve students who were enrolled in school at the time they became pregnant. In order to achieve the greatest benefit from such programs, however, it will be necessary to make a concerted effort to identify out-of-school adolescent parents and encourage them to re-enroll in school.

Because most of these students have been out of school for some time, they are unlikely to successfully re-enroll in a high school program without considerable support and assistance in making the transition back to school. Including assessment as part of a program's transition services can help ensure that students are placed in an appropriate educational setting. (See Figure II.16.)

Probably the biggest barrier programs face in trying to implement re-entry services is a lack of resources. Very few programs have sufficient resources to serve all the parenting students already enrolled in school. Many programs are unwilling to take on the difficult task of assisting dropouts to return to school, when their attachment to school is likely to be more tenuous and their needs for remedial education and other support services greater than those of enrolled students.

FIGURE II.16
SERVICES TO RE-ENTERING STUDENTS

- The most extensive re-entry program we observed is the three-week Project Success administered by the Portland (OR) Public Schools in conjunction with the local welfare department. The project coordinator teaches a life-skills class and completes academic and psycho-social assessments of participants. Students are also assigned a case manager who continues to work with them once they transfer to an educational program. Finally, students tend to make connections with each other while attending Project Success, enabling them to begin building a support network that endures beyond the three-week program.[1]

[1]It is interesting to note that very few of the students participating in Project Success enroll in comprehensive high schools at the conclusion of this re-entry program. Many of them gravitate toward alternative school programs because they offer students more flexibility, are smaller and are perceived to be more understanding of these students' needs than comprehensive high schools. In addition, a number of students opt to attend night school, enabling them to rely on care by relatives for their children.

Providing Services for Young Fathers

Providing services for young fathers is likely to produce a number of benefits. For the fathers themselves, these services are intended to help them become self-sufficient, able to provide for themselves and help support their children. Helping young fathers may also produce benefits for their children by improving their economic well-being, but also hopefully by facilitating positive relationships with their fathers and fostering their development. In addition, these services may reduce the incidence of abuse of both the teen mothers and their children.

Services for fathers can range from support groups to the full gamut of services offered to adolescent mothers. (See Figure II.17.) However, very few school-based programs have systematically developed services for the fathers of the children being served in the program.

In spite of the potential benefits, there are a number of factors that limit school-based programs' ability and/or desire to provide services to fathers. Many program staff express considerable ambivalence about providing services to fathers through these programs. While they ac-

FIGURE II. 17
SERVICES TO FATHERS

- A few schools offer fathers the same set of program components that are available to mothers. Both Cyesis and Silver Springs High School accept adolescent fathers in their programs. These fathers take the same classes, spend time working in child care centers and have access to the same support services as the adolescent mothers enrolled at these schools.

- TAPP in Louisville has made a concerted effort to engage fathers through an evening support program. TAPP hired a male social worker to conduct outreach to these primarily older, out-of-school fathers and to help facilitate the support group meetings. Activities include group and individual counseling, some fun activities involving mothers and fathers together, and food.[1] Program social workers also make home visits to fathers to discuss the types of assistance they need including: employment assistance, schooling options and referrals to drug and alcohol programs.

[1]Program staff noted that a key factor in attracting fathers to attend an evening program is the provision of food.

knowledge the need to engage fathers and the potential benefits to children that could result, staff tend to focus on helping adolescent mothers become self-sufficient, encouraging them not to depend upon the fathers of their babies to support them or their children.

Further, many of the fathers that programs might consider serving are older and already out-of-school (Males 1993). Thus, it is often difficult for school-based programs to identify and engage these fathers. And not surprisingly, staff question whether a school-based program is an appropriate setting for serving this population.

Programs also confront a potential conflict between meeting the needs of the adolescent mothers they are serving and addressing the needs of young fathers. In many cases adolescent mothers are no longer involved with the fathers of their children, and there is evidence that a substantial percentage of adolescent mothers have been abused by the fathers of their children (Boyer and Fine 1992). Thus, staff are often concerned about whether the interests of the mother and child are better served by encouraging them to cut all ties to the father or by providing services to the father that would foster a more positive relationship between them.

Finally, setting priorities for limited resources may force programs to focus their efforts on adolescent mothers and their children.

Key Findings and Implications: Providing Support Services to Pregnant and Parenting Adolescents

- Many programs have found creative ways to provide some of these services. But few offer a comprehensive array.

  - Many of the supports offered by or at schools must be supplemented by other services in the community. But in many communities critical services (such as housing, mental health services, drug counseling or treatment) are in short supply.

- While there are examples of programs that attempt to serve fathers and other family members, many programs have not placed a priority on these groups.

  - Financial and other resource constraints are only one reason for this situation. Program staff are often ambivalent about appearing to encourage a teen mother to remain in a dependent status or in an abusive relationship (whether with the father of her children or within her family of origin).

HOW TO ASSIST GRADUATING STUDENTS TO SUCCESSFULLY MAKE THE TRANSITION TO EMPLOYMENT OR POST-SECONDARY EDUCATION

While completion of high school is an important step to achieving self-sufficiency, the support needs of adolescent parents do not disappear when they graduate. Most face the prospect of leaving a very supportive environment that has helped them complete high school and entering one in which the supports upon which they have come to rely are suddenly removed. As a result, the short-term positive benefits produced by school-based programs for adolescent parents may quickly evaporate unless systematic efforts are made to help students make this transition smoothly. To help ensure that students will continue their progress, programs need to build mechanisms to facilitate follow-up of these young parents once they have left the program.

Mature programs with several years' experience providing school-based services for adolescent parents have recently begun to develop post-graduation transition services. These services include employability preparation (career awareness, resume writing, interviewing, etc.), job development activities, information about post-secondary education (community colleges, four-year institutions, technical schools) and how to apply for admission and financial aid, and follow-up support services. Adolescent parents also need assistance finding child care when making the move to work or post-secondary education. Helping a teen parent find on-going child care reduces the risk of breaks in service and facilitates the parent's ability to

further her education or begin employment. Strategies for providing this assistance range from providing them with contact information on local CCR&Rs to taking a more direct role of helping the parent enroll her child in a program. (See Figure II.18.)

In spite of the importance of these services, very few programs have well-developed transition components. Although classroom pre-employment work provides important information, the potentially more beneficial follow-up services are the most difficult to provide. Staff assigned to conduct follow-up generally have responsibilities for serving current students as well; meeting current students' immediate needs is often more pressing and given higher priority. Further, without good tracking systems in place, many former students are difficult to locate following graduation, so contacting them to check on progress and offer services becomes difficult and time consuming.

Key Findings and Implications: Assisting Graduates To Successfully Make the Transition to Employment or Post-Secondary Education

- There are few examples of strong efforts to help students move from one program to another or to move successfully from school into post-secondary experiences, although it may be support in these transitions that is critical to long-term success.

- Lack of resources associated with an absence of an overall district or community-wide commitment to improving long-term outcomes for teen parents is a critical factor in this common program gap.

SUMMARY

This chapter has illustrated that there are many strategies possible to provide flexible quality educational opportunities and to provide supports that help pregnant and parenting adolescents take best advantage of those opportunities. Most important are the examples of programs that are able

FIGURE II.18

SERVICES TO SUPPORT TRANSITION TO WORK OR POST-SECONDARY EDUCATION

- Ohio's GRADS curriculum includes employability information (i.e., career exploration and job search skills); information not typically covered in pre-employment classes related to economic resources (e.g., public assistance, budgeting, credit, insurance, housing); and work and family issues (e.g., child care options, work stress, time management).

- The school districts in Louisville and Portland have career planners (Louisville) or transition specialists (Portland) in all high schools to work with seniors (not just adolescent parents) on post-graduation plans. Staff work on employability skills, provide career awareness information, and arrange for speakers and field trips. And in Louisville, career planners spend time working with local businesses to identify possible job openings for graduates.

- Vocational support workers in Minneapolis have developed their transitional services for adolescent parents with a primary focus on placing graduates in post-secondary education in a variety of institutional settings, including community colleges, technical colleges and four-year colleges and universities.[1] These counselors take students on tours of local campuses and help them complete admission and financial aid applications. Following graduation, counselors attempt to contact students who have enrolled in post-secondary education to ensure that they are receiving the support they need to remain in school.

- Portland's TPP provides graduation students with an "exit packet" on child care. The packet includes guidance on steps to identify child care programs as well as detailed checklists for assessing the quality of child care staff and facilities. In addition, the school-based child care staff advise case managers for students participating in JOBS when teen parents are about to lose their eligibility for school-based or linked programs to facilitate a timely transition to a new provider.

- School-based social workers at TAP in Pinellas County assist graduating students with finding child care. Often this includes helping young mothers enroll their children in Head Start programs.

[1]Program data suggest that these services have been very successful; nearly 80 percent of students participating in one of the district's programs for pregnant and parenting students — Options, MICE, New Vistas or PACE — who graduated or received a GED

to provide an array of such opportunities and supports and offer them broadly to a large number of students. These are by and large district-wide efforts that are able to mobilize resources and create options that can meet the many different needs and circumstances among parenting students. While most of these programs have developed gradually over time, often beginning with a much more limited array of options and services, their existence and lessons learned from their current experiences are a valuable resource to the field.

Chapter III examines strategies to overcome barriers to provide essential elements of a comprehensive strategy to ensure the health, well-being and development of the children of teen parents. Part 2 of the report focuses on funding strategies that have the potential to permit implementation of a full array of core services for a large number of pregnant and parenting teens and their children.

CHAPTER III: Services To Children

Comprehensive programs that seek to improve the well-being and long-term outcomes of adolescent parents include key services for their children. This chapter discusses the model elements that such programs should include and strategies to provide critical services to this high-risk population.

CRITICAL PROGRAM ELEMENTS AND BARRIERS TO PROVIDING SERVICES TO CHILDREN OF TEEN PARENTS

School-based programs for teen parents have the potential to facilitate positive outcomes for the young children of teen parents as part of an overall strategy to affect the life course of both generations. To obtain positive outcomes for the children of teen parents, research and analysis of best practice indicate that specific program elements or services should be provided. These include:

- quality child development programming at or near schools provided by staff trained to work with adolescent parents;[1]
- parenting education and child development education (these issues are discussed primarily in Chapter II); and
- the direct provision of, or links to, preventive health care, developmental screens and follow-up medical services for children.

However, programs that attempt to provide these types of services for teen parents and their children often face three barriers:

- lack of an adequate and consistent supply of quality child development programming at or near schools or where teen parents live;
- difficulties in trying to link children in these various arrangements to a broad array of health and preventive services; and
- need to provide the young mother with child care counseling, education and guidance so that she is aware of her options when choosing care for her child and is knowledgeable about factors that denote quality child care.

The remainder of this chapter discusses solutions to these challenges that have been implemented by school-based programs for teen parents. Included in this discussion are key lessons learned about how to overcome barriers and implications for expansion and enhancement of school-based programming for adolescent parents and their children. A fourth, perhaps the largest, barrier to providing child care, the scarcity of subsidies for teen parents, is discussed in Chapter IV.

HOW TO DEVELOP AN ADEQUATE SUPPLY OF QUALITY CHILD CARE AT OR NEAR SCHOOL

A major barrier to providing quality child care to children of teen parents is developing an adequate supply of quality care at or near schools. There are three ways in which teen parents can have access to child care: center-based care (school-based or off-site), family child care homes, and care provided by relatives.

School-based care has a number of important advantages for this population (as noted in Table III.2). However, most school-based programs have not been able to meet the demand for child care through on-site child care centers alone. Most of these centers serve only 20 to 30 chil

[1] Child development is defined as programs, solely or jointly, that facilitate cognitive, social and emotional development. In some instances we refer to child care for teen parents; however, all programs for this population should include appropriate developmental activities.

dren due to space limitations on school grounds (Marx et al. 1988).[2] Programs that provide child care for large numbers of teen parents tend to use a range of options to meet the child care needs of teen parents, most often relying on family child care homes to supplement school-based centers.[3]

In addition to the issue of the supply of child care providers, in itself a difficult issue, there is a critical need for attention to be paid to issues of quality in child care. While quality of care is an issue that affects the child care field generally, it is particularly critical to the provision of care to children of teen parents for a number of reasons. The children of teen parents are more at risk for health and developmental problems, while their parents need more support in parenting. Further, many teens have misgivings about non-relative care for their children, contributing to their tenuous commitment to school if child care seems inadequate or unsatisfactory. Table III.1 summarizes the currently accepted dimensions of child care quality, noting how they apply across child care settings.

Programs often face a dilemma in determining how to expand the supply of care while ensuring the programs are of high quality. We often see approaches that focus on one or the other; however, it is important to identify strategies that both increase supply and enhance quality in order to best meet the needs of children and families.

Prior to discussing ways to expand child care supply for teen parents, it is important to discuss how payment mechanisms affect the availability of child care. States have the option of using a variety of payment mechanisms to administer child care programs — most states elect to administer programs through contracts or vouchers (or a combination of the two). Both systems have their strengths and weaknesses for serving teen parents. Contracted programs, when providers are paid for a certain amount of slots, guarantee that the supply of and subsidy for child care is available for teen parents. However, contract programs do not allow the subsidy to follow the child — when a teen parent leaves a program (transfers or graduates) she must find a slot and subsidy elsewhere. On the other hand, voucher programs attach the subsidy to the child — a teen mother can use her voucher in the program of her choice. However, voucher programs do not ensure that slots will be available for teen parents like contract programs do. Ideally, states should use a combination of vouchers and contracts when establishing child care subsidy programs for teen parents: contracts to help promote supply, encourage quality, and offer some financial stability to providers; vouchers to ensure that providers outside of the contract system may be used when they offer the most appropriate form of care, and to ensure continuity of care when a teen parent graduates or relocates.

Developing and Supporting an Adequate Supply of Quality School-Based Child Care Centers

As noted above, school-based child care centers offer a number of advantages to a comprehensive approach to meeting the needs and improving the outcomes of teen parents and their children. These advantages, as well as limitations, are summarized in Table III.2. Programs attempting to expand and support quality school-based centers for teens often face the following types of barriers:

- the lack of space in overcrowded schools;
- the lack of resources to renovate available space for child care purposes;
- the lack of experience in and focus on providing quality early childhood development programs.

The discussion below describes strategies used by school-based teen parent programs to address these barriers.

Lack of Space in Schools

Many public schools are overcrowded; setting aside scarce space for child care is not a top priority for many school administrators. Some programs have met their space needs on the school grounds, if not in the school building itself, by installing portable classrooms. While these facilities are not specifically designed for child care, portables have been used to provide a safe, sanitary child care facility of sufficient size to house a small child care

[2] Alternative or stand-alone schools for teen parents often have larger child care centers than those found in comprehensive high schools. The largest on-site capacity we observed was TAPP in Louisville, which has child care centers in three locations ranging from 30 to 122 slots.

[3] Programs serving large numbers of teen parents often have many students who rely on relative care; however this form of care is not provided or monitored by the school in any way, even if the children receive subsidies.

TABLE III.1
DIMENSIONS OF QUALITY IN CHILD CARE ARRANGEMENTS

In Who Cares for America's Children?, the authors identify several factors that affect quality in child care programs. These factors, listed below, draw from a combination of research on early childhood programs and child development as well as professional judgment on what affects quality (Hayes, Palmer and Zaslow 1990). Research cited by the authors on staff/child ratios and group size generally applies to center-based care. Standards for family child care are endorsed by the Children's Foundation, the American Academy of Pediatrics and the American Public Health Association.

- **Appropriate staff/child ratios** — The number of children an adult interacts with determines the level of individual attention each child receives and therefore affects the development of the child.

  Professional standards for child care centers suggest a ratio that varies by age of the children and ranges from no more than 1:4 for infants, 1:3 to 1:6 for toddlers, and 1:7 to 1:10 for preschoolers. In family child care, professional standards suggest that acceptable staff/child ratios for mixed age groups are 1:6 including the providers' own children, with no more than two children under the age of two.

- **Appropriate group size** — Research suggests that the total number of children in a group affects interaction between the child and caregiver, which in turn affects development.

  Professional standards for centers suggest ranges for group sizes for children of different ages that range from 6 to 8 for infants, 6 to 12 for toddlers, and 16 to 20 for preschoolers. Group size in family child care, which serves mixed age groups, is synonymous with staff/child ratios: no more than six children, with no more than two children under the age of two.

- **Professionally trained staff** - There is wide consensus that caregivers should be trained in child development, to facilitate developmental experiences for children.

  Many states do not require child care staff, particularly family child care providers, to receive specialized training.

- **Organized, safe space** — Facility layout and design affects child growth and development by providing appropriate levels of stimulation as well as periods of rest.

  Child care centers that are judged of high quality are spacious, well equipped, and have well-differentiated areas for different activities and age groups, as well as meeting basic fire and safety standards. Family child care homes that provide quality care also have space, layout and equipment that meet developmental needs of the children they serve, in addition to meeting basic health and safety standards associated with licensure.

TABLE III.1, con't.

DIMENSIONS OF QUALITY IN CHILD CARE ARRANGEMENTSTable

- Good health, nutrition and safety practices — Quality child care, whether in centers or family child care homes, employ sound health, safety and nutrition practices that promote good health, and reduce the risk of injury or the spread of communicable diseases.

- **Developmentally appropriate activities** — Research points to the importance of some daily learning activities complemented by unstructured time for young children.

  Learning activities that permit children some choice, initiation of activities and pacing of activities are also beneficial. Infant stimulation can be an important component of programs that serve the youngest of children. Such activities are an important component of quality center-based and family child care.

- **Parental choice and involvement** — Research, generally on older children, suggests the effectiveness of parent-teacher collaboration on development and performance.

  While the relationship between parental involvement and the quality of early childhood development programs has not been the subject of research, professional organizations and experts view it as an important component.

- **Cultural sensitivity** — The process of group identity and self-esteem begins early in a child's life.

  Quality child care experiences facilitate positive group identity by promoting and positively portraying a diversity of groups, particularly those of the children being served. Professionals agree that child care programs should respect cultural diversity.

TABLE III.2
POTENTIAL ADVANTAGES AND LIMITATIONS OF CENTER-BASED CARE

School-based center child care — Whether operated by school staff or under contract to an outside group, is convenient for teen parents and provides them with easy access to their children during the day.

ADVANTAGES	LIMITATIONS
The ability to closely monitor a child's growth and development — On-site care allows school-based staff to see the child on a daily basis. Such access allows school staff to conduct (or oversee) frequent developmental and health screens on-site in the child care center.	**Space limitations on school grounds and cost of renovation** — School space is at a premium, particularly in overcrowded urban areas. In addition, it is often expensive to renovate existing space for child care purposes.
The ability for teen parents and their children to travel together to the same destination — This is critical due to the problems that transportation issues can pose for students when attempting to drop a child off at an off-site facility and make it to class on time.	**Hours of operation and inflexible schedules** — Most on-site centers provide care only during school hours and many teens have after-school jobs. Relying on school-based care may mean that young parents must find additional child care so they can work after school.
The ability to supervise and model parent/child interactions — Child care centers often serve as laboratories to model such activities as feeding, diapering, infant stimulation and parent/child play. However, programs must be of high quality to perform this function.	**Eligibility tied to school attendance** — On-site child care centers are typically available only to children of teen parents attending that school. A transfer to another school due to a change in residence, moving back to a home school from an alternative program, or graduation often means that there is less than optimal continuity of care for the child.[1]
The ability to benefit from access to school resources — On-site centers often receive excess supplies from the school (paper, materials to make toys, etc.), and use outdoor space for play areas. In addition, most on-site centers are located in donated school space, which decreases the program's overhead cost.	**Extremely high cost of operation** — School-based care is extremely expensive, given the cost of providing infant care, high absences of teen parents and shorter days.
Being more visible to school administrators than off-site programs — Administrators, teachers and other school staff may feel more ownership of an on-site program and be more likely to support the program in times of budget constraints.	**Appropriateness of serving very young children** — Many believe that child care centers are inappropriate for infants.
Access to other school-based services — In some programs, children in on-site child care centers receive medical services through school-based health clinics.	
The likelihood of higher-paid staff with less turnover — Typically, school-based programs employ certified teachers who command higher salaries than staff of other programs. Higher salaries decrease the incidence of staff turnover — a problem that plagues the larger child care field today.	
The ability to facilitate coordination between the school and the child care program — Joint planning and coordination is necessary to ensure that students in need of care for their children receive it and that program services and resources are used efficiently. This is more likely to occur in a school-based facility.	

[1] Catholic Charities USA is administering a three-year demonstration project to build comprehensive child development programs for children of teen parents in the neighborhoods in which children live. The Children of Children project further addresses the benefits of neighborhood-based child care versus school-based care for teen parents.

TABLE III.2, cont.
POTENTIAL ADVANTAGES AND LIMITATIONS OF CENTER-BASED CARE

Off-site child care centers in the community are an option if it is not possible to develop school-based center care.

ADVANTAGES	LIMITATIONS
Decreased start-up time and costs — Coordinating with established child care centers in the community allows schools to offer additional child care without the start-up costs and time that are associated with building and/or expanding school-based care. This is an option if there are vacancies in existing centers. **Mixing children of teen parents with other, non-high-risk children** — Off-site care allows children of teen parents to attend the same child care centers with children of older parents; school-based centers typically do not serve such a broad clientele.[2]	**Dispersion of children through the community** and consequent difficulty in coordinating with providers of a broader array of services.

[2]There are some school-based centers that serve children of teen parents as well as other children. Some on-site programs accept other community children to offset the poor attendance patterns of teen parents. In other cases, sharing slots between the community and the school (either of teen parents or school staff) helped schools generate support to build on-site care.

center while a more permanent facility is being considered or constructed. Some programs have found ways to organize these units to provide safe, long-term space for child care. (See Figure III.1.)

FIGURE III.1
USE OF PORTABLE CLASSROOMS TO PROVIDE CHILD CARE ON SCHOOL GROUNDS

- TAP in Pinellas County uses portable classrooms at several facilities. At one of the two Pinellas Technical Education Center (PTEC) sites, which offers TAP services, portables provide care for up to 36 infants and toddlers. The school system is currently building a new facility on school grounds to house the program.

Lack of Resources for Child Care Renovations in Schools

Facility layout and design are critical to a safe and healthy learning environment. For these reasons, renovation may be necessary to transform existing school space into a suitable child care facility; these renovations may be costly. Schools may seek the advice of an architect to help design the center, which will add to the cost of renovation. Generally, basic school funding does not include costs of capital improvements to the extent required to renovate school space or construct on-site centers, and many communities have difficulty in passing school bond issues even for basic education services.

Thus, to assist with renovation expenses, many school programs have turned, often successfully, to state education, corporate and foundation grant programs. Because these funds are often time-limited, they are seen as particularly appropriate for a one-time renovation expense rather than to support operations. One issue for most programs is staying abreast of these funding opportunities. (See Figure III.2.)

Lack of Experience In and Focus on Providing Quality Early Childhood Development Programs

Schools are in the business of serving children. However, their focus is on children three years of age and older. As a result, there are often differences in child care programs administered by or located in schools and private not-for-profit programs that generally serve pre-school children. For example, many school-based centers are exempt from child care regulations that apply to non-school-based centers; these regulations are designed to help ensure some dimensions of quality. For instance, we observed several on-site programs that are exempt from licensing using students to make up professionally accepted staff/child ratios.

School-based programs must make efforts to focus on aspects of quality necessary to serve pre-school age children — this means paying attention to professional standards for staff/child ratios, group size, space and developmental activities, among other quality indicators discussed in Table III.1. Using professional staff trained in early childhood development is particularly important when school-based centers are used as parenting labs for young mothers to model appropriate behavior (e.g., appropriate discipline, feeding techniques, etc.). Some school-based centers do make attempts to include these elements in their programs. (See Figure III.3).

Developing an Adequate Supply of Quality Family Child Care

Programs have effectively expanded their child care capacity for teen parents by utilizing family child care. Family child care has a number of advantages, particularly in serving teen parents; however, there are limitations to its use as well (see Table III.3).

Programs that use family child care face critical barriers in attempting to create an adequate supply of quality home caregivers:

- how to initiate and develop an adequate supply of quality family child care homes near schools or where teen parents live;
- how to develop family child care in low-income neighborhoods; and
- how to support home caregivers to facilitate quality programming.

The discussion below highlights strategies that have been used to overcome these barriers and develop and support a network of family child care providers as part of a comprehensive school-based program. A fourth barrier con-

FIGURE III.2
FUNDING FOR CONSTRUCTION/RENOVATION OF SPACE FOR ON-SITE CENTERS

- Oakland's Comprehensive Teenage Pregnancy and Parenting Program (CTAPPP) successfully used funds from the AT&T Foundation to renovate space and purchase start-up materials for two on-site child care centers. A local foundation is currently financing the renovation of space at a third high school to serve CTAPPP participants.
- The State of Florida provided school districts with one-time start-up grants to develop school-based child care for its statewide TAP. These grants were allocated to school districts using a formula based on the number of births to teens in their service area.

FIGURE III.3
FOCUSING ON QUALITY PROGRAMMING IN SCHOOL-BASED CENTERS

- The Sarasota School District, which administers the Cyesis Program, has decided that all caregivers who work with children of teen parents must be CDA-trained; Cyesis child care staff are currently working to complete their certification. At the same time, Cyesis has experienced considerable staff turnover — many staff left because they did not want to go though the CDA training. One reason may be that staff were expected to pay a $350 assessment fee themselves. In addition, many staff may have been reluctant to expend the time, effort and resources on such an extensive training effort that was not guaranteed to result in higher salaries.
- School-based centers in Portland Public Schools are exempt from child care licensing standards that govern private not-for-profit care. However, the Infant and Toddler Development Centers actually exceed licensing standards for private centers in the state.

TABLE III.3
ADVANTAGES AND LIMITATIONS OF FAMILY CHILD CARE

ADVANTAGES	LIMITATIONS
Appropriateness for infants — Small groups and homelike settings are especially suitable for children under three years of age.	**Greater difficulty in using the child care setting as a link to health services** — Family child care serves only a small number of children and homes may be dispersed throughout a community, which makes it difficult to efficiently bring services to children.
Decreased start up time and resources — The time it takes to recruit, license and begin a family child care business varies from region to region; the quickest and least expensive way to expand child care slots using family child care is to use existing, legally operating providers. Increasing capacity by coordinating with existing family child care homes takes less time and resources than expanding a center-based operation (particularly if renovation is necessary).	
Culturally relevant programming — Neighborhood-based family child care provides culturally relevant programming for children and their families. Whether family child care is nested around the school or closer to the parent's home, the provider is likely to be of the same ethnic/racial background of the parent and the program is more likely to reflect the client's values, beliefs and strengths.[1]	
Flexibility — Family child care offers the flexibility that teen parents need. Teen parents who are in school have schedules that are different from those of older parents who are employed - they tend to have shorter days, and more time off (due to school holidays). Smaller settings, in which the provider knows each parent intimately, are more likely to adapt to each individual parent's circumstances than a larger, center-based program.	
Provider mentorship and parent/provider collaboration — Family child care providers can serve as mentors for teen parents. Programs that serve teen parents in family child care suggest that the provider has two clients — the teen parent and her child. The provider is able to assist the teen parent in many ways, primarily by modelling appropriate behavior. The parent/provider relationship and collaboration between the two is critical to the child's well-being and development in the child care setting. This relationship is even more important when the parent is a teenager in need of guidance in child rearing. Such collaborations and mentorship are more likely to happen in a smaller, home-like setting.	

[1] In one case, a program determined that family child care providers located near the school were not of the same ethnic background of teen parents and decided to increase the ability of care in the teen's neighborhood. In this instance, teen parents travelled out of their immediate neighborhood to attend an alternative program

FIGURE III.4

DEVELOPMENT OF FAMILY CHILD CARE PROVIDERS LINKED TO SCHOOL-BASED PROGRAMS FOR TEEN PARENTS

- The Teenage Pregnancy and Parenting (TAPP) Project in San Francisco has linked with the Children's Council of San Francisco to administer the Young Teen Parent Consortium (YTPC). The program is designed to address the special child care needs of middle school-age teen parents. The council, a CCR&R, is responsible for identifying family child care homes to participate in the project, training home providers and providing general assistance to participating homes. The Children's Council also co-facilitates a bi-monthly support group for teen parents to discuss child care issues. To date, 23 homes participate in the program.

- The Mother and Infant Care and Education (MICE) program in Minneapolis coordinates with the Hennepin County Department of Social Services to administer Neighborhood MICE — the school district's family child care program for teen parents. The county is responsible for recruiting homes and providing general support to participating providers. Approximately 34 homes participate in the program, serving approximately 60 students.

- TAP in Pinellas County works with Coordinated Child Care, also a CCR&R, to find home-based care for parenting students.[1] Coordinated Child Care identifies family child care homes in the area that are willing to serve teen parents; children of teen parents are served in family child care with other children. The agency's Provider Services Unit offers home caregivers training and hosts provider support groups. Family child care providers supported by Coordinated Child Care serve approximately 200 TAP students.

[1]Home-based care is used synonymously with family childcare.

cerning difficulties related to excessive absences in voucher-funded family child care programs is discussed in Chapter IV.

Stimulating and Developing a Supply of Family Child Care Homes Near Schools or Where Teens Live

Developing a family child care system for teen parents can be accomplished through a partnership — many schools have linked with community child care agencies that have a history of developing and supporting family child care to carry out this function. (See Figure III.4.) In these cases, a child care resource and referral (CCR&R) agency or a county agency has taken on the role of administering and supporting the network and serves as the hub or sponsor for participating family child care homes. Sponsors can also be other types of community organizations including YWCAs, settlement houses or child care centers. In general, sponsoring agencies are responsible for recruiting homes, orienting new providers, training and ongoing support, and possibly monitoring homes for licensing compliance.

School-based programs aiming to expand child care for teen parents have the option of using existing family child care providers or developing new ones. If developing new homes, several steps must be employed, including recruitment, selection and training of home-based caregivers.

Recruitment is the first critical step. Components of successful recruitment campaigns include:[4]

- targeting specific populations who are likely to be successful in the family child care profession (women with young children, women new to the job market);[5]

- conducting market analyses to determine the need for child care in certain areas by surveying existing child care providers, parents, employers, schools and government agencies and focusing on recruiting homes in areas where there is high demand;

- screening parent calls to CCR&Rs and government agencies for child care assistance to identify people interested in becoming home providers; and

- posting flyers in social service agencies, medical offices, laundromats, churches and local newspapers.

[4]Adapted from Shuster et al. 1990.

[5]Other experts suggest that women in low-income communities with teenage, rather than young, children are more likely to be interested in family child care.

FIGURE III.5
TRAINING FOR FAMILY CHILD CARE PROVIDERS

- The Family Day Care Connection Project (FDCC) in Chicago is a collaborative effort that builds and supports infant and toddler care using family child care in low-income areas. FDCC provides participating family child care homes with 160 hours of paid training in the areas of child development, small-business management and personal development prior to receiving children. Providers also participate in an internship where they observe an experienced provider during his/her work day. The project also offers ongoing training.

- YTPC in San Francisco offers family child care providers paid training in infant and toddler development using an accredited child care curriculum. The project also provides caregivers with education about the issues of teenage parenthood and how they may best serve the needs of teen mothers.

Once family child care providers have been recruited and selected, most would benefit from specialized training in child development, health and safety, as well as small business management training. While most states do not require any pre-service or ongoing specialized training for family child care providers,[6] sponsoring agencies, CCR&Rs and other community-based organizations often organize training opportunities for home providers.[7] (See Figure III.5)

Developing Family Child Care in Low-Income Areas

There are special issues to consider when recruiting family child care providers in low-income areas — a concern that schools may have to address when developing care in areas that have high teen pregnancy rates. Bringing homes up to licensing standards and cultural, language and educational barriers often make it difficult to recruit and license homes in poor neighborhoods. Home-based providers in poor neighborhoods are also affected by families' inability to pay for quality child care — which coupled with the low wages they receive to provide care in their homes makes family child care an unattractive career option for poor people in poor neighborhoods. However, the field is beginning to develop successful strategies to recruit low-income homes, which include:[8]

- offering start-up assistance in the form of small grants and/or loans to help new providers purchase equipment (cribs, toys, fire extinguishers), pay for small- scale home renovations and cover the cost of licensing and inspection fees;

- offering extensive one-on-one technical assistance to potential providers who are going through a tedious and confusing licensing process;

- tailoring outreach strategies to the neighborhood of interest by translating materials and forms into the native language of the target population;

- providing competitive or enhanced reimbursement rates that acknowledge the economic circumstances of clients in the area as well as the provider. Low-income parents often make difficult choices between paying for child care and other necessities. While it is not good business practice, home providers, who are neighbors to many of their clients, will accept what the parent can afford instead of the full cost of care. Enhanced reimbursement rates may help low-income providers in poor neighborhoods successfully operate their business; and

- linking providers who serve low-income families to the Child and Adult Care Food Program (CACFP). CACFP provides family child care providers (as well as centers) reimbursements for meals and snacks.

The Family Day Care Connection Project in Chicago is one example of an effort to expand family child care in low-income areas. This effort is substantially funded by foundation funds — for examples of other family child

[6]Morgan et al. 1993

[7]Training resources for family child care providers include The Family Day Care Handbook, California Child Care Initiative; Louise Child Care Family Day Care Series, Louise Child Care Center; El Comienza/Getting Started Kit, California Child Care Resource and Referral Network; Open Your Door to Children: How to Start a Family Day Care Program, National Association for the Education of Young Children.

[8]Resources that discuss strategies to build family child care in low-income areas include The Low-Income Family Day Care Home Demonstration, Food and Nutrition Service 1993; Directory of Family Day Care Programs with a Low-Income Focus, National Center for Children in Poverty 1993.

care programs in low-income areas that rely on hard dollars, see Directory of Family Day Care Programs with a Low-Income Focus, National Center for Children in Poverty 1993. (See Figure III.6.)

Supporting Family Child Care Homes to Enhance Quality

Schools and other programs serving teen parents and their children agree that this group poses certain challenges — challenges that may overburden a new family child care provider. This is because children of teen parents tend to be more at risk and in need of more attention, especially concerning nutrition and health issues. As a result, most teen parent programs using family child care recruit providers who have been in the business for quite some time. Although seasoned providers are used, many of these programs further screen existing homes to identify which providers are best suited to work with this population. (See Figure III.7.)

Even existing family child care providers can benefit from supports. Emerging research on what constitutes quality in family child care suggests that being a part of a network of family child care providers may be beneficial to caregivers because networks alleviate isolation In addition, the frequency of individual supervision and training that a family child care provider receives affects the quality of caregiver-child interactions (Hayes and Palmer 1990). These issues highlight the importance of supporting family child care providers through training and networking activities to facilitate quality programming.

There are many ways to structure supports for family child care providers — provider associations, community development corporations, churches and social service agencies offer various supports to providers in the field. We observed three different models in the programs we visited for supporting family child care. They include support provided by an affiliated child care center, a CCR&R and a county government agency.[9] (See Table III.4.)

[9]It should be noted that the use of centers as hubs has both advantages and disadvantages — it has failed as often as it has succeeded, in part because center staff treat providers with less respect.

FIGURE III.6
EXPANDING FAMILY CHILD CARE CAPACITY IN LOW-INCOME NEIGHBORHOODS

- The Family Day Care Connection Project has successfully expanded family child care in poor neighborhoods in Chicago. Participating home caregivers are provided start-up grants to pay for minor home repairs to meet licensing requirements. Providers also receive funds to help purchase liability insurance and are awarded bonuses for participating in training.

FIGURE III.7
RECRUITING FAMILY CHILD CARE PROVIDERS TO SUPPORT TEEN PARENTS AND THEIR CHILDREN

- YTPC in San Francisco identifies existing home providers to participate in the project through the Children's Council resource and referral switchboard. Program staff also recruit homes through presentations at provider workshops and training sessions. The project originally sought to identify homes near the Hilltop School, an alternative school for pregnant and parenting teens, to accommodate nursing mothers and for convenience. However, a year into the project, they changed this policy to identify homes around the teen's home because providers near the school were often of a different ethnic background from the parent (this may be an issue when a teen parent travels out of her neighborhood to attend an alternative school). Home providers are screened over the phone and then visited by the program's family child care specialist to discuss issues regarding adolescent parenting. However, staff report that the primary recruitment mechanism is word of mouth.
- Neighborhood MICE programs also identify existing providers to participate in the program. To be eligible for the program, providers must have been licensed for more than a year and have a good record of service. Providers must complete a screening form that collects information on such subjects as discipline policies. A small committee then selects providers. All providers are located near schools — each school has three or four providers in its area. If all slots are full, the county is responsible for recruiting additional providers.
- Coordinated Child Care identifies existing providers who are located near school-bus routes to serve TAP students in Pinellas County.

TABLE III.4
MODELS FOR SUPPORTING FAMILY CHILD CARE

- **Child care centers** may effectively serve as resources for support for family child care homes. Often referred to as "satellite systems," centers serve as a hub for creating and retaining family child care homes located in their service area — these homes become extensions of the center-based program. The Chicago-based FDCC uses a support model in which four child care centers, through the efforts of a center-based coordinator, serve as a hub for up to 10 family child care homes each (staff suggest that 10 is the maximum one coordinator can handle). Each center is responsible for providing a menu of supports to family child care homes in their network.

- **CCR&Rs** typically are closely connected to family child care homes in their service area. These agencies must stay abreast of the status and location of home caregivers in order to be responsive to families interested in using this option. Their knowledge of, and close relationships with, family child care providers make CCR&Rs a natural resource to support home providers. An example of this model is YTPC in San Francisco. Children's Council staff, the partner CCR&R, are responsible for finding and supporting family child care homes to serve very young teen mothers.

- Although not as prevalent, **government agencies** may provide supportive services to family child care providers. Agencies responsible for licensing and/or monitoring child care providers also have relationships with the field and may effectively provide supports to retain providers and enhance the quality of their programming. Hennepin County, Minnesota, provides staff to support family child care providers who serve MICE participants in Minneapolis.

There are a range of supporting activities that agencies may provide to family child care providers. Activities most frequently provided by sponsoring agencies in programs we observed include support group meetings, ongoing training and technical assistance (provided through a variety of methods), and access to toys and equipment:[10]

- *family child care provider support group meetings.*

  We observed examples of such support groups under each model; they are useful in reducing isolation among caregivers. Programs differ in the frequency with which they bring providers together, but all must address a number of logistical issues to make these groups successful. Group meetings must be arranged so all caregivers can get to them. For example, program staff must pay particular attention to the time group meetings are held so they do not conflict with child care activities and must ensure that home providers have the means to travel to meeting sites. (See Figure III.8.)

- *training and technical assistance.*

  Most sponsoring agencies also provide training and technical assistance to family child care providers. This assistance may be provided in a

[10] An important support provided to family child care providers that we did not observe in these programs is liability insurance. The costs of purchasing insurance for a home business is often insurmountable for a provider to handle him/herself.

number of ways, including group instruction and one-on-one training during home visits. (See Figure III.9) In addition to using existing providers, programs sometimes take additional steps to prepare home caregivers for the challenges of serving high-risk children and parents. Many child care programs agree that basic training programs must be augmented by guidance and instruction in adolescent development and issues regarding adolescent parenting. However, few programs have access to such information and/or include these issues in training for child care providers. It is important to note that this is not an issue specific to family child care providers. However, we did find examples of family child care programs that had a specific training component on serving adolescent parents. This type of specialized training would be helpful to all child care providers serving teen parents. (See Figure III.10.)

- *access to equipment, toys and other materials.*

Many sponsoring agencies enhance their family child care programs by providing them with the essential tools necessary to run a quality child care business. (See Figure III.11.)

FIGURE III.8
FAMILY CHILD CARE PROVIDER SUPPORT MEETINGS

- Hub centers in the FDCC project conduct support group meetings twice a month for providers in their network so that participating providers can discuss issues facing them in their jobs. The four sites differ in approaches to host these events. Some hub sites bring their providers and the children in their care together during the day, which allows providers to talk amongst themselves while the children participate in structured activities. Other sites have held support meetings in the evenings or on weekends.

- Children's Council staff in the YTPC project convene provider support meetings every eight weeks. Meetings are held for approximately one and a half hours. General program issues are discussed, followed by a short training session.

- Hennepin County officials conduct monthly support group meetings for providers participating in the Neighborhood MICE program.

It is also helpful to provide family child care providers with respite and substitute care-givers. However, this rarely occurs in early childhood development programs.

Relative Care

Many teen parents choose relatives or friends to care for their children while they are in school. These relative care arrangements are often exempt from licensing (as are family child care homes that serve small numbers of children). There are many reasons why a teen may choose to leave her child with relatives or friends, although there are drawbacks as well, particularly as related to the assurance of quality. (See Table III.5.)

A number of advocates, provider associations and child care subsidy administrators have raised concerns about the quality of care in subsidized homes that are legally exempt from regulation. Federal regulations for the four major child care funding streams all allow informal, ex-

FIGURE III.9
TRAINING AND TECHNICAL ASSISTANCE FOR FAMILY CHILD CARE PROVIDERS

- FDCC provides substantial training and technical assistance to participating providers. Site coordinators housed at sponsoring centers are responsible for designing an individualized training plan for each provider. Coordinators furnish providers with training geared to individual needs through educational materials, technical assistance and identifying other resources. Much of this one-on-one training happens during the required home visits twice a month. In addition, FDCC providers receive bonuses upon completion of training and as a result of participating in group provider meetings. Home caregivers suggested that the bonuses made them feel appreciated.

- YTPC also offers participating providers training and technical assistance. The project offers home providers free training in infant and toddler development and care using an accredited child care curriculum. One-on-one training occurs during monthly home visits to each provider and covers health procedures, room arrangement, infant activities, infant observation, issues regarding parents, licensing issues, attendance, safety concerns and recordkeeping. In addition, providers have access to a resource library of books and videos on infant/toddler care and teenage parenthood.

FIGURE III.10
TRAINING FAMILY CHILD CARE PROVIDERS TO SUPPORT TEEN PARENTS AND THEIR CHILDREN[1]

- YTPC in San Francisco provides training for child care staff in issues regarding teen parenting and adolescence. Previous YTPC training in teen parenting for child care providers has focused on:

  -**Adolescence** - The trainers facilitated a discussion about adolescent development focusing on how teens think, teen behavior patterns, what motivates teens and current pressures that teens deal with (familial, societal, cultural).

  -**Teen parents** - This discussion focused on specific stressors affecting teen parents. Topics discussed included the frustrations, hopes, and fears surrounding teenage parenthood; how the needs of teen parents differ from the needs of older parents; and the typical day in the life of a teen parent.

  -**What caregivers can do** - Trainers offered caregivers suggestions on serving teen parents. Issues discussed included the importance of respecting the teen as a parent; effective communication strategies for working with teens; building parent/provider relationships; tailoring expectations to the maturity of the parent; how to be responsible to the needs of teen parents (flexible scheduling, consistency of contact, being culturally and generationally sensitive); and awareness of cultural and generational differences between parents and providers.

[1]Even though this training was designed for family day care homes, it can be applied to center-based staff as well.

Source: Serving At-Risk Families: Training for Family Day Care Providers (YTPC outline), May 1993.

empt providers to receive funds, although they differ somewhat in the extent to which these providers must meet basic health and safety requirements.[11] As a result, most states have instituted policies to oversee children in license-exempt care that receives public subsidies; however, many states have differing policies for different programs (Blank 1994). (See Table III.6.)

Provision of support services to exempt providers, including relative care, can also facilitate quality. (See Figure III.12) Supports offered to relative caretakers for children of teen parents may be similar to those provided to exempt caregivers by organizations like Bananas (a resource and referral agency in Oakland, CA) and the Steuben County (New York) Child Care Project, which include access to training and technical assistance on child development and aspects of quality care as well as access to materials, toys and equipment. Relatives may benefit from learning about existing resources in the community, including organized play groups and story hours sponsored by local organizations such as the public library.

Organized grandparent support groups may be a way to link relative caregivers to supports in the community. Some school-based programs, like TAPP in Louisville, have grandparent support groups that facilitate peer support and serve as a forum for parenting instruction. Schools may initiate similar programs targeting those grandparents who are primary caregivers and invite child care agencies to make presentations on health and safety issues and child development. When grandparents are caring for the child, issues of "who is the real mother" often come up. Support groups provide a way to work with grandparents to develop their understanding of how to support their child's parenting role.

These strategies are generally only potentialities. Relative care remains a largely untapped, and unsupported, potential component of a comprehensive child care strategy for teen parents.

Key Findings and Implications: Overcoming Barriers to Providing an Adequate Supply of Quality Child Care Services for Teen Parents

School-based programs for teen parents have identified solutions to barriers that inhibit the expansion of quality

TABLE III.5
ADVANTAGES AND LIMITATIONS OF RELATIVE CARE

ADVANTAGES	LIMITATIONS
Early childhood professionals suggest that the preference for relative care is especially strong during infancy; Staff of teen parent programs suggest that young mothers, not unlike older parents, are often leery of leaving their child with a stranger; Relatives, particularly grandparents, are often involved in the child's life and they become natural child care providers when a teen parent returns to school; The time and stress associated with having to dress and transport the child to a child care center and arrive at class on time is reduced; Cultural preferences come into play; Hispanic families are less likely than White or African American families to choose preschools or day care centers and seem to prefer relative care or a family child care business owned by a relative (The Children's Foundation 1994).	It requires a new way of working with providers to facilitate and monitor quality. Programs that seek to achieve developmental outcomes for children in addition to educational outcomes for teen parents express frustration over the lack of control over quality of care provided by relatives and other license-exempt providers. Few child care organizations have successfully reached out to support exempt care providers. Informal relative-care arrangements also often break down. Research suggests that some relatives may take on this role to help mothers rather than as their "chosen job" (Galinsky et al. 1994). There is also concern that teens choose exempt care so that relatives or friends can receive the reimbursement. As a result, programs must identify ways to encourage teen parents to choose child care that is in the best interest of the child and to weigh the pros and cons of relative care over other child care arrangements. This is most effectively done by counseling young mothers on child care options and issues of quality.

child care. Several key findings and implications for program development emerge based on their experiences:

- On-site child care centers have several advantages for teen parents and their children and should be included in comprehensive strategies. There is extensive literature on designing and implementing quality center-based programs. Programs may want to refer to this literature and seek advice from the larger child care community prior to developing or expanding center services.[12]

- When no space is available in school buildings, programs should explore using portable classrooms on school grounds to expand on-site child care.

FIGURE III.11
PROVISION OF EQUIPMENT, SUPPLIES AND SPACE TO FAMILY CHILD CARE PROVIDERS

- FDCC home providers benefit in a number of ways from their sponsoring site. Hub centers provide space for home providers when the center is not in use (one class may be on a trip), allow providers to have access to major equipment like copying machines and computers and include home caregivers and their children in special events like field trips and holiday parties. In addition, home caregivers have access to old equipment when hub centers make new purchases (cots, books, kitchen appliances). Sponsoring centers also share supplies like toys, crayons and paper with providers for their program.

[11]The CCDBG program requires all providers receiving funds, including those exempt from state licensing or registration, to meet a minimum set of health and safety requirements. However, there are no such federal requirements for the At Risk Child Care Program and the programs supported by the Family Support Act (JOBS/AFDC/TCC).

[12]Resources providing guidance on developing quality child care centers include Who Cares For America's Children, Hayes et al. 1990; Why Child Care Matters, Committee for Economic Development 1993; In School Together, Cahill et al. 1987 (special focus on teen parents and school based care). Those interested in building quality child care centers should also consult professional associations (e.g., National Association for the Education of Young Children) for acceptable standards on staff/child ratio, professional staff, health and safety, and issues of layout and design.

TABLE III.6
STRATEGIES TO FACILITATE QUALITY OF CHILD CARE IN ARRANGEMENTS EXEMPT FROM LICENSING, INCLUDING RELATIVE CARE

Implementation of policies requiring minimal health, safety and training standards for exempt providers can begin to enhance the quality of care in exempt arrangements. The Urban Child Care Administrators Exchange, a bulletin of the National Center for Children in Poverty, recently reported the following strategies, which combine state policies and effective outreach and support activities to facilitate quality in exempt care arrangements (National Center for Children in Poverty 1994):

- Nineteen states require providers who provide care in the child's (in-home care) or in the provider's home, who receive CCDBG funds and who are exempt from regulation to undergo criminal background checks. One of the most publicized examples is California's "Trustline" clearance procedure, which involves fingerprinting, a criminal background check and a child abuse record check conducted by the state's Department of Justice.

- The Bureau of Policy and Standards in the New Jersey Division of Family Development takes an active approach to working with license-exempt providers. Providers receive information packets that explain the minimum health and safety requirements they must meet. Community-based organizations (mostly resource and referral agencies) then visit the providers' homes to monitor health and safety compliance and to offer limited equipment (fire extinguishers, smoke alarms, toys) to help them meet the requirements.

- Providing information along with payment checks is an effective basic outreach mechanism. Both parents and providers can benefit from receiving information about what constitutes quality care and its importance for childrens' development, and about provider training and other support services available to the community.

- Offering orientation and support groups for exempt providers can have a great impact on their understanding of quality and its importance. However, finding financial resources for these activities can be difficult for many subsidy administrators. In a few cities, resource and referral agencies provide limited versions of this kind of service, in the form of support groups for grandparents who care for their young grandchildren.

[1]This does not apply to grandparents, aunts and uncles. In addition, Trustline does not extend to providers receiving subsidy from JOBS, TCC and Title IV-A/"At-Risk" programs

- ✧ One-time grants from foundations, corporations and state educational agencies to start up or expand on-site child care centers have been effective in helping renovate school space. School programs should build coalitions and partners in the community to facilitate public- and private-sector support to help build school-based care.

- ✧ School-based programs that are exempt from licensing standards do not have to provide low-quality care. Programs serving children of teen parents should meet professionally accepted standards on critical factors such as staff/child ratio and group size.

- ✦ It is highly likely that on-site centers alone will not meet the need in certain areas; programs should augment center services with other child care arrangements.

  - ✧ There are several advantages to using family child care to expand the capacity of school-based programs for teen parents — these arrangements may also be most appropriate for infants. Programs should explore ways to further enhance family child care systems and enrich off-site arrangements by including those components of on-site care that make it advantageous for parents and their children (e.g., finding ways to facilitate supervised parent/child interaction in off-site centers and family child care homes).

  - ✧ School-based programs have effectively expanded child care for teen parents by working with existing child care agencies, namely CCR&Rs, to build and support family child care networks. Programs interested in expanding child care supply should coordinate with community agencies, including CCR&Rs, child care centers, and other community based child-serving organizations. CCR&Rs not only can work with schools to identify and support family child care homes but also can advise programs about the extent of center-based child care in the area. In addition, if schools are interested in contracting child care services, CCR&Rs may provide them with a list of agencies in the area that may be interested in working with adolescent parents.

- ✦ Serving teen parents and their children poses specific challenges. As a result, many programs choose to use existing family child care providers. Family child care providers also should be supported to enhance the quality of their programming.

  - ✧ School-based programs that use family child care effectively have developed strategies to support participating providers. Programs wishing to expand child care by using family child care should support providers by coordinating support group meetings, training and technical assistance.

  - ✧ The family child care coordinator has the important responsibility of providing supports to the family child care network. According to the FDCC Project Director in Chicago, good coordinators must possess several skills that allow him or her to fulfill a number of roles: namely teacher, mentor, facilitator, social worker and child development expert. Previous home providers, home visitors and trainers are good candidates for coordinators — it also may be useful to contact a local family child care association to find people who have the necessary skills.

FIGURE III.12
SUPPORT SERVICES FOR EXEMPT PROVIDERS

- ❑ Bananas, a resource and referral agency in Oakland, invites legally exempt providers to participate in most training offered to licensed providers. They also keep a roster of babysitters who are legally exempt from licensing and invite them to training and other sessions for licensed family child care providers.

- ❑ The Steuben County Child Care Project, a child care resource and referral community action agency in New York, also invites informal providers to participate in formal training in addition to offering them technical assistance. The agency has a mobile van that visits licensed family child care homes to loan them equipment and materials and provide technical assistance. Funding restrictions limit the agency from visiting informal providers; however, they are welcome to come to the agency to borrow materials while the van is not in use.

- ✧ It may be of benefit to experiment with home-based intervention models like Home-Based Head Start in designing off-site systems for teen parents. Such a model already includes links to health and preventive services.

- ✦ All child care providers serving teen parents would benefit from training geared to addressing the special needs of this population.

  - ✧ Experienced child care providers would also benefit from special training in serving adolescent parents due to the challenges posed by this population. However many do not receive such guidance. Training should focus on adolescent development and the special needs of teen parents.

- ✦ Many participants of school-based programs rely on relative care arrangements while they are in school. However, most of these programs do not attempt to support these arrangements to facilitate the healthy growth and development of children.

  - ✧ School-based programs often do not have up-to-date information on relative caretakers. These programs must first develop systems to identify relative and exempt care arrangements used by teen parents.

  - ✧ School programs can compile contact information on the relatives and friends who are caring for children of a teen parent.[13] This information can (and usually is) collected from the teen mother when she enters the program and also may be collected by the program that administers the child care subsidy. It may be necessary to update these records periodically since these arrangements often change.

  - ✧ School programs may adapt ways to contact legally exempt providers by providing information on child development and available community resources through mass mailings to relatives (with the teen's approval). However, programs can also engage relative caretakers through social and other special events that are a part of the larger program. Methods of contact should respect the natural role and concerns that relatives or close family friends have for the children. It may be helpful to be introduced to the relative caretaker by the teen mother; again this may be done at a social family event or through a home visit at the caretaker's home for a structured parent/child interaction session.

  - ✧ Ultimately, programs want to build relationships with relative caregivers to offer them support, guide them to resources and link children in their care to health and social services. School programs for teen parents can periodically reach out to relative caregivers and offer support. These contacts should carry the message that the children of teen parents are also considered participants in the program and should have access to the same services that other children in on- and off-site licensed child care do. Repeated opportunities for the caregiver to observe positive interactions between program staff, the teen mother and the child may help develop trust and facilitate acceptance of assistance by the caregiver.

  - ✧ Several states and local programs have developed strategies to support exempt-care arrangements. School-based programs should work with existing public and private child-serving agencies to apply these lessons to relative care arrangements for teen parents.

  - ✧ Once program staff have made a contact with relative caregivers and laid a foundation to develop a relationship, there is a range of supports that programs can provide. First, programs must decide whether or not school staff or other agencies will provide support. While schools may be in a better position to make the initial contact with family members, community child-development agencies that provide technical assistance to licensed child care providers may be best suited to provide supportive services to relative caregivers.

[13] Community-based organizations collaborating with the school (CCR&Rs, hub child care centers, etc.) that traditionally have relationships with families may fare better than schools in working with relatives in this regard.

HOW TO LINK CHILDREN TO HEALTH AND PREVENTIVE SERVICES

Research indicates that, even more than other children, children of teen parents are especially likely to experience problems in their physical, emotional and intellectual development and not receive preventive health care, developmental screens and follow-up medical services. Many school-based or -linked programs have recognized that children of teen parents — many of whom are low income — can benefit developmentally from a range of comprehensive services and have taken steps to expand programming in this regard. Child care is in a particularly advantageous position to serve as a window of opportunity, ensuring that these children receive comprehensive health and social services.

This section discusses strategies used by school-based programs to link children in child care programs to a broad array of services. We discuss ways to link both school-based care and off-site care to comprehensive services. We also discuss ways in which children in relative care arrangements may be linked to critical services.

It is important to note that the payment mechanism used to support teen parent programs may affect the extent to which the child care program is linked to health and preventive services. Programs designed specifically for teen parents may include links to services; however, giving a teen parent a voucher to find the care of her choice may or may not mean that these critical links are included.

Linking Children in School-Based Centers to Services

School-based child care centers have developed strategies to link children in their care to a variety of services, including developmental screens and assessments, well-baby care and acute medical services. Methods used to link children to these services include using center-based staff, travelling clinics or professionals and accessing school clinics and nursing staff.

Developmental Screening and Assessments by Center Staff

Most school-based centers visited provide health and developmental screenings and assessment services for children in on-site centers. The purpose of these activities is to identify development or health issues and concerns to feed into the teen's service plan for follow-up. (See Figure III.13.) In most cases, however, only children in the center receive these services; the children of teens in the program who are in other child care arrangements do not.

FIGURE III.13
USING CENTER STAFF TO CONDUCT DEVELOPMENTAL SCREENS AND HEALTH ASSESSMENTS

- TPP in Portland administers the Screening Kids and Informing Parents (SKIP) Project at two of its school-based child care centers. SKIP provides infants and toddlers with screenings in the areas of general and dental health, hearing, vision, speech/language and motor skill development. Immunizations are available at some screenings. SKIP provides parents with information and connects them with services, programs and other resources appropriate to their children's identified needs and family income. Parents are also provided with at-home activities to build their children's skill level and confidence. In addition to SKIP, child care staff conduct monthly observations in all four school-based child care centers to identify progress or concerns regarding development, behavior changes and other issues. Monthly observations are discussed with all child care staff, the coordinator from Parent Child Services, Inc., and the Portland Public Schools' child care coordinator.[1]

- Oakland's CTAPPP assesses each child within one month of entry into the program. In addition, the program conducts developmental screenings twice a semester for children under 18 months and twice a year for older infants and toddlers in the two on-site child care centers. The two centers are operated through contract by the Community Child Care Coordinating Council of Alameda County. Program staff use a checklist of developmental skills to conduct the screenings. Conferences are held with parents once a semester to review the assessments. These conferences are mandatory and are used to identify issues or concerns and to help parents see and understand their child's progress from year to year.

[1]Portland's TPP employs a part-time school district staff person to coordinate child care assistance for participating students. On-site child care is provided in two comprehensive high schools (the program is in six high schools), one alternative school and a central school district building. All centers are operated through contract by Parent Child Services, which has a coordinator to manage the school-based program.

Accessing School-based Health Clinics and Nursing Services

Schools that have both on-site child care for teen parents as well as health clinics for their students often provide well-baby and/or acute care for children. In addition, school districts often provide nurses to assess babies in on-site care when school-based clinics are not available. (See Figure III.14.)

However, the presence of a school-based clinic or a school nurse does not mean that these services will always or automatically be available for children of teen parents. Teen parent programs often must make the effort to ensure that on-site facilities are accessible to young children. Schools differed in their approach or reasoning for serving the children of teen parents in school-based health clinics. Some staff suggested that access to on-site health care may discourage the young mother from seeing her child's primary care provider.

FIGURE III.14

PROVIDING SERVICES THROUGH SCHOOL-BASED HEALTH CLINICS OR SCHOOL NURSES FOR CHILDREN IN ON-SITE CENTERS

- TAPP in Jefferson County, Kentucky, has health clinics at each of the three alternative school sites. All three sites also have on-site child care; children in the centers have access to the health clinics for well-baby care.[1] The clinic nurse conducts basic screens on-site, including anticipatory guidance, Denver developmental screens and EPSDT screens. The program also has a contract with the University of Louisville Medical School Pediatrics Department to provide consultation, take referrals, develop protocols and conduct in-service classes for child care staff.

- St. Paul Public Schools provides on-site child care for teen parents at three comprehensive high schools and one alternative school. Each school also has a student health clinic. Children in on-site centers receive minimal services in the health clinic but policies vary from site to site. At one school, if the parent is receiving primary care through the clinic, they will see the baby for acute needs; the second site will provide acute care for all babies, and the third will see babies only in an emergency. On-site centers also receive services from school district nurses who have responsibility for monitoring and providing immunizations, conducting general assessments and helping students with medical referrals for their children.

- Children in the School Age Parent and Infant Development Center (SAPID) at David Starr Jordan High School in Los Angeles have access to its school-based health clinic. The on-site medical team receives referrals for children in need of medical attention from a school nurse who checks the babies in the centers daily. The clinic primarily provides emergency and acute care for children.

[1]Babies who were delivered through the clinic, but who are not in on-site child care, also can be seen by the well-baby nurse.

Providing Well-baby Care by Visiting Professionals

Many programs also provide well-baby care to children in on-site centers. Examples we observed include the use of visiting professionals from state and/or county health agencies. Access to on-site well-baby care reduces the times a young parent must miss school to make medical appointments for her child. One program official indicated that their request to initiate on-site services was greatly enhanced by the county's emphasis on and belief in outreach. (See Figure III.15.)

FIGURE III.15

PROVIDING WELL-BABY CARE IN ON-SITE CENTERS BY VISITING PROFESSIONALS

- The Pinellas County School District has linked with the county health department to implement a travelling well-baby clinic for the children of TAP students. The county health department, supported in part by the March of Dimes, pays for staff and prevention specialists to provide services twice a month in three schools that have on-site child care. Young mothers sign up for clinic days and nurse practitioners conduct immunizations and health screens on-site. On-site social workers, who are responsible for coordinating services for parenting teens in nine comprehensive high schools, two vocational schools and three alternative sites, are responsible for tracking child immunizations. At one site, immunization schedules are posted on the door of the parenting classroom to remind young mothers. Nurses in the well-baby care program also can prescribe antibiotics for commonly seen problems such as ear infections.

- The Minneapolis Health Department provides New Vistas with a part-time public health nurse who coordinates well-baby clinics twice a month for children in the on-site child care center. The public health nurse monitors immunization status monthly and notifies mothers when their babies are due for a shot. The clinics are staffed by nurse practitioners from Children's Hospital who provide all medical care. Students who are participants of Children's Hospital's managed-care plan are eligible for clinic services.

Linking Children in Family Child Care to Services

Using family child care homes to access other services for children is more difficult than arranging for these services to be available for children in an on-site center. Nevertheless, schools and other child-serving organizations have developed strategies to make this possible. Generally, all these strategies involve someone who is responsible for coordinating health services for children in family child care homes.

Bringing Babies to a Central Location

Many programs that do not have on-site child care arrange to bring the children of teen parents to a central location periodically to receive routine health and developmental assessments. This requires a mechanism to transport children to and from the off-site child care facility to receive services. This function is often conducted by school staff. (See Figure III.16).

Using Visiting Nurses and Other Medical Professionals

Similar to travelling well-baby clinics that "set up shop" at on-site child care centers, in some programs medical professionals visit off-site child care facilities, including family child care homes, to provide health and screening services. (See Figure III.17.)

FIGURE III.16
BRINGING CHILDREN TO A CENTRAL LOCATION

- ❑ Teen parents in Portland's TPP who do not use on-site child care bring their children to school on a designated day to receive SKIP services for their children.
- ❑ Nursing staff in Pinellas County will transport TAP teens and their babies in off-site care who need health services to one of the travelling well-baby clinics.

FIGURE III.17
USING VISITING NURSES

- ❑ The Neighborhood MICE Program in Minneapolis uses a public health nurse who visits participating family day care providers twice a year to observe the babies, track immunizations and discuss child abuse issues. Nurses are also available upon request to home providers to conduct developmental screens and for one-on-one consultation on child health and development issues.

Linking Children in Relative Care to Services

Supporting relative caretakers would allow school programs to see the children in exempt care on a periodic basis and potentially link them to needed health and preventive services. However, there are few examples of programs linking children in relative care to such programs. As we describe below, it may be possible to apply strategies used to link children in family child care to a broad set of services to relative care arrangements.

Key Findings and Implications: Linking Children to Health and Preventive Services

Based on the experiences of several programs, the following conclusions and implications for action are identified:

- ✦ It is possible to link children in center-based programs to health and preventive services using a number of strategies. However, it takes a concerted effort by school-based staff, in partnership with other service providers, to ensure that programs are coordinated to make this happen.
  - ✧ Attempts to link children in child care to critical services seem easiest to implement for center-based programs. Centers offer a captive audience, in that large numbers of children are in one spacious location, whereas children in family child care or various off-site centers may be dispersed throughout a large community.
  - ✧ School-based programs with on-site centers have a number of options to "bring services to children," including center-based staff, rotating professionals or accessing school-based health clinics and nurses.
- ✦ School-based programs using family child care for teen parents have identified ways to link chil-

dren to health services.

- ✧ Programs using family child care have a number of options potentially available for linking children to services, including utilizing visiting professionals or periodically bringing children into a central location to access services.

- ✧ It is possible to address the health needs of children in family child care (as well as other child care arrangements) by linking providers with the medical community to receive specialized training and technical assistance.

- ✦ While there are no specific examples of ways to link children in relative care arrangements to health services, strategies used by CCR&Rs to support and enhance the quality of exempt care could be modified to provide caretakers with information about community health services and to train them to assist parents in accessing these services. In addition, programs may want to explore ways to apply strategies used to link children in family child care to relative care arrangements. For example, programs could:

  - ✧ periodically bring children in relative care into a central location to receive routine health and developmental assessments. This location may be a school health clinic that offers services to children of teen parents attending that school, or a location in which the school district sets up a travelling well-baby clinic for schools that do not have on-site clinics or child care centers.

  - ✧ employ visiting or rotating professionals to provide limited services in the caretaker's home. Visiting medical professionals could track immunizations, conduct developmental and health screens and assessments, and provide one-on-one consultation to the caretaker on child health and development issues.

  - ✧ offer training, resources and technical assistance to interested relative caretakers about general health issues and ways to access health services. Relative caretakers could benefit from collaborations between the early childhood and health fields to improve the quality of group care. Such efforts would pair caretakers with health consultants who are trained to work with child care providers to help them link children in their care to services and to ensure that all children have a medical home.

- ✦ Typically, school-based programs cannot provide comprehensive child development programming with school resources only. Other community providers must be enlisted to supplement what the school may be able to provide for the children of teen parents.

  - ✧ For this reason, it is important to have someone at the district or school level responsible for linking with community health, social and child-serving agencies. In school-administered child care programs, this liaison may be the person who is responsible for coordinating these services for teen parents.

  - ✧ Comprehensive child development services require a team approach — services that are provided in the child care setting must be coordinated with other services provided to the teen parent and her family. To facilitate coordination, some school-based programs have formed linkage teams that meet at least monthly to discuss a teen parent's case, including the growth and health of her child.

HOW TO PROVIDE TEEN PARENTS WITH CHILD CARE COUNSELING AND EDUCATION

Educating parents on child care options and characteristics of quality care helps them make informed choices about programs for their children — this is extremely important given the parental choice policies of federal subsidy programs. Guidance in this area is just as, if not more, important for adolescent parents as for adults, given their youth and the special circumstances of their children. Therefore, programs for adolescent parents should include efforts to counsel young mothers on choosing quality care.

We observed two ways in which school-based programs instruct young mothers about quality care. Some programs take a more traditional approach of counseling/educating teen parents on these issues. However, one program "teaches by doing;" it restricts a teen parent's choice to caregivers who are regulated and receive special training on serving adolescent parents. While these pro-

FIGURE III.18
PROVIDING CHILD CARE COUNSELING AND EDUCATION

- The Youth and Family Center in Inglewood, California, administers several programs for pregnant and parenting teens in coordination with the Inglewood Unified School District. In addition to a child care center located in a school district building, the center operates a family child care network that provides an additional 14 to 16 child care slots for teens participating in the program. Each teen mother is assigned a case manager who assists her with obtaining needed services including child care. The case manager provides the teen who uses family child care with a questionnaire to help her in the selection process. The questionnaire covers a series of topics, including:

  -regulatory compliance and license inspection;

  -daily schedules, including sleep times, feeding times, and timetables for play and other activities; and

  -health and safety issues covering areas such as fencing, placement of animals, blocking of heaters, gates, and stairs.

  The case manager accompanies the teen parent on her first visit to the child care provider; the teen parent makes subsequent visits on her own. Using the tools provided by the program, the parent, in consultation with the case manager and the home provider, makes the appropriate choice.

- YTPC in San Francisco provides teen parents with counseling and guidance in choosing a family child care provider. Prior to visiting and interviewing potential providers, the parent discusses what her priorities are for child care and what she is looking for with a Child Development Specialist and a Family Child Care Specialist. She is provided with materials designed to help her choose care. She then visits three homes, on average. Each visit is followed by a discussion with the two staff on the relative strengths and weaknesses of each provider visited. Teens are often accompanied on these visits by a peer educator, a teen parent who already has a child in family child care.

- When choosing family child care providers, school-based social workers in the Teenage Parenting Program in Pinellas County Public Schools, Florida, accompany the teen parent to visit potential providers and help her decide which program is best for her child.

grams aim to provide young parents with the tools they need to choose programs for their children, they do include some element of control (e.g., counselors help parents decide which programs are best). There is considerable debate about the extent to which very young mothers are able to choose quality care on their own.

Providing Child Care Counseling and Education

Programs provide guidance to young mothers in choosing child care in several ways, primarily by providing counseling and direct assistance with selecting providers. The examples we identified focused primarily on programs that help young mothers choose family child care providers. However, the same type of counseling and education is necessary even if on-site child care is available. Checklists and other tools to evaluate centers are helpful in assisting parents to make choices about their children's care. (See Figure III.18.)

Teaching Young Mothers About Quality Care by Restricting Choice to High-Quality Programming

The major issue regarding a parent's choice to use relative or license-exempt subsidized care is the lack of control that funding programs have over the quality of care provided. There is debate about whether or not teen parents should have the right to choose a subsidized caregiver, given her youth and the special circumstances of the child. Some school-based programs have developed strategies to ensure that participating teens use providers who offer quality programming while still providing them with the ability to choose. (See Figure III.19.)

Key Findings and Implications: Counseling Teen Parents on Child Care Options and Quality

- Program staff indicate that there are several benefits to providing child care counseling and education. This education empowers the young mother, respects her role as a parent regardless of her age (if done genuinely) and helps her in the

FIGURE III.19
RESTRICTING CHOICES TO HIGH-QUALITY PROGRAMMING

❑ During the first year of participation, young school-age mothers in YTPC in San Francisco receive a child care subsidy that may be used only for care in certain family child care homes. These homes receive special training in providing child care for adolescent parents. During the second year, students are transferred to another source of funding, which allows for parental choice. At this time, students are able to transfer their children to relative or license-exempt care. However, most teens continue with their original provider. Program staff believe that once teens learn what constitutes quality child care they choose to stay with their original providers.

long term as she makes future decisions about child care and preschool programming for her child. Counseling also helps allay fears about using non-relative care, ensures that decisions are not made solely to financially benefit a relative or friend, and addresses the role of grandparents or other relatives involved with the teen and her baby in making child care decisions.

- ✧ School-based programs for teen parents have successfully provided teen parents with the information and skills necessary to choose the appropriate choice of care and to determine quality programming. Based on the experience of several programs, young mothers can learn how to choose quality child care for their children and use these skills to appropriately choose arrangements for their children. However, we found more examples of child care counseling and education when on-site centers were not an option. Even if on-site care is available, young parents should be counseled on what their options are and educated about quality indicators.

- ✧ Programs need to do more than direct teen parents to available child care; staff should work with young mothers to help them understand their options and assist them in choosing appropriate arrangements for their children by providing them with the necessary tools, information and skills to make informed choices.

- ✦ When working with very young mothers (middle-school age), programs may wish to explore ways to restrict the parent's choice of care to a pool of highly trained providers. This strategy still allows the teen parent to choose among a pool of providers while learning what quality child care entails.

PART

Funding Comprehensive School-Based Programs for Adolescent Parents and their Children: Examples from the Field

CHAPTER IV: Overcoming Barriers To Funding Elements Of Comprehensive School-based Programs

The previous two chapters discussed strategies for overcoming barriers to the implementation of model elements in comprehensive school-based programs for adolescent parents and their children. Two of the major barriers faced by these programs, however, are: 1) how to fund each of the essential program components; and 2) ultimately, how to coordinate multiple funding streams to support a comprehensive program that can serve all teens. This chapter presents a discussion of barriers (and how to overcome them) to funding individual program components including: the provision of quality child care for the children of adolescent parents, the provision of health care services for adolescent parents and their children and the provision of educational and support services for adolescent parents.

As we discuss in this chapter, there are many sources of funding for services to pregnant and parenting teens and their children.[1] However, most are focused on specific types of services (such as health care, child care, education and training) and are available only for individuals who meet eligibility criteria, usually based on income. Enhanced average daily attendance (ADA) or full-time equivalent (FTE) formulas that provide state education funds to local districts based on the number of pregnant and parenting teens served represent a potentially powerful way to finance a broad range of services to this group regardless of income or other eligibility status. Therefore, before discussing issues related to funding specific types of services, we briefly describe the enhanced ADA option as a strategy to provide a flexible funding stream for comprehensive school-based programs.

ENHANCED ADA FORMULA FUNDING

A few states have passed legislation that brings additional state education aid into school districts based on the number of pregnant and parenting students and sometimes their children. These enhanced average daily attendance (ADA) or full-time equivalent (FTE) formulas generate considerable additional revenues for local school districts that are very flexible. Funds can be used to pay for education, summer programs, case management, counseling, transportation, outreach for dropout retrieval, child care, health care services, and so on, and are not bound by any eligibility criteria related to the student's or her family's income. Three examples of this approach are in Florida, Oregon and California.

School-based programs operating in Florida are funded almost exclusively through the statewide Teenage Parent Program (TAP). TAP is a subcomponent of the state Department of Education's dropout prevention program funding. Districts typically receive state educational monies through a formula that allocates a specific dollar amount for each FTE student enrolled in school. For each student enrolled in an approved district TAP program, the district receives 1.6 FTE. In addition, the children of these teen parents are also "enrolled" as students in a dropout prevention program, assigned student ID numbers and included in the district's FTE count. These funds are used to pay not only for basic educational services, but

[1] Primary funding sources observed for providing child care include the Job Opportunities and Basic Skills (JOBS) Training Program, the Child Care and Development Block Grant (CCDBG) and the Community Development Block Grant (CDBG). Educational and support services can be funded through a variety of sources; major funding streams include: school district general operating funds, enhanced average daily attendance (ADA) or full-time equivalent (FTE) educational funding, JOBS, Job Training Partnership Act (JTPA) funds, Social Service Block Grant (Title XX) and Medicaid. Major sources of funds for health care include Maternal and Child Health (MCH) Block Grants, Medicaid and private health insurers.

This list of funding sources includes those most often used by the programs investigated in this study. Other funding sources are listed in Tables V.1 and V.2 in Chapter V.

Although much of the discussion here focuses on federal funding streams, some states have invested substantial amounts of state funds for various services (e.g., child care) that may be available to school-based programs for adolescent parents and their children.

also for support services (such as case management, counseling and transportation) and child care. The two Florida programs visited — Cyesis in Sarasota and Pinellas County — paid for virtually all program components with TAP funds. Oregon's approach is similar to that of Florida's in providing school districts with additional funds for pregnant and parenting students through its state education aid formula.

The program in Florida has two other characteristics that make it a particularly powerful funding strategy. It was created as an entitlement for adolescent parents; TAP programs are required by the state to offer students a minimum set of services (parenting education, subsidized child care, transportation and other support services).[2] However, although TAP is an entitlement program, like many entitlements it is not fully funded. Thus, in most districts TAP programs are not able to serve all eligible students.

Neither Florida nor Oregon specifically requires that districts use these funds to pay for services for pregnant and parenting students. In Oregon, no restrictions are placed on the use of funds generated through teen parent program enrollment; funds may simply be added to a district's operating budget. In Florida, schools are restricted to using the funds to pay for any dropout prevention services, only one of which is TAP.[3] As a result, not all the additional funds generated through the formula, potentially none in the case of Oregon, are used to enhance services for pregnant and parenting teens.

California's Pregnant Minor (PM) program, which provides enhanced reimbursement to county Offices of Education that operate programs for pregnant and parenting students, requires that funds be expended on services for these specific students. However, these funds are only available to county-run programs and the total amount of funds is limited. Counties have the option of contracting with local school districts to operate PM programs with county funds, but other school district PM programs receive no additional funds from the state for providing extra services to these students. Furthermore, only a small number of counties are actually receiving PM funds and it is unclear whether California's education code provides for expansion of pregnant minor programs (Loomis and Simpson-Brown 1990) to other counties across the state.

These examples point to the potential for creating flexible funds available to fund a wide variety of services for all adolescent parents and their children. The enhanced ADA strategy is one that could offer school districts a stable stream of funds, administered under a single program, unrestricted in ways unlike most other funding sources. At the same time, the examples highlight important issues — how to maintain full funding for such streams and how to ensure that the funds generated are dedicated to paying for services for the target population.

HOW TO FUND CHILD CARE FOR CHILDREN OF ADOLESCENT PARENTS

Providing quality child care for children of adolescent parents requires sufficient funds to support several activities. Funds are needed to help young mothers pay for care, support child care providers through networking and training activities and fund other critical elements of the system, including resource and referral services and program coordination.

Among the school-based programs studied, most tended to rely most heavily on two federal programs to subsidize child care for teen parents: the Job Opportunities and Basic Skills (JOBS) Training Program and the Child Care and Development Block Grant (CCDBG). Other sources of funds used by school programs to subsidize child care include Head Start, the Community Development Block Grant (CDBG), the Carl Perkins Single Parent/Displaced Homemaker Program, state and local funds and foundation funding.

Programs are faced with a number of barriers when using these funds to subsidize child care for parenting teens. They include:

[2]On the other hand, the existence of the entitlement often makes it difficult for these programs to pull in other sources of funds, such as AFDC child care, which could be used to fund services for eligible participants while freeing the TAP funds for students who do not qualify for other support. That is, JOBS administrators are reluctant to expend scarce resources on in-school teen parents who are entitled to services, including child care, through TAP, even though TAP funds are insufficient to serve all parenting students desiring services.

[3]In Florida, there is a requirement that subsidized child care must be made available. However, districts do not have to provide on-site care and are free to negotiate whatever rates they can for off-site care. Money saved on child care subsidies is typically used for other dropout prevention programs.

- how to fund child care for young non-welfare mothers;
- how to ensure that young mothers are a priority for funding;
- how to cover breaks in child care service to ensure that young mothers do not lose their slots;
- how to maintain adequate reimbursement levels when teen parents and their children are frequently absent;
- how to pay for supports to child care providers to enhance the quality of their programming; and
- how to fund the development or renovation of child care facilities to serve teen parents.

This section describes potential solutions to these barriers through use of the funding sources listed above. The funding sources discussed in this section are not an exhaustive list of resources that may be used to support child development programs but represent sources used by programs we visited. For more information on how to use public and private funds to pay for child care, see Building Early Childhood Systems: A Resource Handbook, Sugarman 1991; and Investing in the Future: Child Care Options for the Public and Private Sectors, Child Care Action Campaign 1992. Child care funding opportunities discussed in this section primarily focus on federal funds; some states invest substantial amounts of state money in child care. Possibly the largest barrier — how to maximize resources and increase the total impact of available child care funds — is discussed in Chapter V.

How to Fund Child Care for Non-Welfare Teen Parents

Many young mothers and their children are entitled to child care assistance. This includes families that receive Aid to Families with Dependent Children (AFDC), the country's cash assistance program for low-income families. Teen parents on AFDC may also participate in JOBS, which guarantees child care and other support services. However, many young mothers are not income-eligible for AFDC; many are ineligible for the program because they live with their parents and/or other people whose income pushes the household above the income eligibility cut-off.[4] However, given the eligibility criteria for AFDC, many teen parents (and their families) who do not qualify are still poor with incomes below the federal poverty level.

We observed three ways in which programs fund child care for non-welfare-eligible teens. They include CCDBG funds, CDBG funds and other local, state and federal non-means-tested programs.

Using CCDBG Funds to Subsidize Child Care for Non-Welfare Teens

Unlike federal funds under the Family Support Act (AFDC, JOBS, Transitional Child Care, At-Risk Child Care), state, instead of federal, regulations define what constitutes a family in determining family income for eligibility for CCDBG funds. Many states define family as the teen parent and her child, not the total household. In these instances, teen parents who live with their parents are likely to meet income eligibility requirements for block grant funds. Many of the programs we visited are in states that use this definition and rely on CCDBG funds to help teen mothers pay for care.

Using CDBG Funds to Subsidize Child Care for Non-Welfare Teens

Another source used to fund child care for young mothers not eligible for welfare is CDBG funds. Program regulations require that 51 percent of the families receiving an approved public service funded by CDBG, like child care, be low-to-moderate income. This flexibility allows program operators to serve some children who are not from welfare-eligible households. CTAPPP in Oakland has been successful in obtaining city CDBG funds to subsidize child care for participating students.

Using Non-Means-Tested Funds to Subsidize Child Care for Non-Welfare Teens

A third alternative to subsidizing child care for teen mothers not on welfare is to use funding sources that are not means-tested. This may include the use of federal, state and/or locally funded programs for teen parents as well as

[4] As a result, teen parents may be persuaded to move out on their own in order to establish their own household and qualify for AFDC benefits, including child care assistance.

other federal funds that subsidize care regardless of the parent's income. (See Figure IV.1.)

How to Ensure that Young Mothers are a Priority for Funding

Families in need of child care assistance must compete for scarce subsidy resources. As a result, many federal, state and local programs identify priorities for program spending in order to target limited resources to those most in need. We observed several ways to help teen parents receive priority for a number of funding streams to help them pay for child care. They include participating in the CCDBG planning process, working with city officials to obtain local CDBG funds for child care and dedicating state and local child care resources to adolescent parents. In this section, we also discuss issues related to priorities on teen parents in the JOBS program.

FIGURE IV.1
USING NON-MEANS-TESTED FUNDS TO PAY FOR CHILD CARE

- California's School-Age Parent and Infant Development (SAPID) Program provides child development services to teen parents regardless of income. This state-funded program serves middle and secondary school-age (grades 7-12) parents by providing child care at or near the school site and transportation for teen parents and their children to school and the child care center. Additionally, teen mothers must participate in a parenting education course consisting of theory and practicum.
- Florida's Teenage Parent Program, supported by state dropout prevention funds, subsidizes various services for teen parents, including child care. School districts receive a weighted reimbursement from the state for the children of teen parents enrolled in a program; these monies can be used to support child care regardless of the income status of the young mother.
- Hennepin County Minnesota uses local dollars to help all young mothers pay for child care services. Since these resources are locally generated, the county has the ability to determine eligibility requirements to fit the needs of the community.
- Several school districts use the non-means-tested federal Single Parents/Displaced Homemaker Program to fund child care for teen parents. The program, created by the Carl D. Perkins Vocational Education Act, promotes the economic self-sufficiency of females, including single pregnant adolescents, single teen parents and JOBS participants. Priorities for spending and allocation of grants to school districts are usually determined at the state level. The Los Angeles Unified School District and the Columbus School District use Displaced Homemaker grants from the Perkins Act Program to subsidize child care for teen parents enrolled in school-based programs.

Making Teen Parents a Priority for CCDBG Funds

CCDBG funds are divided into two portions: 75 percent of block grant funds must be used to help low-income parents cover the cost of child care; the remaining 25 percent may be used on early childhood development, school-age child care and quality improvement initiatives. Federal regulations require states to give priority for the 75 percent portion to low-income families and children with special needs. Programs funded by the 25 percent portion must be located in low-income areas. States can establish eligibility and priority rules in addition to these and may decide to identify young parents as a focus. Approximately 19 states have chosen to expend 25 percent monies on child care programs for teen parents.[5] In addition, federal regulations require states to consult with local governments when developing plans for block grant funding; this provides an opportunity for local authorities to secure funds for teen parents for either the 75 percent or 25 percent portions. Some states, like California, defer decision-making to local governments giving these officials a greater opportunity to channel resources to very young families.

The result of the CCDBG planning process in Alameda County California illustrates how teen parent advocates were able to obtain additional child care funding for young mothers. A major community-based organization active in teen-parent issues and a partner in a collaborative supporting Oakland's CTAPPP program was able to persuade local officials to identify teens as a high-priority group. The presentation of data on the county's growing teen birth-rate, the lack of child care funding for teen parents and the advantages of providing school-based care for teen parents based on CTAPPP's early experiences made a compelling argument for prioritizing this population. As a result, teen parents were identified as the county's second priority (behind infants and toddlers) and approximately 33 percent of the county CCDBG allocation was set aside for the children of young mothers. CTAPPP was

[5]Blank, 1993

able to fund two school-based centers with new CCDBG funds. CCDBG funds were also awarded to several CCR&R agencies to provide child care vouchers to teen parents so they could select their own arrangements.

Ongoing coordination between adolescent parent and child care service providers is necessary in order for young mothers to receive care for their children — not just during the early stages of service planning and priority setting. One county in California was successful in securing CCDBG funds for adolescent parents but recently requested permission from the state to lift the priority due to the lack of young mothers requesting child care assistance. One child care administrator suggested that dollars go unspent for two reasons: young mothers are unaware of the available funding, which suggests that more should be done to connect teen parent and child care programs; and teen parents who take advantage of child care dollars often lack other supportive services that they need (case management, counseling, transportation) and stop bringing their children to child care.

Making Teen Parents a Priority for CDBG

CDBG funds are allocated to units of local government (cities or counties) annually on a formula basis. Fifteen percent of grant funds may be expended on public services, including child care. Local officials are required to hold public hearings to determine how to spend grant funds and must also notify the public on categories of grant spending. In addition, local governments must include activities funded by the grant in a statement to the federal government. Teen parent advocates and service providers have been successful in obtaining CDBG funds to support child care for teen parents by working with local officials to recognize the special needs of teen parents. CTAPPP in Oakland is an example of this.

Making Teen Parents a Priority for State and Local Funding

As mentioned above, many state and local governments have set aside funding specifically to subsidize child care for teen parents. California's SAPID program and Florida's Dropout Prevention Program for Teen Parents are examples of state-funded programs that solely serve teen parents. In New Mexico, the state has assured the New Futures School that all girls will be eligible for child care subsidy regardless of their welfare status. Hennepin County, Minnesota, is an example of a local government that sets aside locally generated revenue for teen parents.

Priorities on Teen Parents in JOBS

Although child care is guaranteed to JOBS program participants, the program does not place a high priority on in-school teen parents.[6] AFDC teen parents who have not lost full-time school status are exempt from participation in JOBS but may volunteer for the program. Custodial parents under the age of 24 who have not completed high school or who are not enrolled in high school or its equivalent are JOBS target group members.[7]

States and local governments may choose to serve target group members first because federal regulations stipulate that states must spend the majority (55%) of their JOBS expenditures on target group members or receive a fiscal penalty.[8] These policies affect the extent to which state and local governments serve in-school teen parents in JOBS. Serving in-school girls often depends on the fiscal condition of the state and/or local area — often state and local governments do not have sufficient resources to provide the state matching funds required to serve mandated or targeted group members.

How to Pay for Breaks in Service

Program providers must identify ways to ensure that young mothers do not lose their child care subsidies or slots during school vacations. The two major sources of federal funds used by programs we visited differ on poli-

[6] A recent study in 16 states by the GAO, Welfare to Work: States Move Unevenly to Serve Teen Parents in JOBS (1993), suggests that 22% of AFDC teen parents were attending high school full-time upon enrollment in JOBS.

[7] When retrieving teen mothers who have dropped out, one school-based program emphasizes that girls enroll in JOBS first before enrolling in school. As a result, they do not have full-time school status at the time of JOBS enrollment and fall into a target group. There is some evidence that school staff in one program go as far as encouraging girls to withdraw from school to facilitate their chances of receiving JOBS funding for child care and other supportive services when they re-enroll.

[8] JOBS and child care are two separate funding streams under the Family Support Act. Target group expenditure requirements concern JOBS spending, not child care spending. Therefore, providing child care assistance to non-target group members does not affect the state's ability to meet target group requirements. However, states may not be able to draw enough child care money to subsidize care for non-target group members. In addition, federal regulations allow states to approve AFDC recipients who are already involved in an education or training activity for JOBS participation. Once a JOBS participant, the student is entitled to child care. Therefore, officials should not have to drop teen mothers out of school to facilitate JOBS participation unless the state has a restrictive policy and/or mechanism for approving self-initiated activities (Greenberg 1992).

cies for breaks in service: JOBS provides some flexibility for covering vacations; CCDBG does not. When school-based programs are not able to secure child care slots and subsidies over school breaks, they must ensure that students remain active in an approved education, training or employment activity to ensure the receipt of services.

Developing Flexible "Breaks in Service" Policies in JOBS

Federal JOBS regulations provide states the option to pay for breaks in service, particularly if the parent is in danger of losing the child care slot.[9] In addition, to assist teen parents in making the transition from school to employment, JOBS regulations permit child care reimbursement for up to two weeks prior to the date employment is scheduled to begin. However, states differ on whether or not they cover breaks and, if they do, the restrictiveness of their policies. States with restrictive policies may use them to control costs and/or to reduce the risk of program abuse. Restrictive policies may also result from a lack of clarity of program regulations.

There are examples of JOBS programs that provide flexibility in this area — the Alameda GAIN program (JOBS in California) is an example. (See Figure IV.2.)

Using Foundation Funds to Cover Breaks in Service

While less likely, it is possible to use foundation funds to keep children in child care settings during school breaks when the parent is not participating in an education (or employment) program. Program officials of the Family Day Care Connection Project in Chicago were interested in the continuity of care for children of teen parents and successfully developed a strategy to cover summer months with foundation funds. (See Figure IV.2.)

FIGURE IV.2
COVERING BREAKS IN SERVICE

- GAIN (JOBS) in Alameda County, California, will pay for child care during school breaks for up to two weeks and longer if the teen parent is in danger of losing her child care slot. This must first be authorized by the GAIN administrator. The program will also pay for holidays if the provider requires private-paying parents to do so. However, only licensed providers are reimbursed for care during school breaks.

- The Family Day Care Connection Project in Chicago uses Social Services Block Grant (SSBG) funds to subsidize child care for teen parents during the school year. Some teen parents receive summer jobs through the city's summer youth employment program and are eligible for public child care subsidy. Project staff developed a summer work program for those teens who did not obtain city summer jobs, not only to provide them with a small income but also to facilitate continuity of care for their children during the summer break. The program pairs teen parents with project providers, other than their own, to work as child care assistants. Foundation funds are used to keep children with the same family child care provider while their parents participate in the summer program.

How to Maintain Adequate Reimbursement Levels to Providers When Teen Parents are Absent

Burdens of teen parenthood often cause young mothers and/or their children to miss school (or child care). Federal funding streams provide states with flexibility in reimbursing providers when a child and/or student is not in attendance. States (and, in some instances, local governments or subsidy administrators) determine the number of absences they will cover — these decisions can adversely affect providers that care for children of teen parents. However, authorities have the ability to establish absence policies that are different from those established for other eligible low-income families.

The payment mechanism used by a state also affects the way in which child care providers are reimbursed for absences. Contracted programs typically reimburse providers for a certain number of slots; providers are required to maintain a certain average daily attendance or their contract may be reduced. Voucher programs reimburse providers for a specific child and typically allow for a certain number of absences. With the exception of these approved "absence days" the provider is reimbursed only when the child is in attendance. Some voucher programs also fail to reimburse the child care provider if the parent is not in attendance at school even if the child is in care for the day. In the end, teen absences affect both voucher

[9]Federal regulations provide states the option of providing child care for a period not to exceed two weeks or no longer than one month if the mother is in danger of losing the child care slot. Proposed regulations extend this policy to all child care subsidy programs.

and contracted programs; however, the most important factor on how providers are affected are state absence policies. It is not uncommon for a state to have different absence policies for different funding streams.

We did find examples of flexible absence policies in teen parent child care programs funded by JOBS and CCDBG. In addition, some sites were able to cover absences with less restrictive funding streams, namely county funds, when major funding streams could not be used to reimburse providers for days when the teen parent missed school.

Absence Policies in JOBS

JOBS regulations state that child care provided or claimed for reimbursement must be reasonably related to hours of JOBS participation or employment, However, there are no written interpretations of this regulation. TAPP in Louisville provides an example of how local programs set child care absence policies for teen parents. (See Figure IV.3.)

FIGURE IV.3
ADDRESSING ABSENCES

- Hennepin County, Minnesota, uses CCDBG in addition to JOBS and county funds to help MICE teen parents pay for care. The county funds are not restrictive — they are designed to serve all teen parents regardless of income and do not have strict absence policies. As a result, local officials are able to reimburse providers for days when the child is not in attendance by using county funds.
- TAPP in Louisville bills the local IV-A Agency for an entire month of child care as long as the parent is in attendance 75 percent of the time. This coincides with the federal JOBS regulation that requires an AFDC recipient to participate in JOBS activity 75 percent of the time in order for the state to be reimbursed for his or her participation.
- YTPC uses CCDBG funds to reimburse providers including days when the child is absent. Excuses are granted for days missed due to parent or child illness and family emergencies. Doctor's notes are not required for absences due to illness, since teen parents often do not make it to a doctor's office on the first or only day of an illness.

Absence Policies in CCDBG

CCDBG regulations do not mention absences. As a result, states and/or local governments develop their own policies. YTPC in San Francisco has a generous policy that protects providers, paid for by block grant funds, from excessive absences. (See Figure IV.3.)

Covering Absences with Less Restrictive Funding Streams

Using less restrictive funds, such as local or private foundation funding, is one way to cover breaks in service when major funding streams are less flexible in this area. We observed one example in Minneapolis in which county funds are used to "fill the gap" to cover absences. (See Figure IV.3.)

How to Fund Support Services for Child Care Providers to Enhance Quality

Child care providers must be supported in their efforts to provide quality care to children in their programs. Such activities as training, technical assistance for all types of providers, and networking and support groups specifically for family child care providers are examples of the types of support that have an effect on program quality.

Child care funds under the Family Support Act cannot fund these types of activities. However, a percentage of a state's CCDBG allocation can support activities to improve the quality of child care. CCDBG has recently become the major child care funding stream that provides resources for training, technical assistance and other supportive services (e.g., small facility improvements) to child care providers. Other federal child care programs that provide for training include the Social Services Block Grant (if the activity supports block grant goals), Head Start, the Individuals with Disabilities Education Act (IDEA), and CDA Scholarship Assistance. Many programs also use the USDA Child and Adult Care Food Program as a source for training child care providers.

In our review, we identified three different funding streams that school-based programs use to support child care providers serving teen parents. They include foundation funds, county revenues and state education funds.

Using Foundation Funds to Support Child Care Programs

Due to the dearth of federal funding to support child care professionals, many programs turn to private funding to help pay for critical training and technical assistance activities. For example, YTPC in San Francisco relies on foundation support to provide training, technical assistance and support activities to participating family child care homes. A small portion of the Family Child Care Coordinator's salary is paid for by CCDBG administrative funds.

Using County Funds to Support Child Care Programs

Hennepin County relies on county revenues to support family child care providers participating in Minneapolis' MICE program. The county pays for a coordinator to work with school officials, identify, screen and recruit home providers and coordinate periodic support group meetings and training activities for participating caregivers.

Using State Educational Funds to Support Child Care Programs

Alameda County California uses enhanced ADA state education funds allocated to their Pregnant Minor Program to pay for a Child Development Specialist who coordinates CTAPPP's child care component. These state funds, channelled through the county, also pay for three child care aides and miscellaneous supplies for the two school-based centers.

Child care advocates in the state of California have developed a unique partnership to finance the development and support of family child care homes. The statewide Child Care and Resource and Referral Network coordinates funding from different public and private partners and funds CCR&R agencies to employ a five-part model: assess child care in specific areas; recruit potential providers; train them; provide technical assistance in the licensing process; and provide ongoing support to help them stay in business. The state Department of Education contributes $250,000 per year based on a 2:1 match of dollars raised from the private sector and the federal and local governments. The CCR&R agencies compete for grants and must provide a 1:1 match. Local CCR&Rs use project funds to build and provide continuous support to family child care homes in their area.

How to Fund the Development or Renovation of Child Care Facilities

Renovation of space for child care purposes can be costly; such work is often necessary when trying to develop or expand school-based child care centers. JOBS funds cannot be used to renovate, build or purchase facilities. CCDBG funds can be used to make small improvements to family child care homes to help them meet licensing standards and to improve the quality of the program. In addition, CDBG funds can be used to renovate day care centers. We also identified programs that have successfully used foundation funds as well as state education funds to finance the renovation of space. While we did not find any examples, Head Start funds can be used to develop and/or renovate facilities for early childhood development programs.

Using Foundation Funds to Develop/Renovate Child Care Space

School-based programs have found that foundation and other private funds are useful for a one-time expense such as renovation of space. Seeking assistance from philanthropic organizations that are concerned with child care, adolescent parents or other related community needs has proven to be effective. CTAPPP in Oakland has successfully developed three on-site child care centers with foundation funding. The renovation of space for child care purposes at two high schools was funded by the AT&T Foundation. A local foundation is currently funding the renovation at a third high school in Oakland for CTAPPP participants.

Using State Education Funds to Develop/Renovate Child Care Space

The Pinellas School District Teenage Parenting Program, funded by state dropout prevention funds, received additional state funds to develop child care for teen parents. The state allocated one-time start-up grants for child care facilities to school districts interested in developing a teen parent program. Grants were awarded to school districts based on the teen birth-rate in their area.

HOW TO FUND EDUCATIONAL AND SUPPORT SERVICES FOR ADOLESCENT PARENTS

The primary issue for programs around funding educational and support services is identifying sufficient funding to support the full range of services for a large number of students. Not only do programs require money to provide educational services (including the regular academic program, parenting and child development education and summer school), but for support services including case management, counseling, transportation assistance, assistance with making the transition between schools, in returning to school for dropouts and in making the transition from high school to post-secondary education or employment. In addition, programs that provide services for fathers and/or other family members need to locate funds that can support these services as well.

Because educational services for pregnant and parenting adolescents are similar to those provided for all students, this program component is generally paid for by a district's general operating funds. Students attending comprehensive high schools are indistinguishable from other students with respect to the funding of their education. Stand-alone schools typically receive an allocation based on the number of students being served, based on the same reimbursement as other high schools within the district. While these funds are sufficient to cover educational services (including parenting education) and support services that are available for all students (e.g., school counselors, school nurses, possibly transportation), the additional support services are not covered.

There is a wide variety of funding sources available to pay for some or all of the needed support services. However, some funding sources (e.g., JOBS, JTPA, and some educational funds) carry income or other eligibility requirements that restrict their use to only a portion of the students typically being served by school-based programs. Other sources may be used to pay for services for any program participants, but the amount of funds available are small and cover very few students (e.g., Carl Perkins Sex Equity grants).

Programs that have successfully built a comprehensive system of services tend to rely on one of two strategies for putting in place the funding for educational and support services. Programs in some states have access to flexible educational funds for school-based adolescent parent programs. These funds, available through enhanced ADA formulas for the allocation of state education aid, are described earlier in this chapter. They can pay not only for education and support services of the kinds mentioned here, but for health care and child care as well. Most programs, however, fund support services by combining funds drawn from several sources. (See Figure IV.4.)

Because so few programs exist within a funding environment that provides a single, flexible pot of money specifically tied to school-based programs for pregnant and parenting adolescents, a more commonly used strategy for funding educational and support services is to combine funds from several sources. In addition to basic educational allotments, programs variously draw upon educational dollars designated for specific populations (e.g., special education and Chapter 1) or for specific services (e.g., vocational education and drug, alcohol and tobacco education).

Programs also seek funding through non-educational sources, some of which are quite flexible (e.g., HHS Social Service Block Grant [Title XX] funds), while others pay for services for eligible participants (e.g., JOBS, JTPA and Medicaid). In addition to these federal dollars,

FIGURE IV.4
COMBINING FUNDS FOR COMPREHENSIVE SUPPORT SERVICES

- The Teenage Pregnancy and Parenting Project (TAPP) in San Francisco relies on several sources to fund educational and support services. School district funds support students' educational programs; vocational education funds are used to provide vocational education, pre-employment counseling and assessment, life-skills education and sex-equity cultural activities. Case management is supported by Adolescent Family Life Program (AFLP) funds; Teen Greater Avenues to Independence (GAIN) funds support an after-school program focused on life skills. The program also has a small grant from the Smithsonian Institute to support Reading is Fundamental child development education. Small private donations are placed in a "client contingency fund" used for emergency necessities and to fund on-site support groups for students.

many states have specific funding sources that can be used to pay for services for adolescent parents. California has several special programs including: the Adolescent Family Life Program (AFLP), which supports case management services; the School Age Parent and Infant Development (SAPID) program, which supports parenting education and child care; and Healthy Start which funds school-linked health and social services. Ohio funds support services for adolescent parents through the Graduation, Reality and Dual Role Skills (GRADS) program; Minnesota's Early Childhood and Family Education (ECFE) program funds parenting and child development education. Finally, programs often rely on small foundation grants or private donations to cover gaps in funding or to provide emergency assistance to students.

Educational Funding Streams

Most districts have access to a variety of educational dollars that are allocated on an ADA, FTE or lump-sum basis for specific populations of students, often at higher rates than "regular" educational funds. Programs enrolling pregnant and parenting students who fit into these "special" populations often draw on these educational sources to supplement their basic education allotment. These special educational sources include Chapter 1, Special Education and Vocational Education funds.

For each of these sources, the ADA or FTE rate is generally higher than a district's regular allocation per student. Although the use of these funds is restricted to qualified students, programs using them are able to stretch their regular funding allocation further when services for some students are covered through these supplemental sources. In addition, use of these funding sources may allow a program to offer some support services, such as remedial assistance, skills training and school-to-work services, that otherwise would not be available. State drop-out prevention grants are another possible source of flexible educational funds.

In addition to basic vocational education funds, these programs can access vocational education dollars that are set aside for "programs for single parents, displaced homemakers and single pregnant women and for activities to eliminate gender bias and stereotyping in vocational education programs" (Reingold and Frank 1993). Priorities for allocation of these funds as well as individual grant amounts vary by state, but they can be used for a variety of services for pregnant and parenting students including: vocational assessment, guidance and counseling; support services including case management, child care and transportation; and pre-employment and school-to-work transition services. Although these funds are very flexible and are not restricted to specific students based on income or special needs, most programs using these funds have very small grants.[10] The other major disadvantage of using these grants is that they are not targeted at services for pregnant and parenting students. Thus, many programs that receive some funds through these grants have access to only a small portion of a larger grant awarded to the school district.

Non-Educational Funding Streams

In addition to educational sources of funds for educational and support services, school-based programs for adolescent parents and their children have access to various other funding streams for the provision of these services. Among the most commonly used sources are JOBS (discussed under child care) and the Social Services Block Grant Program (Title XX). A potentially major source of funds, but one that is seldom used by school-based programs for adolescent parents, is the Job Training Partnership Act (JTPA). Similarly, Medicaid is a potential source of funding for case management in certain circumstances[11] and other support services; it is infrequently utilized by these programs.

Title XX. Among these sources, Title XX funds, which can be used to provide such services as counseling and case management, health education and child care subsidies, are the most flexible. However, priorities for the use of these block grant funds are decided at the state level, so their availability for use by school-based programs for adolescent parents varies depending on the priorities established in a given location. And similar to other block grant programs, states also determine eligibility criteria for receipt of services funded through Title XX. Thus, while some programs have been able to depend on Title

[10]States determine priorities for expending these funds as well as the size of individual grants. Programs visited in California using these funds have grants ranging from $10,000 to about $20,000; the Cyesis program in Sarasota, Florida, has a grant of about $25,000.

[11]Medicaid case management funds can be used for assisting students to access medical care and for managing students with disabilities.

XX funds to pay for some support services, other programs may find that service priorities and eligibility criteria for expending these funds in their state make it difficult to access these funds.

JOBS. The federal JOBS program is a source of funds for providing case management and transportation assistance, in addition to subsidizing child care for students who qualify for AFDC. (See Figure IV.5.)

However, because eligible in-school parents are not mandated to participate in JOBS, the availability of these funds for school-based programs is often limited. Programs located in areas that have established teen parents as a priority for services are most likely to be able to access these funds to pay for support services.

Job Training Partnership Act (JTPA) Funds. The Department of Labor-administered Job Training Partnership Act funds work-related training and support services for economically disadvantaged individuals, including students. Both Titles II-B (the Summer Youth Employment and Training Program) and II-C (the Year-Round Youth Program) provide funds that can be used to support services for pregnant and parenting adolescents. Although these funds can be used for a variety of services, they are most frequently allocated to pre-employment and school-to-work transition services. For example, the New Futures School in Albuquerque has a JTPA grant to provide students with a pre-employment class, and students attending TAPP schools in Louisville receive career awareness training, assessment, pre-employment training and job search assistance through a career planner funded with JTPA funds.

FIGURE IV.5
USE OF JOBS TO FUND SUPPORT SERVICES

- The St. Paul Schools rely on STRIDE (JOBS) workers, located within the schools, to provide case-management services to eligible pregnant and parenting students. STRIDE also pays for bus passes for eligible students enrolled in a school outside their normal attendance area who are unable to use the district's transportation services.

FIGURE IV.6
USING JTPA TO FUND SUPPORT SERVICES

- The Teen Parent Summer Program operated by the Portland Public Schools is partially funded through JTPA. Students participating in this program spend half their time in classes and half in job placements, offering them an opportunity to earn high school credits during the summer months. Participants are also provided with parenting-skills classes, support groups and gang intervention activities.

Priorities for the allocation of Title II-C funds are established by local Private Industry Councils (PICs). Federal regulations require that in addition to meeting income eligibility criteria, a substantial portion of the youth served through JTPA face one of several barriers, including being pregnant or parenting.

In addition to Title II-C funds, Title II-B offers a good source of support for summer programming, including work experience, basic and remedial education, employment counseling, job search assistance and "life skills" classes. (See Figure IV.6.)

Historically, eligibility determination for JTPA has been so daunting that very few school-based programs have attempted to access these funds. With the 1992 amendments that created Title II-C, however, youth who receive Chapter 1 services or who are eligible for free lunch under the federal school-lunch program are considered eligible for JTPA services.

Although the eligibility criteria limits the use of JTPA funds by school-based programs for adolescent parents, accessing these funds to cover services for a portion of participants enables programs to maximize the use of less restricted funding sources. Because priorities for spending JTPA funds are established at the local level, programs wishing to access these funds need to engage their local PIC in discussions about the needs of these students and possible collaborations.

Medicaid. Many programs, or affiliated school-based clinics, routinely bill state Medicaid programs for health services provided to pregnant and parenting students and their children, but these programs may also be able to claim Medicaid reimbursement for case management serv-

ices provided by various staff.[12] States deciding to implement administrative claiming for health-related case management activities can authorize localities to submit claims for reimbursement of these services. This funding mechanism has the potential to provide schools and other entities providing case management with substantial funds to reinvest in supportive services. (See Figure IV.7.)

FIGURE IV.7
USING MEDICAID TO FUND SUPPORT SERVICES

- California has authorized counties to contract with the state to submit claims for Medi-Cal (California's version of Medicaid) administrative activities. School districts wishing to participate must develop agreements with and submit claims through their county department of health. School district staff in San Diego County, which recently began administrative claiming, have estimated that use of this financing option could potentially generate substantial reimbursements for services that district staff are already providing.

FIGURE IV.8
STATE FUNDS FOR SUPPORT SERVICES

- California's Healthy Start program, administered by the state Department of Education, provides funds to pay for school-linked services. Silver Springs High School is using its Healthy Start grant to expand on-site services for students, including additional child care slots, health care services and counseling. In Oakland, funds are being used to expand services in several ways, including: developing a mentoring program for pregnant and parenting students, starting a support group for grandparents, beginning a siblings program aimed at pregnancy prevention, determining services needed by teen fathers and expanding health services for participants in CTAPPP.

- Florida's Healthy Start program is focused on assisting at-risk individuals in having a healthy pregnancy and during the first year of their child's life. Although many of the services are related to health care, the program also connects participants to other supportive services. Pregnant women, adult as well as adolescent, qualify on the basis of their risk of having a poor pregnancy outcome.

[12]Medicaid reimbursement can be claimed for: 1) helping students arrange health care and 2) managing children with special needs.

One of the drawbacks of this funding mechanism, at least as it is being implemented in some states, is that the funds generated go to the local health department with no requirement that they be passed along to the school districts or to programs for pregnant and parenting students to be reinvested in services for these populations. Although health departments may invest these funds in programs that benefit pregnant and parenting adolescents and their children, without some provision for channeling funds back to school-based programs, Medicaid administrative claiming will not be a viable funding source for these programs.

State and Local Funding Streams

Many states have developed funding streams that either specifically support services for pregnant and parenting adolescents and their children or include these groups as allowable recipients. Several states, including California and Florida, have state programs that help provide services to adolescent parents and their children. (See Figure IV.8.)

These funding programs, and similar programs in other states, are very flexible both in terms of the services that can be supported and in terms of the clients who are eligible for services supported by these funds. At the same time, however, because the funds are so flexible and not specifically targeted at adolescent parents, local grantees or program administrators may elect not to prioritize adolescent parents and/or their children for services. In California, for example, the overwhelming majority of Healthy Start grants have been awarded to elementary schools; only two or three grants have specifically targeted services for adolescent parents.

In contrast to these more general state funding sources, programs such as California's Adolescent Family Life Program (AFLP) are designed specifically to fund services for pregnant and parenting adolescents. AFLP funds case management for pregnant and parenting adolescents with an overall goal of ensuring that they are receiving all the services they need. Several of the programs visited depend on AFLP for case management services. These services are not restricted to in-school adolescents, however, and only two local programs are actually administered by school districts. Thus, school-based programs need to collaborate with the local AFLP contractor to ensure that services provided by each are not duplicated.

Finally, localities that have made adolescent parents a priority are likely to supplement federal and state sources of funds with local revenues. Both Ramsey (St. Paul) and Hennepin (Minneapolis) counties in Minnesota contribute county revenues to help provide services for adolescent parents. These funds are primarily used to ensure that adolescent parents receive subsidized child care, but some funds in Minneapolis also support transportation assistance and administrative costs. In general, local funds tend to be used by school-based programs to fill funding gaps.

HOW TO FUND HEALTH CARE SERVICES FOR ADOLESCENT PARENTS AND THEIR CHILDREN

In many school-based programs, health services available on-site are quite limited, often provided by a school nurse who is funded through the district's general operating budget. In these programs, pregnant and parenting adolescents are generally referred to off-site providers for pre-natal care, family planning services and well-baby care, and how to fund these services is not an issue for the school-based program.

Schools that offer more extensive on-site health care services, however, either through a full-practice or special-practice clinic[13] need to locate funds to support these additional services. Critical health care services for adolescent parents and their children include: pre-natal care; nutrition services; family planning services; general preventive and acute care and health education for adolescent parents; preventive well-baby care, including immunizations, health and developmental screenings; treatment of childhood illnesses; and specialized treatment (if indicated) for their children.

For students and children who qualify, the primary funding source for all of these services is Medicaid. In order to receive reimbursement for Medicaid, the school-based clinic must be an approved Medicaid provider or a satellite of an approved provider.[14] And all of the clients for whom the clinic wishes to bill Medicaid — both adolescents and their children — need valid Medicaid identification numbers. Under traditional Medicaid systems, billing Medicaid for services provided is relatively straightforward. As discussed below, however, obtaining reimbursement even for students who are covered by Medicaid is becoming increasingly difficult with the rise of managed-care plans.

In addition to Medicaid, school-based clinics tend to rely on two major sources of funds for providing health care. Some students and their children are covered through fee-for-service billing of private insurers. Some specific health services can be paid for with Title V Maternal and Child Health Block Grant funds.[15]

School-based services programs face two primary barriers in attempting to pay for medical services for pregnant and parenting students and their children:

- how to fund health services for non-Medicaid-eligible students and their children; and
- how to pay for medical care in a school-based setting when a health care system is increasingly dominated by managed-care plans.

While some school-based programs have opted out of providing direct health services on-site because of the difficulty of overcoming these barriers, other programs are developing strategies to address both of these problems.

[13]The terms "full practice" and "special practice" refer to the range of services that a clinic can legally provide. Full-practice clinics, which include physicians on staff, can legally provide any medical service. Special-practice clinics essentially provide only nursing services, which are defined somewhat differently from state to state, but exclude diagnosis and treatment of illness and injury. Pre-natal care (in most states), primary family planning services and preventive well-baby care are all allowable services for special-practice clinics to provide without having a doctor on-site.

[14]Because private health organizations have more experience not only with the provision of medical care, but also with the intricacies of fee-for-service billing for both Medicaid and private insurers, many districts contract with an external agency to administer their school-based clinics rather than operating them directly.

15While Medicaid, private insurance and MCH block grants are the primary health care funding sources, programs visited also tapped several other sources including: Title XX; the federal Victims of Crime Program; and drug, alcohol and tobacco education funds. And a number of programs rely on small foundation grants to supplement larger funding sources.

How to Fund Health Services for Non-Medicaid-Eligible Students and Their Children

Students and their children who are not eligible for Medicaid fall into two groups:[16] those students who are covered by private insurance (either traditional health insurance plans or managed care) and those students who have no insurance coverage.[17] For those students covered by traditional health insurance plans, school-based clinics typically bill individual insurers for services provided through the clinic. Reimbursement for services provided to students enrolled in managed-care plans is more complicated as discussed in the following section.

For students and their children who have no insurance coverage, programs rely largely on maternal and child health (MCH) block grant funds. MCH funds are flexible dollars that support services for maintaining and improving the health of mothers and children. (See Figure IV.9.)

Federal regulations permit MCH funds to be used for a variety of health services, including preventive well-baby care, pre-natal care, family planning, health assessments for children and children's rehabilitative services, with no restrictions in terms of client eligibility. Thus, these funds can be used to provide the majority of health services with which programs for adolescent parents and their children are most concerned. And because there are no eligibility requirements, they can be used to pay for services for all students and their children participating in a program.

Although federal regulations place few restrictions on the use of these funds and client eligibility, states determine priorities for services that will be funded and distribute funds to local programs. The extent to which school-based programs for adolescent parents are able to tap into MCH funds depends upon the priority placed on serving this population by the state. In setting priorities, states often develop specific programs through which MCH funds are funneled (e.g., the three programs in Kentucky through which TAPP receives MCH funds). These specific programs often include client eligibility criteria, which may include income restrictions or priorities for specific groups of clients, in addition to setting service priorities. As a result, programs relying on MCH funds often find that students may be eligible for some services, but not others, depending on program eligibility criteria.

States may also impose service standards (which are then used to determine funding allocations to local clinics) that are difficult for programs serving adolescent parents to meet. For example, at one program, staff were concerned about their ability to provide quality family planning services. The state has set standards for the number and length of visits providers were expected to follow when providing family planning services based on the needs of an average adult population. Because staff feel that these standards do not allow enough time for educating, counseling adolescents on appropriate contraceptive methods and monitoring their subsequent use, the program is not able to meet the established standards, thus jeopardizing their funding.

Confronted with this type of barrier, programs have a couple of options. First, programs can decide to adhere to service standards established by the specific MCH program. Or, programs can try to negotiate with the state for adolescent-specific standards. If such negotiations are not successful and no supplemental source of funds for providing these services can be located, a program may have no other choice than to adhere to program standards. But

FIGURE IV.9
USING MCH FUNDS

- Health Start, a non-profit organization in St. Paul, began as a community-based maternal and infant care project funded by MCH block grants and later began operating the school-based clinics established by the school district. MCH funds still constitute about two-thirds of Health Start's budget for the school-based clinics.
- TAPP in Louisville receives MCH funds through three separate state-run programs. One program funds pre-natal care, another funds well-baby care and a third pays for family planning services.

[16] It is important to note that some children are eligible for Medicaid and also have private coverage. In addition, some children with no coverage are in fact eligible for Medicaid. Prior to applying alternative sources of funds, clinics need to ensure that all eligible students are actually enrolled in Medicaid.

[17] While the percentage of students who fall within each of these groups varies across program sites, one program visited estimated that about 25 percent of students are covered by private insurance, 25 percent have no insurance and the remaining 50 percent are eligible for Medicaid.

in most cases, programs are likely to try to supplement MCH funds with other dollars. In the above example, the program relies on small local grants (from March of Dimes and a local women's club) to supplement their MCH funds.

How to Pay for School-Based Health Care Services within a Managed-Care Environment

Although many school-based programs receive MCH funds that help support health services, most school-based clinics attempt to recover third-party payments, either through Medicaid or private insurance, prior to applying MCH funds toward service provision. Such a strategy maximizes health care dollars by using the most flexible funds to pay for services only after more restrictive dollars have been expended.

Historically, school-based clinics have billed both Medicaid and private insurers on a fee-for-service basis for a range of health care services provided through the clinic. Increasingly, however, both students who are eligible for Medicaid and those covered by private insurance are enrolled in managed-care plans. In general, school-based clinics are not reimbursed for health care services provided to students enrolled in managed care.

The ability of school-based clinics to serve Medicaid-eligible students varies depending on state health profession practice laws. State law determines whether Medicaid will pay for services provided by nurses as well as by physicians, and also whether schools can be designated as Medicaid providers. For example, federal Medicaid law requires that agencies cover pediatric nurse-practitioner services, but only to the extent that nurse practice is legal in the state. States requiring Medicaid patients to receive health services through managed-care plans, however, have further complicated the administration of school-based clinics by restricting the clinics' ability to be reimbursed for services.

A few services, such as family planning, designated as "out-of-plan" services, can be provided regardless of a student's enrollment in a managed-care plan. In some states, any participating Medicaid provider can directly bill the state for reimbursement of these services. States also allow school-based clinics and other "non-plan" providers to bill managed-care plans for these specific services. In practice, however, school-based clinics rarely receive any reimbursement from managed-care plans for these services.

In order to maximize the availability of school-based health services for all students and their children, programs need to develop relationships with managed-care plans that allow them to recover the cost of providing services to students enrolled in these plans.

School-based clinics can negotiate essentially two types of agreements with managed-care plans. The first option is for the school-based clinic to become primary providers for a plan. Alternatively, school-based clinics can become satellites to other primary-care clinics, which are participating managed-care providers; with this arrangement students can be referred by the primary-care clinic to the school-based clinic for services.

Without negotiating such agreements with managed-care plans, school-based clinics will find it increasingly difficult to obtain Medicaid payment for services they are qualified to provide and, in fact, are providing. However, negotiating agreements with plans is difficult because: 1) there may be multiple plans providing coverage to students who attend a particular school; and 2) the agreement(s) is meaningless unless the plan agrees to pay on a "self-referral" basis (i.e., does not require a gatekeeper who approves receipt of service at the school-based clinic).

Negotiating contracts with managed-care plans, tracking services provided and submitting claims to multiple entities greatly complicates the management of school-based clinics. Although school districts that operate their own clinics retain control over staffing, clinic hours and services provided, few schools have the expertise to deal with the intricacies of funding health services. By contracting with a private health agency to operate school-based clinics, schools and programs for pregnant and parenting adolescents need not be concerned with how to fund these services, but only whether appropriate services are being provided.

KEY FINDINGS AND IMPLICATIONS

Many funding sources exist that can be used to fund elements of comprehensive school-based programs for adolescent parents and their children. In using these sources, however, programs need to recognize several important characteristics:

- Most sources are highly categorical in nature, with restrictive eligibility criteria and may only pay for specific sets of services.
- Most, particularly those that are more flexible, are not entitlements and thus are limited in the total amount of funds available.
- Most are not targeted to pregnant and parenting teens or their children; programs for this group must compete with others for available funds.
- New emerging approaches to structuring health care financing (i.e., managed care) make access to Medicaid and other health insurance far more difficult for school-based programs.

Even so, we found many examples of successful strategies to overcome barriers to the use of individual funding streams among the programs we studied. However, it is a challenge for a single program to identify and secure funding from the large number of potential sources. Information and experience on innovative use of various funding streams would be helpful to programs as they try to craft their own strategies.

Very often, successful funding strategies have involved collaborations and negotiations involving schools and other community agencies and organizations. Establishing teen parents and their children as a priority population for funding is a major achievement of such work. This is because, in some cases, program regulations and standards point to other groups (for example, in JOBS), while in others, there is considerable demand on the same funds among many programs (for example, for MCH funds).

It is also possible to create a source of less categorical, more flexible funds for schools that can be used to fund a wide range of services for all parenting students and their children. One approach, variants of which are used in several states, is to use enhanced state education aid formulas that give districts a higher reimbursement for each pregnant or parenting student (and potentially for the child as well). Another, sometimes linked to enhanced ADA funding as in Florida, is to utilize state dropout-prevention funds for services to pregnant and parenting teens. While making the most of these funds for adolescent parents and their children might require additional specifications about how the funds are expended within the district, they represent one potentially powerful funding source.

Finally, practitioners and policy makers in this field need to look for opportunities in new federal initiatives for increased funding for programs for adolescent parents and their children. One such opportunity might be in the efforts to implement welfare reform. Stronger arguments need to be put forward to include early intervention through school-based programs for teen parents as a worthwhile investment in welfare prevention. If this argument can be made successfully, programs might have access to additional, flexible federal grant funds.

CHAPTER V: Creating A Comprehensive School-Based Program Through The Coordination Of Funds

As described in Chapter IV, accessing different funding sources provides many programs with the flexibility to serve students who do not meet eligibility criteria for some funding sources. Often a new source of funds allows programs to add a specific service that was previously unavailable or to serve individuals who do not meet the eligibility criteria of other sources. Thus, programs have been able to expand the scope of their services and the scale of their programs by tapping into multiple funds.

To use this strategy, however, programs have to be adept at coordinating a mixture of funds with their different eligibility criteria, authorized services and reporting requirements. Most programs are not able to take advantage of the full array of funding available because they do not have the administrative staff needed to manage such a conglomeration.

The programs that have been successful in combining and coordinating several funding sources have accomplished this over a period of several years, often with the help of a community planning process. This chapter presents several examples of programs that coordinate multiple funding streams in order to provide a comprehensive set of services to adolescent parents and their children.

SOURCES OF FUNDS TO SUPPORT PROGRAMMING AND BARRIERS TO COORDINATION

Chapter IV focused on strategies that programs have implemented to make use of a number of key funding sources to support specific types of services. Tables V.1 and V.2 present a full list of sources of funds used by the programs we visited to support services for adolescent parents and their children.[1] The tables illustrate the services these funds may cover, even if programs we visited did not use them in this manner. Implementing a fully comprehensive service strategy and providing these services to a broad range of adolescent parents and their children will require that funding be pieced together from many different sources. To be most efficient in the use of these sources means not only that programs must deal with the specific barriers inherent in each but also that a coordinated strategy be put in place to stretch available resources to the maximum.

Achieving this coordination is no easy task. Programs must address several issues or barriers when planning a strategy for coordinating funds. These include:

- *different eligibility criteria for funding streams.*

  Funding streams for key components of comprehensive programs often have different eligibility criteria. This may be the case in instances where different sources of money are used to support one kind of service (e.g., child care) as well as when using more than one funding stream for different types of services. Categorical funding makes it difficult to coordinate funding both within and across service areas.

- *the lack of funding to support comprehensive services.*

  Some funding streams do not support multiple services. In the absence of block grants and state education funds that may pay for multiple services, programs must find ways to coordinate different funds to provide comprehensive programming. Often this means working with multiple partners, programs and agencies.

[1] The tables do not present all possible funding sources that may exist or may be used by other programs.

TABLE V.1
FEDERAL PROGRAMS THAT SUPPORT SERVICES FOR PREGNANT AND PARENTING TEENS

FUNDING SOURCE	EDUCATION	SUMMER PROGRAM	PARENT EDUCATION	OTHER EDUCATION[1]	CHILD CARE DEVELOPMENT	NUTRITION	HEALTH	CASE MANAGEMENT	COUNSELING	TRANSPORTATION	SKILLS TRAINING	PRE-EMPLOYMENT	SCHOOL-TO-WORK SERVICE
Regular Education Funds	X	X	X	X			X		X	X			
Vocational Education			X					X			X	X	X
Adult Education				X									
Special Education	X							X	X				
Chapter 1	X				X								
Head Start					X								
Single Parent/Displaced Homemaker/Sex Equity					X			X	X	X		X	X
Drug Free School Zone									X				
Drug, Alcohol & Tobacco Education				X									
JOBS/AFDC					X			X		X			
CCDBG					X								
Title XX				X	X			X	X				
Medicaid					X		X	X		X			
MCH (Title V)							X						
Private Insurance							X						
JTPA	X	X		X	X					X	X	X	X
Job Corps								X			X	X	X
Victims of Crime				X					X				
WIC						X							
CACFP						X							
School Meal Programs													

[1]Other education incoudes nutrition education, health education, substance abuse education and GED programs.

TABLE V.2
STATE AND OTHER RESOURCES USED TO SUPPORT SERVICES FOR PREGNANT AND PARENTING TEENS

FUNDING SOURCE	EDUCATION	SUMMER PROGRAM	PARENT EDUCATION	OTHER EDUCATION[1]	CHILD CARE DEVELOPMENT	NUTRITION	HEALTH	CASE MANAGEMENT	COUNSELING	TRANSPORTATION	SKILLS TRAINING	PRE-EMPLOYMENT	SCHOOL-TO-WORK SERVICE
FL, OR, CA — Enhanced ADA/FTE for Pregnant/Parenting Students	X	X	X	X	X		X	X	X	X			
CA — Continuation Education	X								X				
MN — Early Childhood & Family Education		X											
MN, OR — County Revenues					X					X			
CA — Healthy Start					X		X	X	X				
CA — SAPID					X								
CA — AFLP								X					
CA — Family Life Education				X									
CA — ENABL			X	X									
CA — CAPIT									X				
CA — PALS						X							

[1]Other education incoudes nutrition education, health education, substance abuse education and GED programs.

- *the burdensome process of applying for multiple services.*

  When programs are made up of different components administered by various entities, students are often left to navigate a fragmented system to apply for and receive services they need. Often this means missing school or sacrificing services for the teen parent and/or her child.

- *duplication in services.*

  Even the most well-intentioned programs duplicate efforts — it is not unusual to find teen parents in one program who have multiple case managers and others who do not have one. Programs for teen parents struggle with ways to reduce duplication and make the best use of scarce resources.

- *the lack of priority on teen parents.*

  Many of the funds used to pay for teen parent programs are not targeted to this population. Officials and advocates of teen parent programs must compete with other interests in making young families a priority for existing resources. This often requires a well-coordinated strategy to develop a unified, powerful voice for young families. When this does not occur, programs suffer from the lack of funds needed to sufficiently serve participants.

- *difficulty in changing roles and responsibilities.*

  Programs that work together to create a comprehensive service system often struggle with differences in management, philosophy and culture. Bringing services together in a new and different way often requires new governance structures to facilitate and maintain program collaboration.

STRATEGIES TO COORDINATE FUNDS

Chapters II and III discuss ways school-based programs may coordinate their efforts with other services to expand the scope and scale of services to adolescent parents and their children. Here we focus on strategies to coordinate funds and how programs have addressed the six issues mentioned above.

These issues pose significant barriers to coordinating funds, but experience shows that they are not insurmountable. We observed two mechanisms that school-based programs use to facilitate the coordination of funds. They are:

- *developing collaboratives made up of agencies that administer core services to support teen parents.*

  These groups generally are responsible for making policy and program decisions and/or advising school-based staff on program operations. Representation on these groups vary; they are typically made up of programs that provide key services to teen parents. This includes representatives from health, social service, child care, education and employment programs and/or agencies.

- *centralizing funding responsibility for core services.*

  This entails placing major funding sources under one entity. This strategy goes beyond co-locating services and places the responsibility for administering key funding streams for teen parents in one central authority. We have only seen this strategy used at the school-level; alternative or stand-alone schools often have responsibility for administering several funding streams to support programming for young families.

These two strategies can address the funding barriers outlined above to a greater or lesser degree.

Developing Collaboratives to Coordinate Funds for Teen Parents and Their Children

Developing collaboratives of agencies that administer or fund core services to support teen parents is one strategy that has been successful in coordinating multiple funding streams. This strategy calls for schools to partner with other service providers that have resources that can target the population. The Comprehensive Teenage Pregnancy and Parenting Program (CTAPPP) in Oakland is one example of how a school-based program joined with others in the community to coordinate funds and began to expand the comprehensiveness of education and support services to teen parents in three comprehensive high schools. (See Figure V.1.)

The collaboration, currently led by the Oakland Unified School District (OUSD), represents a strong group of community institutions that jointly create a substantial pool of resources for pregnant and parenting teens and their children. Financing strategies developed by the collaborative include the strategic coordination of county education and OUSD funds to jointly support education, support and child development activities for pregnant and parenting teens. The Alameda County Office of Education (ACOE) receives a higher ADA than OUSD for its state-funded Pregnant Minor Program. Therefore, the collaborative decided that ACOE would support the more expensive program component — academic services for teen parents and child development services for their children. ACOE pays for the academic program (i.e., teachers' salaries and materials) for parenting teens. In addition, ACOE pays for instructional aides to staff on-site child care centers as well as materials for the centers. OUSD finances the educational component for pregnant teenagers. In addition, OUSD pays for CTAPPP facilities and maintenance, an academic counselor, parenting education, vocational education and nursing services for both pregnant and parenting students.

CTAPPP, through collaborative efforts, has been successful in pooling resources and using them to overcome at least two of the funding barriers identified above:

- By engaging different agencies, all of which are responsible for funding that supports teen parents, CTAPPP is able to provide comprehensive services. The program offers child care, health, case management, education and pre-employment services to participants.

- The collaborative serves as a mechanism to ensure that teen parents are a priority for funding. As discussed in an earlier chapter, CTAPPP representatives were instrumental in identifying teen parents as a priority for CCDBG funds in the county. In addition, the group was successful in obtaining a state grant to fund school-linked services, which expands CTAPPP's health component.

Table V.3 indicates the full range of funding streams used by CTAPPP.

FIGURE V.1
COLLABORATION SUPPORTING THE CTAPPP PROGRAM

- The Oakland Unified School District (OUSD) has a history of serving teen mothers and their children since the 1970s. OUSD partnered with several educators and teen parent service providers and community advocates to lobby the school board for a larger, more comprehensive program that would later become CTAPPP. The collaborators were able to identify a school board member to advocate for expanding the program and eventually secure school space for an expanded educational program for pregnant and parenting teens and on-site child care for their children.

- Early on, OUSD partnered with two other community agencies that have a strong interest in and substantial funding for teen parents: the East Bay Perinatal Council, which administers the county's share of the state's case management program for teen parents (AFLP); and the Alameda County Office of Education (ACOE), which administers the county's state-funded education and support program for pregnant and parenting teens. ACOE receives an enhanced Average Daily Attendance (ADA) allotment for its Pregnant Minor Program that is almost double the amount OUSD receives. Also represented in the collaborative are two community health centers and a hospital, which provide health education and care, a local child care agency that operates the two on-site centers, and a private non-profit intermediary organization with strong planning, leadership and research capabilities.

TABLE V.3
COMPREHENSIVE TEENAGE PREGNANCY AND PARENTING PROGRAM (CTAPPP)
OAKLAND, CALIFORNIA

SOURCE	RESPONSIBILITY/PURPOSE	WHAT FUNDS PAY FOR
Oakland Unified School (OUSD) (general funds unless otherwide noted)	OUSD provides the educational program for pregnant teens; parenting education; employability education for pregnant and parenting teens; health referral and monitoring for pregnant teens and children of teen parents.	Program Manager Classroom Teachers School Nurses Counselor* Program Secretary Operational Expenses Instructional Assistant* Parenting Education** Parenting Education** Employability Education***
Alameda County Office of Educatio (ACOE) (state Preganat Minor Program — Enhanced Reimbursement)	ACOE provides the education program for parenting teens; supervisory support for child development program; supplies and materials for child development program.	Program Administration Classroom Teacher Child Development Coordinator Child Care Aides Program Secretary Operational Expenses Instructional Supplies
State Adolescent Family Life Program	East Bay Perinatal Council provides case management services and support groups for CTAPPP students.	Case Managers
Federal Child Care and Development Block Grant	4Cs of Alameda County provides the child care program at two schools, including administration of subsidies.	Child Care Program Administration Child Care Aides Child Care Teachers Operating Expenses
Oakland Community Development Block Grant	City of Oakland funds are used to subsidies child care in on-site centers for small number of parents.	Child Care
Federal Child and Adult Care Food Program	4Cs participates in nutrition program to support nutrition component in on-site center	Program Administration Meals
State Healty Start Grant	ACOE administers the Healthy Start Program to further coordinate CTAPP with existing health and social services. Currently provides for additional school nursing time to coordinate with area health centers and conduct individual health assessments and outreach activities at health centers. Coordinates the provision of key maternal and child health services by East Oakland Health Center.	Project Coordinator Additional Nursing Time
In-Kind Contribution	West Oakland Health Center provides health education to CTAPPP students.	Health Educator

* Chapter 1 funds ** Drug Free School Zone Funds *** Carl Perkins Vocational Education Funds

The Teen Parent Program (TPP) of Portland Public Schools also relies on a collaborative of agencies that support teen parents to coordinate and expand funds. (See Figure V.2.) The level of coordination and the priority placed on pregnant and parenting teens leads to a number of innovative funding strategies used by TPP, including:

- *the coordination of child care funds to subsidize care for teen parents.*

  Close coordination between participating agencies allows TPP to stretch available child care dollars by using the most advantageous resource for each teen parent. Program staff use JOBS to subsidize care for eligible participants; those not eligible for JOBS are paid for by CCDBG, or if not low-income, by county dollars.

- *the coordination of case management funds.*

  JOBS subsidizes case management services for eligible participants. However, school district funds pay for case management services for non-welfare teen parents through contracts with several community-based organizations.

- *the coordination of child care and education funds to enhance programming.*

  State educational dollars are used to expand services provided in TPP school-based child care centers by funding health and developmental screenings. These funds "wrap around" other child care dollars to support professional dental, health, hearing, speech and motor skill screenings for children of teen parents.

TPP's collaborative has provided solutions to at least two of the five major issues discussed above:

- The program successfully provides comprehensive services by coordinating different funding streams. This is done by engaging agencies in a planning and advisory process. As a result, TPP offers child care, case management, some health, education and school-to-work transition activities to participating students and their children.

- The program maximizes funds by reducing duplication of effort. JOBS is a major funder for two key services — child care and case management. Program officials ensure that case management and child care activities for JOBS TPP students are funded by JOBS, which frees other funds to support these services for non-JOBS participants.

The funding sources used by TPP are shown in Table V.4.

FIGURE V.2
COLLABORATIVE SUPPORTING THE TEEN PARENT PROGRAM

- The goal of TPP is to network school district services with existing services to support a full continuum of care for pregnant and parenting teens both in and out of school. TPP's advisory group includes representatives of organizations like the county Health Department, the county Adult and Family Services (JOBS/AFDC), a local JOBS contractor, the Private Industry Council, a local child care/Head Start agency, a CCRRA and various community based organizations that provide case management and other support services to teen parents. The advisory council meets bi-monthly and also convenes case management team meetings.

- Collaboration among agencies serving teen parents in Portland may be facilitated by the county's focus on this population. In addition to hosting its own advisory group, TPP is a member of the Multnomah County Teen Parent Network. This group is made up of agencies and organizations working towards the integration of multi-agency services for this population. Other examples of the county's emphasis on teen parents include the designation of county funds to support child care for teen parents and dedicated staff within the county's JOBS office to work with the public schools to provide child care, transportation, case management, school re-entry and welfare-to-work transition services to JOBS teen parents through the school system.

Coordinating Funds by Centralizing Funding Responsibility

Another mechanism used by school-based programs to coordinate and expand resources is centralizing responsibility for key funding streams under one umbrella. Silver Springs High School in Grass Valley, California, uses this approach.

TABLE V.4
TEEN PARENT PROGRAM
PORTLAND, OREGON

SOURCE	RESPONSIBILITY/PURPOSE	WHAT FUNDS PAY FOR
Portland Public Schools General Fund	Portland Public Schools provide the educational program for pregnant and parenting teens in comprehensive high schools and alternative settings. District funds also support school liaisons, parenting education, summer school, outreach and case management services for students. School district funds also support PIVOT, a job training program.	Two Program Coordinators School Liaisons & Curriculum Classroom Teachers Administrative Support Maintenance Utilities Operational Expenses Case Managers Summer Program
Mt. Hood Community College JOBS Program	Mt. Hood community College, the prime contractor for JOBS in the Portland area, supports Project Success, the school re-entry program	School Liaison Case Management Child Care Coordination Operating Materials and Supplies
Multnomah County Youth Program Office	Parent Child Services administers on-site child care programs at three locations.	Child Care Program Administration Child Care Subsidy
Federal Child Care and Development Block Grant	Parent Child Services administers on-site child care programs at three locations.	Child Care Program Administration Child Care Subsidy
Federal/State JOBS Funds	Parent Child Services administers on-site child care programs at three locations.	Child Care Subsidy
Private Industry Chouncil (PIC)	The PIC spports the Teen Parent Summer Program jointly with Portland Public Schools.	Employment Activities Program Administration
Job Corps	Job Corps jointly funds PIVOT, a job training program for AFDC teen parents with the public school.	Teachers and Program Administration GED Preparation Vocational Training Child Care Comprehensive Health Services (Well Women/Baby Care) Family Planning Case Management
US Health & Human Services Administration for Children and Families	HHS demonstration funds help support the PIVOT program.	Support Services

Silver Springs High School (SSHS) provides educational and support services to pregnant and parenting teen mothers and fathers. The provision of comprehensive services is facilitated by the networking of 40 county agencies and organizations dedicated to supporting pregnant and parenting teens. SSHS not only coordinates services administered by different agencies but has received contracts to administer major funding sources that support teen parent programs. Table V.5 indicates the funding sources used by SSHS.

- SSHS administers the state-funded AFLP program in its area. State regulations require contractors to network with community agencies that support teen parents in order to create a continuum of services. Most AFLP contractors in the state are community-based organizations or public health departments. Locating the program at the school clearly facilitates community/school relationships and the coordination of educational resources with other funds.

- The Nevada County Office of Education has contracted with SSHS to administer the county's state-funded Pregnant Minor Program. As a result, the school can coordinate general education dollars with the higher reimbursement received from the state for this education and support program for pregnant and parenting teens.

- SHSS has two child care contracts with the state. The school administers an on-site child care center funded by CCDBG and also operates a state-funded SAPID program on school grounds.

By centralizing the responsibility for major funding streams within one school, SSHS can address several of the issues raised above:

- As with CTAPPP and TPP, SSHS is able to administer comprehensive services to students. Since the school controls funds for key services, it does not have to rely on other agencies to provide services over which it has control.

- Like TPP, SSHS is in the position to maximize funds that are within its control. For instance, school administrators can choose between two child care funds to provide for on-site services. The more restrictive program, CCDBG, may be used for those that qualify (to the extent available); SAPID funds can serve those who do not meet CCDBG eligibility requirements.

- Unlike the two examples discussed above, SSHS has reduced some of the burden on students by centralizing intake for key services. Since several programs are administered by the same entity, program staff can collect the information needed for various programs at one time. This one-stop-shopping approach saves both staff and student time.

- Unlike CTAPPP and TPP, SHSS has developed a governance structure that supports collaboration at the program level. By administering all programs through one central authority, school staff have addressed issues of authority and control and can better ensure that each program component is consistent in vision and approach.

Key Findings and Implications: Coordinating Funds to Support Comprehensive Services

Staff of teen parent programs have been successful in manipulating different funds to support comprehensive services. Some have had to coordinate as many as 12 different funding streams in order to provide programs of sufficient scope and scale to meet the needs of their population. This level of coordination is a substantial task, yet school-based programs often lack the resources to oversee this massive effort. The act of coordination itself requires funding.

In many instances, school-based programs do not draw from the universe of potential funding streams that could be used in a coordinated manner to finance services for teen parents. There are several reasons why this may be the case — program staff may not be aware of different financing options, programs lack the time and manpower to pursue these funds (e.g., writing grant proposals, etc.) and/or there are barriers that stand in the way of using different funding streams that are beyond an individual program's ability to solve. The latter may include a lack of priority for teen parents.

TABLE V.5
SILVER SPRINGS HIGH SCHOOL
GRASS VALLEY, CALIFORNIA

SOURCES	RESPONSIBILITY/PURPOSE	WHAT FUNDS PAY FOR
Nevada Joint Union High School District (Enhanced Reimbursement — Continuation School)	Provides educatinoal program for parenting and other students.	Program Administration Classroom Teachers Secretarial Support Maintenance and Utilities Operational Expenses Instructional Supplies Career Exploration* Case Management*
Nevada County Office of Education (NCOE) (State Pregnant Minor Program — Enhanced Reimbursement)	NCOE contracts with NJUHSD to provide educational program for pregnant students (6 months postpartum).	Program Administration Classroom Teachers Secretarial Support Maintenance and Utilities Operational Expenses Instructional Supplies Career Exploration* Case Management*
State Adolescent Family Life Program	School staff provide case-management services, transportation (if necessary).	Case Managers
State School Age Parent and Infant Development (SAPID)	School staff provide child care for on-site infant center; parenting and child development classes to participating students.	Child Care Program Administration Infant Lab Supervisory Parenting & Child Development Instructor Child Care Aides Operating Expenses Diapers Formula
Federal Child Care and Development Block Grant	School staff administers on-site infant center.	Child Care Aides
Federal/State JOBS Funds	State GAIN subsidizes child care for some participating students.	Child Care Subsidy
State Healthy Start Grant	Staff use these funds to subsidize child care for 2- 3-year-olds, support case management services and facilitate spuport groups.	Child Care Aide Counselor Case Manager Resource Coordinator Records Clerk Supplies Utilities Facility Renovation Child Care Center Lease/Purchase Portable Health Clinic Computer Equipment Training Consultants

TABLE V.5, cont.
SILVER SPRINGS HIGH SCHOOL
GRASS VALLEY, CALIFORNIA

SOURCES	RESPONSIBILITY/PURPOSE	WHAT FUNDS PAY FOR
Federal Job Training Partnership Act (JTPA)	School contracts with local JTPA agency to fund school-to-work transition activities.	Intake Technician Counselor
Federal Child and Adult Care Food Program	School administers nutrition component in on-site child care center.	Program Administration Meals
State Pregnant and Lactating Student Program	School administers special nutrition supplements to pregnant and lactating students.	Program Administration Supplements
State Child Abuse Prevention/In-tervention Treatment (CAPIT) Program	School provides mental health counseling for students.	Counselor
Silver Springs High School Foundation	School administers local fundraising program.	Post-Secodary Scholarships
In-Kind	Nevada County Health Department provides Child Health and Disability Services in on-site health clinic. Services also provided to students and other family members. Also dispenses WIC vouchers on-site	Nurse Practitioner WIC Staff
In-Kind	Domestic Violence coalition/Rape Interventon Program to provide counseling services to sduetns; facilitates upport groups on domestic violence and sexual assault.	Crisis Intervention Counselor Group Facilitator
In-Kind	Nevada County Mental health Department administers suicide intervention training, screening and mental health services; supports druga nd alcohol prevention activities.	Staff Hours Drug and Alcohol Activities
In-Kind	Placer Community Action Council operates Head Start Program on school grounds; priority given to Silver Springs students and their families.	Head Start Program
In-Kind	Nevada county Department of Social Services GAIN program provides case management for GAIN teen parents.	Case Managers
In-Kind	My Docs Foothill Pediatrics provides soncultative services on-site monthly to children of Silver Springs students to facilitate well and sick child care (covers summer months).	Physician

Collaboratives provide school-based programs with a mechanism to coordinate funds to support comprehensive services, develop a cadre of local leaders to make teen parents a priority for funding and help reduce duplication and maximize funds. However, collaboratives do not automatically solve issues of control and authority that arise when drawing on funds administered by different agencies. While they provide forums for working on these issues, many long-standing collaboratives continue to struggle with developing governance strategies that facilitate coordination.

Central authorities that administer different funding streams are also effective in funding comprehensive services. These bodies may address issues of governance and streamlining intake better than collaboratives. A major drawback of central authorities may be the lack of program and teen parent advocates who act independently and effectively and together represent a strong, unified voice for this population. It is difficult to tell whether or not teen parents and their children are better served by a strong, unified system made up of several key funders and leaders in the community that may advocate on their behalf.

PART

Summary and Implications

CHAPTER VI: Lessons Learned And Implications For Next Steps

The School-Based Initiative for Adolescent Parents and Their Young Children began with the goal of developing a model for improving the life chances and long-range outcomes for both teen parents and their children. Research on effective efforts to improve the school achievement and eventual economic self-sufficiency of teen parents and the health and development of young children suggests that a comprehensive set of core services is critical to two-generation success.

While schools and programs based at schools have tremendous potential to reach and serve teen parents and their children, this resource has not been widely tapped. Implementing school-based programs faces many barriers; the knowledge of how to overcome these barriers has been scarce and beyond the resources of any one school to develop. Successful experiences are not widely disseminated.

In the first phase of the Initiative, we identified programs that provide examples of how barriers have been overcome and elements of a comprehensive set of services implemented. Our analysis of the strategies developed by these programs provides a base for thinking about how to put a fully comprehensive approach in place at scale. The findings from our analysis are summarized in each of the preceding chapters. In this summary, we highlight the major lessons learned and draw some implications for next steps.

MAKING TEEN PARENTS AND THEIR CHILDREN A COMMUNITY RESPONSIBILITY

Our search for effective programs made it clear that, in many districts and communities, teen parents are largely invisible unless they encounter the welfare system. That is, the need to support them in their efforts to parent their children, complete their education and enter adulthood ready to be independent and self-sustaining economically is not a high priority for many schools and other critical community agencies. Their special needs and the opportunities to help them successfully take on the responsibilities of adulthood and parenthood are not generally attended to except when these young families apply for welfare benefits. While at that point resources are available to provide job training, support child care and provide other services, there is evidence that waiting to intervene until young parents become welfare recipients, even with strong interventions, is not a promising strategy to reverse the pattern of poverty and welfare dependency and its negative effects on both parents and children. We believe that it may be possible to improve outcomes for both teens and their children, avert welfare dependency and strengthen young families through early intervention through school-based programs. Early intervention may increase the likelihood that teen parents will become increasingly responsible for themselves and their children.

There are examples of communities in which serving teen parents and their children early, using school-based programs, has become a shared responsibility. These communities have developed collaborations across agencies and providers to focus attention on the needs of these young families and to pull together resources to serve them. However, to facilitate a broad policy shift toward supporting such programs rather than waiting until young families begin to rely on welfare, it will be necessary to demonstrate that it is possible to implement comprehensive programs, engage and serve not just a few teen parents and their children, but all within the community, and eventually show improvements in measurable outcomes.

Because programs for teen parents and their children must compete with programs for other potential target groups for scarce resources, it will be important for communities to understand and be willing to act on the unique opportunities for averting substantial future public expenditures that may result from school-based, two-generational, early intervention efforts. At the same time that advocates for these programs make such arguments, they should also seek sources of support that are more closely targeted to adolescent parents and their children as well as develop

evidence of program effectiveness that supports making this group a funding priority.

INSTILLING AN OUTCOMES ORIENTATION

Many programs have been unable to implement an outcomes orientation, which we define as:

- there is a clear understanding of the outcomes the program seeks to affect;
- the necessary elements to achieve these outcomes are included in the program's service strategy;
- information on services received and outcomes are collected and monitored; and
- the program uses these data to assess implementation and to modify the service strategy.

Programs tend to be oriented toward meeting the immediate needs of individual parents and their children, helping them cope with day-to-day responsibilities and issues. Their approach tends to be less systematically oriented toward the full range of long-term outcomes — enabling both parents and eventually their children to become productive members of their families and communities with the skills to be not only economically self-sufficient but good parents and citizens as well.

Without an orientation toward both short-term and long-term outcomes, programs often miss the opportunity to put in place a system of services and supports that enhance the potential to achieve these goals. For example, many efforts, both school-based programs and welfare reform initiatives, focus attention primarily on teen parents and do not take advantage of their work with these young mothers to reach out and serve their children as well. Further, many school programs offer assistance to teen parents in attending and completing high school but do not have a well-developed educational component that provides graduates with the skills they need to be economically self-sufficient.

Further, most programs have little data on the experiences of individual participants, either while in the program or after they leave it (whether to go to another school or program or to drop out). They lack information on critical short-term outcomes (for example, grade progression or credit accumulation, graduation, or repeat pregnancies for the parents; and receipt of appropriate preventive care and screens, or achievement of development milestones for their children) for the full set of current and past participants. Even more, they lack information about longer-term outcomes (such as completion of further education after high school, success in the job market, or ability to earn a living above the poverty level among teen parents; and school readiness and school achievement for their children). Without such data it is difficult for programs to assess how effective the services and supports they provide have been or to craft strategies or services to improve their effectiveness.

This finding suggests that school-based programs would benefit from assistance in several areas. An explicit definition of outcomes, both short- and long-term, that programs hope to help teen parents and their children achieve could be facilitated by more systematic exposure to research and evaluation results, as well as by assistance in developing a broad consensus on those outcome goals across the community. Programs also need assistance in translating outcomes goals into specific service strategies and in implementing these strategies. Programs often lack the technical expertise and resources to set up systems to collect data on participants and to track outcomes. Technical assistance, staff training and grants for acquisition and installation of hardware and software would help programs implement necessary information systems. Finally, since most programs have not had access to data in the past, assistance in analyzing and interpreting data as input to ongoing efforts for program improvement would also be beneficial.

DISSEMINATING CREATIVE STRATEGIES TO PROVIDE INDIVIDUAL SERVICES

Our work found many examples of programs that have overcome barriers to implementing particular services for adolescent parents and their children. This report has documented many creative strategies used by one or more individual programs. Of particular importance are those strategies that allow school-based programs to provide flexible quality educational opportunities, make preven-

tive health care (including family planning services) available to teens and their young children, build greater capacity to provide quality child care for the children of teen parents, and link children in care with other services.

While innovative solutions have been tried and found successful in particular programs, very often these experiences are not known to the field in general. Most programs do not have the capacity to find models from other communities around the country or even within their own states. Nor is there a forum through which these experiences can be shared and accessed.

The field needs to develop mechanisms to disseminate the experiences of individual programs so that the effort of developing services and overcoming barriers to their successful implementation can be reduced. As programs adopt some of the strategies, we also need to learn more about how well they work in new settings and what might be necessary to tailor them to different circumstances.

CREATING A FUNDING STRATEGY

Many sites have crafted creative solutions to funding elements of a comprehensive strategy. Still, funding presents tremendous challenges. There remains a large unserved group of teen parents and their children in most communities. Further, many funding sources are capped or have limited funds, while many services are in limited supply.

Creative approaches have been implemented in various programs, overcoming barriers to using specific funding streams to fund particular types of services. Thus, there are interesting strategies that need to be shared more broadly. At the same time, we found that most programs know of only a few of the potential funding options that exist and that frequent changes in funding opportunities and funding source regulations make it difficult for programs to keep abreast in this area. Technical assistance and dissemination of information about funding sources and strategies would be of help to many programs seeking to expand both services offered and individuals served.

There are some examples of communities that have successfully coordinated funding streams to build more comprehensive programs. In most cases, these have been successful because they have worked to make teen parents a high priority across agencies and funders and established some kind of collaborative mechanism to make more resources available for coordination. These efforts have continued to rely on a wide array of categorical funding streams, but by coordination have been able to make more services available to a wider group of teens.

Another strategy that provides more flexible funds, able to be used for many different services for all parenting students and their children, is an enhanced formula for the distribution of state education funds. Under this approach, school districts receive state funds for pregnant and parenting teens (and sometimes for their children) greater than are provided for most other students. These funds are generally unrestricted and thus are available to pay for not just educational but other services provided through the school as well. This approach requires state legislative action as well as efforts at the district level to ensure that the funds remain invested in services for teen parents.

We need to support schools and communities in developing strategies to coordinate available separate funding streams, that make teens a priority across agencies and that focus on a school-based strategy as at least one way to serve this population. At the same time, we need to continue to work at the state and federal levels to develop options for more flexible funding.

IMPLEMENTING A COMPREHENSIVE SERVICE STRATEGY AT SCALE

Even among programs that have successfully put in place some of the critical services for adolescent parents and their children, the majority do not have a fully comprehensive service strategy. Nor are they able to serve most or even many parenting teens in their communities.

Where programs come closest to a comprehensive approach, the effort has involved extensive collaboration. In order to put such an approach into practice, the school must draw on services available from other providers and service systems in the community. Many programs have found that it is just as effective and often more practical to arrange for services to be provided on school grounds by

another agency or organization (school-based health clinics are one common example).

Furthermore, in order to meet the needs of the whole population of adolescent parents and their children, programs need to develop multiple options. No single approach — be it a stand-alone educational program, on-site child care, or a single strategy for meeting health care needs — is likely to be able to serve all teen parents and children or to meet their individual needs and goals. Thus, district-wide approaches and those involving schools along with other community providers have generally been more successful in moving toward providing a wide range of services to a broader set of teens.

Building comprehensive strategies able to meet demand is a difficult task, one that has taken some programs a long time to achieve, even partially. Programs would benefit from technical assistance in designing and implementing such strategies, to learn from the experience of efforts that are further along and to allow them to move forward more quickly. At the same time, the field needs to amass more knowledge about how to put all the pieces together in a single effort and to build additional evidence of feasibility. To do this, programs that are further along in having comprehensive strategies need to be strengthened and supported in efforts to expand, while assistance is made available to augment programs with some of the elements of a comprehensive approach.[1]

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In 1982, Gail Zellman reviewed the response of schools to adolescent pregnancy and parenting. Her conclusions closely parallel those of this study:

- While more teenagers are becoming pregnant while unmarried and are choosing to bear and raise their children, these parents are largely invisible to the school system.
- At the same time, schools represent a valuable option to intervene early with these young parents (and, we argue, with their children).
- Individual school-based programs exist that meet some of the needs of pregnant and parenting teens (and, as we found, some of the needs of their children), but none offers a comprehensive program and there is considerable variability in program quality.
- Teenage parents have a variety of educational and other goals. A single program option — an inclusive or stand-alone program — will not meet all teen parents' needs.
- Few programs collect or use data to allow them to assess even short-term impacts and modify or add strategies to improve outcomes.
- Schools cannot take on the leadership responsibilities and service delivery alone; other community organizations and agencies can and should be involved.

Given that our findings and those of Zellman more than a decade ago are so similar, what can we say has changed? We observed several school-based programs that have many elements of a comprehensive strategy, provide a range of options as far as educational settings, reach substantial numbers of teen parents, and draw on the resources of the broader community. Further, more programs than a decade ago appear to recognize the potential to reach and provide services to the children of teen parents. However, most current programs share many of the limitations that Zellman observed, and none reach their full potential in scope of services or scale of effort.

The need for intervention and the potential of schools are increasingly evident. Our work recognizes the many barriers and challenges school-based programs for parenting teens and their children still face. By demonstrating that more comprehensive and broader-scale programs can and do exist, and by documenting successful approaches for overcoming common barriers and meeting shared challenges, we can begin to offer programs the technical information, models, and potential strategies they need to help young parents and their children lead healthy, productive and responsible lives.

[6]One implication is that, while the ultimate test of comprehensive school-based strategies will be their ability to improve outcomes for teen parents and their children, few, if any, programs are ready for evaluation. Model strengthening and expansion must occur first so that strong, well-implemented programs exist that would support outcomes evaluation.

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APPENDIX

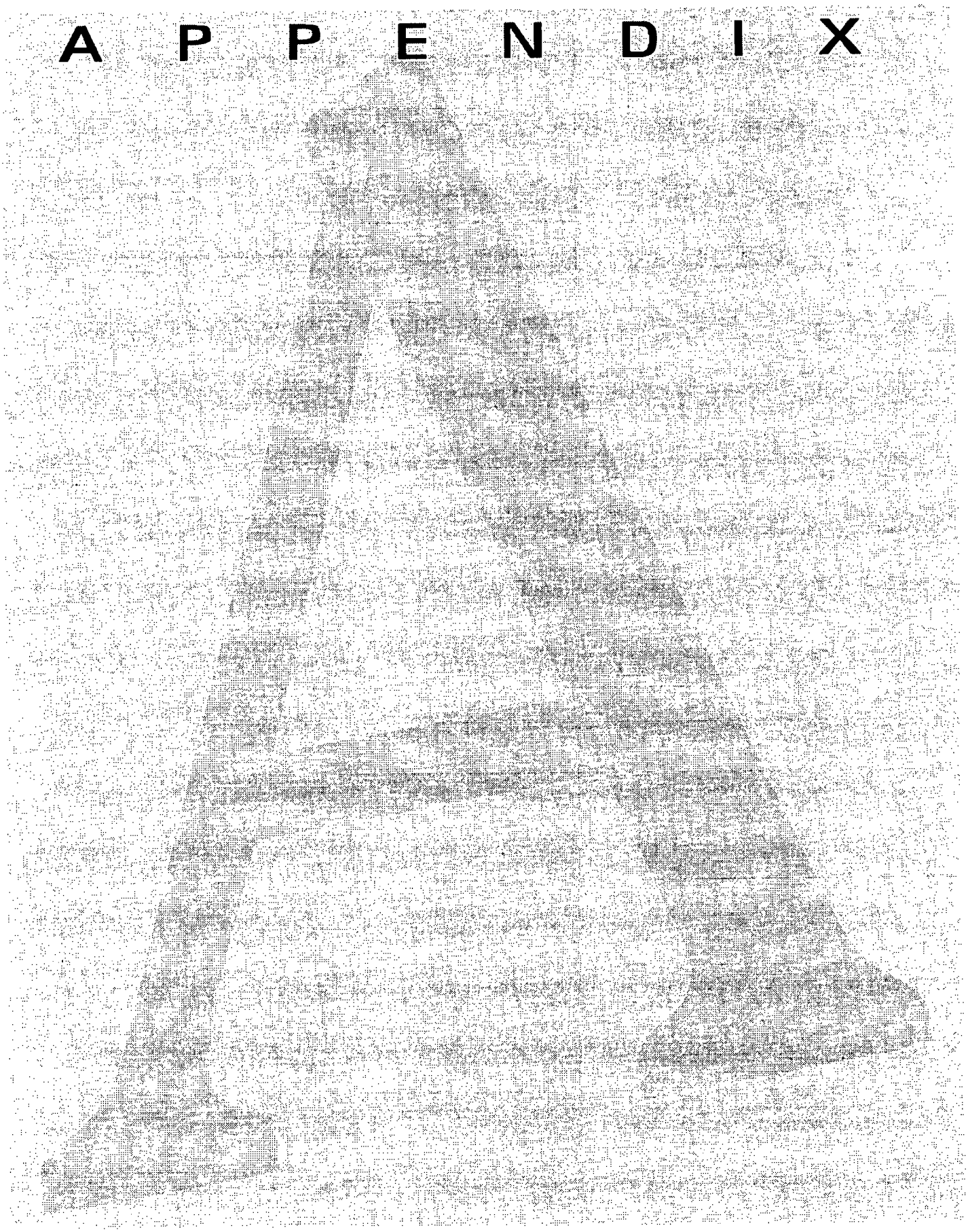

TABLE A.1
SITE DESCRIPTIONS

New Futures School, Albuquerque, NM Contact: Sandy Dixon, Principal (508) 883-5680	A segregated school for pregnant and parenting adolescents serving about 500 girls each year. 100 child care slots on-site. Health care (pre-natal, family planning, developmental screens) is provided to students and children through school nurses, health assistants and weekly clinics operated by various community agencies. Traditional academic program, but offers partial credits and operates unique summer program.
Portland Public Schools Teen Parent Program (TPP), Portland, OR Contact: Mary Bromel, Co-Coordinator (503) 280-5840 ext 205 or Mary Karter, Co-Coordinator (503) 280-5858	District-wide program served more than 700 students during the 1992/93 school year across several sites including: a segregated school (Monroe) for pregnant students; support services in nine comprehensive high schools and a joint school district Job Corps program (Pivot) for older parenting students. Three on-site child care centers with 70 slots. Limited health care available for students in schools with county-run school-based health clinics. Transportation assistance (bus passes). Academic program varies by site. Summer program operates in conjunction with JTPA.
Pinellas County Teenage Parent Program (TAP), Pinellas County, FL Contact: Susan Todd, Teen Parent Resource Teacher (813) 588-6070	District-wide program serves more than 500 students across several programs including: two segregated programs for pregnant students; a segregated program for middle school students; support services in nine of 15 comprehensive high schools; and support services in two vocational schools. Three on-site child care centers with 110 slots; family day care homes serving 230 students. Limited health care on-site. Academic program varies by site.
Cyesis Program for School-Age Parents, Sarasota, FL Contact: Adele Rainone, Assistant Principal (813) 361-6240	Segregated program for pregnant and parenting students (male and female) serves about 150 students each year. 64 child care slots in on-site centers. Academic program is completely competency-based; limited course offerings. School nurse helps students access community care; physical therapist does on-site assessments of babies. Extensive support services including social workers and school counselors, transportation.
Teenage Parent Program (TAPP), Louisville, KY Contact: Georgia Chaffee, Principal (502) 473-8748 (South Park School)	System of three segregated schools serving about 1,000 students each year. 252 child care slots are available through on-site centers at each school. On-site health clinics at each school provide care to both students and babies (pre-natal, family planning, well-baby). Academic program follows traditional scheduling, includes wide range of academic and elective courses including some interdisciplinary classes. Program buses provide transportation for mothers and babies. Evening support programs for fathers, grandparents and siblings.
Minneapolis Public Schools Teen Parent Programs, Minneapolis, MN Contact: Anne St. Germaine, Coordinator (612) 627-3083	District-wide program serving about 500 students a year across several programs including: a segregated program for pregnant students (PACE); a segregated program for pregnant and parenting students (New Vistas); three comprehensive high school programs (MICE); a GED program for older students (Options); and support services and assistance with child care for students in remaining high schools (Neighborhood MICE). On-site child care at six sites (3 high schools, the segregated programs and Options) with approximately 250 slots; extensive family day care network for students attending other comprehensive high schools and alternative schools. Limited health care available to students through school-based mini-clinics. Academic program varies by site. School-provided support services supplemented by county Adolescent Parent Unit Caseworkers. Transportation provided for most program sites, including to family day care homes if necessary

St. Paul Schools, St. Paul, MN Contact: Wanda Miller, Administrator (612) 228-3651	About 200 students each year are served through the district's segregated school (Agape) for pregnant students; services are also available to students attending comprehensive high schools. On-site child care available in four schools (Agape and 3 comprehensive high schools) with a total of 117 slots. Extensive health care is available to students through school-based clinics located at Agape and five of the district's six comprehensive high schools. Academic program varies by site. Transportation provided (directly or with bus passes for public transportation) for all students and for children in on-site care. Support services provided by school and day care nurses, supplemented by STRIDE workers (the state's JOBS program) placed in the schools.
Silver Springs High School, Grass Valley, CA Contact: Marilynn Keeble, Principal (916) 272-2632	Segregated program for pregnant and parenting students (male and female, plus some non-parenting continuing education students) serves about 120 each year. Thirty child care slots available on-site. Limited health services provided to students and babies through on-site public health nurse. Support services coordinated through Adolescent Family Life Program (AFLP) case managers located on-site; numerous county agencies provide on-site services.
Comprehensive Teenage Pregnancy and Parenting Program (CTAPPP), Oakland, CA Contact: Shirley McDonald, Program Manager (510) 836-8260	CTAPPP serves pregnant and parenting teens enrolled in schools within the Oakland Unified School District. Using a school-within-a-school model, CTAPPP serves approximately 300 students annually in self-contained classrooms in three comprehensive high schools. On-site child care is provided at two sites for a total of 42 slots; a center is opening at the third site in the near future. Some transportation assistance (bus tokens). Academic program fulfills basic high school graduation requirements, however GED is an option through adult education. Links to health care provided through participating community health providers.
Graduation, Reality and Dual Role Skills Program (GRADS), Ohio Contact: Sharon Herold, Project Director (614) 466-3046	GRADS is an instructional and intervention program for pregnant and parenting students operating in more than 400 school districts in Ohio. All GRADS programs include participation in a GRADS class covering self-development, pregnancy, parenting and economic independence. GRADS teachers also conduct home visits and do community outreach to develop a service network for referrals. Three GRADS programs were visited: *South High School, Columbus Public Schools* Barbara Neely, GRADS Teacher — Fifty-four students enrolled in the GRADS class during the 1992/93 school year. Students are fully mainstreamed in this comprehensive high school; no on-site child care is available. Limited health care is available to pregnant students (pre-natal, post-partum and follow-up family planning) through a mobile medical van operated by a local hospital. Support services provided by the GRADS instructor include home visits and service referral. The school also has a program to bring community agency representatives on campus. *Worthington Public Schools* Susan Scott, GRADS Teacher — This relatively new program is serving 30 to 35 students each year. Students are mainstreamed in this comprehensive high school, but have considerable scheduling flexibility (individualized plans, late arrival, early release, mid-year graduations, etc.). No on-site child care. Limited health services provided by school nurse. Support services include home visits by GRADS teacher plus access to school support personnel including: psychologist, intervention specialist, counselors and tutors. *Delaware County Schools* Bonnie Rogers, GRADS Teacher — Program served 108 students (including 29 fathers) across four high schools and one vocational school during the 1992/93 school year. Participating students are mainstreamed in their high school or vocational school program; GRADS instruction offered through individual and small group meetings on weekly basis. Limited on-site child care (6 slots) available at the vocational school. Limited health care provided by visiting public health nurse. Extensive support services provided by GRADS teachers through home visits, individual counseling and referrals to other community agencies. Strong links between schools and various community service agencies.

San Diego Unified School District, San Diego, CA Contact: Luis Villegas, Instructional Team Leader (619) 293-8224	The school district operates 6 SAPID programs and two pregnant minor programs and also administers the Adolescent Family Life Program (AFLP) for the county. *School Age Parent and Infant Development (SAPID) programs* — Parenting students enrolled in SAPID programs participate in parenting education classes and are provided with free on-site child care. Three of the programs are located on comprehensive high school campuses; students are mainstreamed in the regular high school educational program. The remaining three programs are located on independent study schools in which students have individualized educational programs. Case management services are provided by AFLP staff. Each program can accommodate about 25 students and their children. Nursing services are provided on-site by a school nurse. *Pregnant Minor Programs* — The two pregnant minor programs are conducted in self-contained classrooms located on two school campuses. Each site can accommodate about 40 students; classes are taught by two teachers at each location. Students can attend a PM program through the semester in which they give birth and then must transfer to a SAPID program to continue receiving services. These programs are staffed by a school nurse, in addition to the teachers. *Adolescent Family Life Program (AFLP)* Contact: Hazel Woods-Welborne, Coordinator (619) 525-7471 — The San Diego County AFLP program, which is administered by San Diego Unified School District, provides case management services for pregnant and parenting adolescent across the county. Clients include both in-school and out-of-school adolescents.
Vista High School Teen Parent Program, Vista, CA Contact: Marty Ullrich, Coordinator (619) 726-5611	Pregnant and parenting students attending Vista High are primarily mainstreamed in the school's educational program (a few pregnant and recently delivered students are on independent study). The entire school uses block scheduling (with three blocks each day of one hour and 35 minutes). SAPID and GAIN funds provide on-site child care for up to 30 children each year. Students take a parenting class and spend an hour each day working in the child care center. Health services are provided by a school nurse for babies as well as students. Case management services are available through GAIN and AFLP.
Montebello School District, Montebello, CA Contact: Mary Lou Williams, Coordinator (213) 726-1225 ext 2273	Pregnant students can enroll in one of two Pregnant Minor programs operated by the district. These are self-contained programs, serving about 150 students each year, located on the campuses of district comprehensive high schools. Following delivery, students transfer to the teen parent program and return to a mainstream educational program in the high schools. On-site child care is available at both high schools with a total capacity of 64 slots. Students spend an hour a day in the child care centers and take a parenting class after school every day. Both mothers and fathers are eligible to participate (about five fathers were enrolled at the time of the visit). The program has also developed a mentoring component connecting students with individuals in the community. A local foundation works closely with the program, providing valuable fundraising assistance.
Los Angeles High School, Los Angeles, CA Contact: Marsha Haskins, Assistant Principal (213) 937-3210	LA High School has a relatively small ($17,000) Carl Perkins Sex Equity grant to provide child care, vocational education training and transportation services for parenting students. At the time of the visit 16 students were enrolled, but child care (in a family day care home) was being subsidized for only four students. Students meet once a week after school to discuss self-esteem, career awareness, non-traditional careers for women, etc. In addition, students can participate in a weekly support group that meets during school hours. LA High has a school-based health clinic that students can access for health care.

Family Day Care Connection Project (FDCC), Chicago, IL Contact: Elaine Glasser, Director (312) 372-6600	Five-year demonstration project to test strategies for increasing the quality, quantity, accessibility and continuity of care for infants and toddlers in low-income communities of Chicago. A related goal is to support community economic development by providing enhanced opportunities for employment for potential family day care providers and parents. The YWCA of Metropolitan Chicago is the lead agency; five participating child care centers serve as a hub to recruit and support up to 10 family day care homes. Participating providers receive substantial networking and training supports.
Teenage Pregnancy and Parenting (TAPP) Program, San Francisco, CA Contact: Charlene Clemens, Project Director (415) 695-8300	TAPP is an Adolescent Family Life Program that provides continuous case management services to pregnant and parenting teens. This interagency city-wide comprehensive case management service network is coordinated by the San Francisco Unified Schools and the Family Service Agency of San Francisco. Services are provided to in and out-of-school teens at several locations including schools and health centers.
Young Teen Parent Consortium (YTPC), San Francisco, CA Contact: Kathryn Burroughs, Coordinator (415) 243-0700	YTPC is a coordinated effort between the San Francisco Unified School District, The Children's Council of San Francisco and the Teenage Pregnancy and Parenting (TAPP) Project to address the special needs of teen parents under the age of 15. Teen mothers in the project receive parenting education, education in choosing child care, subsidized child care in a family child care home and support group activities. Participating family child care providers receive paid training on infant and toddler care, special training on the needs of teen parents, and infant equipment and toys and participate in provider support group meetings.
Youth and Family Center, Inglewood, CA Contact: Gayle Nathanson, Director (310) 671-1222	The Youth and Family Center provides comprehensive services for pregnant and parenting teens and their children in the Inglewood area. Programs include case management and support group services through the Adolescent Family Life Program, child care (both center-based and family child care homes), pregnancy and AIDS prevention services and vocational services. Programs are provided in conjunction with the Inglewood as well as other area school districts.
Bananas, Oakland, CA Contact: Betty Cohen, Executive Director Oakland, CA (415) 658-6177	Bananas provides child care information and referral services to families in the Oakland area. In addition the agency provides training and other supportive services to child care providers, including providers exempt from licensure. Bananas contracts with the California Department of Education to provide a CCDBG vendor program for Oakland teen parents completing high school. Teen parents may choose to place their child in a licensed family child care home or child care center or with a provider who is exempt from licensure. Bananas also contracts with the Alameda County GAIN (JOBS) Program to help participants find child care. Staff counsel GAIN participants on child care options and make referrals to providers of their choice.

RECENT PUBLICATIONS AVAILABLE FROM THE CENTER FOR ASSESSMENT AND POLICY DEVELOPMENT

Building Capacity for System Reform. Susan A. Stephens, Sally A. Leiderman, Wendy C. Wolf and Patrick T. McCarthy. Presented at APPAM Conference, Chicago, IL: 1994. 34 pages. ($5.00).

After arguing the need for system reform, distills the lessons learned from The Children's Initiative for building capacity for system reform. Closes with a discussion of the role external agents can play in stimulating system change.

A Framework for Using Assessment to Strengthen Grantmaking. Bernard J. McMullan, Wendy C. Wolf and Sally A. Leiderman. 1994. 34 pages. ($5.00 for full report or executive summary).

Considers the role of assessment as a tool to strengthen grantmaking. Considers ways in which assessment strategies, including program evaluation, can be used to ensure models have appropriate elements based on research and foster innovation where solutions are not known. Addresses implications of infusing assessment through the grantmaking process for foundation operations.

Violence Prevention: A Strategic Approach to Investment. Sally Leiderman, Susan A. Stephens and Patrick McCarthy. 1994. 28 pages. (No charge for single copy; $5.00 for additional copies).

Presented before The Conference Board Contributions Council, seeks to help grantmakers focus their thinking about investment in violence prevention.

Adolescent Pregnancy Prevention: What We Know and Next Steps -- A Briefing Paper. Susan A. Stephens and Sally Leiderman. 1994. 68 pages. (No charge for single copy; $5.00 for additional copies).

Written primarily for foundations and communities developing plans in this area, summarizes key issues, data, programs and strategies.

Strengthening Young Families: Lessons Learned from the AT&T Family Strengthening Initiative. Sally Leiderman, Cheryl Smith Garrett and Wendy C. Wolf. 1994. 140 pages. (No charge for single copy or executive summary; $10.00 for additional copies).

A strategic review of the Family Strengthening Initiative, examining the experiences of ten programs supported by the AT&T Foundation. It provides valuable operational lessons that apply broadly to the field of adolescent pregnancy and parenting.

Charters and Student Achievement: Early Evidence from School Restructuring in Philadelphia. Bernard J. McMullan, Cynthia L. Sipe and Wendy C. Wolf. 1994. 68 pages. (No charge for single copy; $5 for additional copies).

Assesses the impact on student performance of the restructuring of the comprehensive high schools in the School District of Philadelphia. It provides statistical evidence of the net benefits that restructuring has had for improved outcomes of students.

An Introduction to Medicaid Managed Care. 21 pages (plus appendices).
Medicaid Coverage of Benefits, Providers and Service Settings. 39 pages (plus appendices).
Medicaid Eligibility for Pregnant Women and Children. 10 pages (plus appendices).
Each by Sara Rosenbaum and Roger Schwartz. 1993. ($5.00 each).

Technical assistance papers for The Children's Initiative, reviewing Medicaid policy effects on development and financing of expanded comprehensive health care programs for children and families. Extensive appendices offer detailed information and official guidance on selected topics.

Streamlining Intake and Eligibility Systems: A Review of the Practice and the Possible. Allen Kraus and Jolie Bain Pillsbury, with Ajay Chaudry and Carol Finney. 1993. 64 pages. ($5.00).

A technical assistance paper for The Children's Initiative, identifies approaches to streamlining intake and eligibility determination within efforts to provide comprehensive services to children and families. It reviews current practice and recent developments within each approach, drawing from research on a large number of existing efforts. Discusses issues that must be confronted in building support and overcoming barriers to broad scale streamlining efforts.

A Framework for Developing an Effective Service Strategy (Working Draft). Charles Bruner, Judy Langford Carter, Wendy Deutelbaum, and Karen Kelley-Ariwoola. 1993. 111 pages (plus appendices). ($10.00).

Prepared as a technical assistance document for states and communities planning for The Children's Initiative, contains several papers focusing on issues of frontline practice relevant to other efforts to provide comprehensive services to children and families. The papers cover community resource assessment, outreach to families, family centers, assessment of family strengths and needs, and issues of staff recruitment, training and development.

A Guide to Planning and Development, Stage 2: Development Planning. Sally A. Leiderman, Patrick T. McCarthy, Susan A. Stephens and Wendy C. Wolf. 1993. 150 pages. (No charge for single copy; $10.00 for additional copies).

Developed to guide states and communities planning for The Children's Initiative, this document covers critical developmental tasks in implementing comprehensive services for children and families. These tasks include designing and implementing a comprehensive service strategy; identifying and implementing system changes to support the service strategy; engaging and sustaining consumer and community participation and adapting the service strategy to meet local needs; creating and maintaining state and local investments in the service strategy; and developing governance mechanisms that ensure sustained commitment to implementing the service strategy statewide over time.

Evaluation Challenges in the Assessment of Long-Term Saturation Initiatives: The Children's Initiative. Wendy C. Wolf and Susan A. Stephens. Presented at APPAM Conference, Washington, DC: 1993. 18 pages. (No charge for single copy; $5.00 for additional copies).

This paper describes the evaluation challenges associated with long-term saturation issues. It addresses the dilemmas and difficulties of implementing an outcomes orientation in these efforts.

A Shared Responsibility: College/School Partnerships Serving Minority Youth. Bernard J. McMullan, Cheryl Smith Garrett, Jennifer Sidler, Marian Watts and Wendy C. Wolf. 1992. 55 pages. ($5.00).

Drawing upon the experiences of scores of partnerships between colleges and schools designed to increase minority students' preparation for and access to post-secondary education, this report explores the efficacy, core elements and operational challenges of these strategies.

READY: Program Experiences 1989/90 and 1990/91. Sally Leiderman, Cheryl Smith Garrett, Susan A. Stephens, Marian Watts and Wendy C. Wolf. 1992. 122 pages. ($10.00).

An evaluation of READY, a privately-sponsored, multi-year comprehensive whole child/whole family tuition guarantee initiative designed to serve 1,000 elementary school children in Newark.

Governance Options for The Children's Initiative: Making Systems Work. Elizabeth C. Reveal. 1991. 39 pages. (No charge for single copy; $5.00 for additional copies).

A technical assistance paper for The Children's Initiative, explores necessary state-level capacities (scope of authority, mandated integration of administration and service delivery, mandated interagency collaboration and voluntary collaborations) needed to implement comprehensive system reform initiatives. Examines range of roles and responsibilities of private, not-for-profit and governmental agencies in implementing such efforts.

The Children's Initiative: Making Systems Work. A Design Document for the Pew Charitable Trusts. Sally Leiderman, Elizabeth C. Reveal, Ann Rosewater, Susan A. Stephens and Wendy C. Wolf. 1991. 128 pages. (No charge for single copy; $10.00 for additional copies).

Summarizes key features of an initiative to improve children's health and development on a broad scale through creation of a system of inclusion of young children; strategies to support families; and reconfiguring service systems to reflect best practices-based research and experiences.

The Philadelphia Schools Collaborative: An Assessment of its First Three Years. Bernard J. McMullan and Wendy C. Wolf. 1991. 129 pages. (No charge for single copy; $10.00 for additional copies).

Assesses efforts of a multi-year initiative to revitalize the twenty-two comprehensive (neighborhood) high schools in the School District of Philadelphia between 1988 and 1991.

SPAN: Strategic Plan for the 1990/91 School Year. Sally Leiderman. 1990. 60 pages. ($5.00).

Describes a plan to develop effective collaborations between parents living in public housing developments and elementary schools that serve their children. Summarizes findings from focused group interviews with students' parents and grandparents and with staff in schools. Assesses perceptual and behavioral barriers on both sides that inhibit effective collaborations, as well as possible solutions developed by participants.

Reclaiming the Future: A Framework for Improving Student Success and Dropout Rates in Philadelphia. Bernard J. McMullan, Sally Leiderman and Wendy C. Wolf. 1988. 110 pages. ($10.00).

Assesses a range of dropout prevention initiatives across the nation and within Philadelphia and develops a set of research-based principles to guide a school-based restructuring of comprehensive high schools to improve the academic persistence and success of all students.

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