

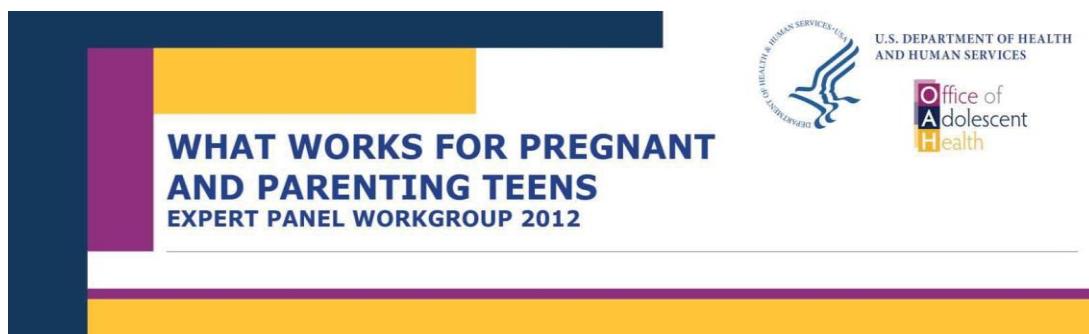
IV. Working to Improve Policy and Practice

A. Addressing Gaps

B. Broadening Supports

I. Working to Improve Policy and Practice

A. Addressing Gaps



**Promising Strategies and Existing Gaps in Supporting
Pregnant and Parenting Teens**

*Summary of Expert Panel Workgroup Meetings
January and July 2012
Washington, D.C.*

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Executive Summary

In January and July 2012, the Office of Adolescent Health (OAH) convened a panel of experts in Washington, D.C. to discuss strategies and gaps in the field of support for pregnant and parenting teens. The discussion focused on *What Works for Pregnant and Parenting Teens*. The experts were tasked with summarizing the state of the field, prioritizing gaps and challenges, and identifying opportunities to support pregnant and parenting teens. Included among the experts were physicians, university faculty, medical directors, psychologists, researchers, federal staff, and directors of programs and organizations serving pregnant and parenting teens. The biographies of this diverse group of experts are provided in the appendix of this report.

In recent years, the federal government has made investments toward building a scientific evidence base of effective programs and models addressing teen pregnancy prevention.

Additionally, funding was made available to provide services to pregnant and parenting teens. One such initiative, the Pregnancy Assistance Fund (PAF) program, funds states and tribes to provide pregnant and parenting adolescents and women with a network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical supports. The funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. However, there continues to remain a lack of knowledge of the core components of successful programs for pregnant and parenting teens and, moreover, programs specifically designed to support pregnant and parenting teens are scarce. Pregnant and parenting are often poor, need strong support networks and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adultsⁱ. A few of their unique needs may include locating supportive housing, assistance in reaching educational goals, and accessing adequate health care for themselves and their babies.

The purpose of the expert panel was to enhance the knowledge of promising practices, when working with pregnant and parenting teens. During the first meeting, the experts were posed the question “what works?” More specifically, they were asked about the lack of an existing evidence base, criteria that should be used in determining what works, existing program models and the risk and protective factors on which programs focus, and the gaps and challenges that exist in this field. The second workgroup meeting sought to expand the core components of emerging successful programs, suggest promising practices for reaching, retaining and engaging pregnant and parenting teens, help inform the practice, policy and program needs in the field, and inform OAH’s future planning for the PAF program.

This summary presents findings from the workgroup meetings, including 1) promising practices in reaching, engaging and retaining pregnant and parenting teens 2) effective program components when working with pregnant and parenting teens, and 3) concrete examples for implementing those core components.

Promising Practices for Those Serving Pregnant and Parenting Teens

To reach pregnant and parenting teens, programming efforts need to occur in school and out of school. Not all pregnant and parenting teens are served through traditional approaches, like a classroom curriculum, or in conventional settings, such as schools or community centers. For pregnant and parenting teens who may be disengaged from mainstream society, traditional youth programs may not be effective or meet their needs. Teen parents may not find the activities relevant, interesting, or useful and may feel disconnected from participants in traditional youth programs. Supporting pregnant and parenting teens can prove challenging, particularly if they are facing added vulnerabilities, including being out of school or at risk of dropping out of school, involved in the juvenile justice or foster care system, immigrant youth, disabled youth, or runaway and/or homeless youth. These particularly marginalized youth generally have less access to the education, services, and supports they need to develop into fully productive, healthy, and engaged adults. This is not to say that all youth are not equally capable, but rather that all youth are not equally able to access the information, guidance and support they need to act on their full capabilitiesⁱⁱ.

The expert panel was tasked with identifying strategies to reach, engage, and retain pregnant and parenting teens in programs. While several studies have examined the effects of programs on outcomes for teen parents, the evidence-base varies widely as does the quality and rigor of research methods. Since few rigorous studies have been completed analyzing results on pregnant and parenting teens, the following descriptions are “promising practices”, or practices that have expert consensus or other support but which have not been as rigorously evaluated scientifically.

Reaching pregnant and parenting teens

In the first meeting, the experts considered issues and challenges related to reaching pregnant and parenting teens. There has yet to be developed a deep bench of research and best practices when it comes to serving highly vulnerable and at-risk youth, such as homeless youth, very young adolescents, youth who have experienced domestic or intimate partner violence, youth who are in the foster care system, and other marginalized youth. The experts acknowledged reaching pregnant and parenting teens, particularly these marginalized groups, as a critical gap, as these youth are most often at greater risk for the negative outcomes associated with teen pregnancy.

To address this gap, the experts cited the following as promising practices for reaching pregnant and parenting teens:

- Develop partnerships with pediatrician offices -- pediatric waiting rooms offer an opportunity for reaching out to teen parents either to provide resources or to introduce subsequent pregnancy prevention materials. The information could be presented on the screen in the waiting room or in the form of flyers and brochures. Additionally, the information should be culturally and developmentally appropriate as well as friendly and enriching.

- Visit hospital emergency rooms -- for those teen mothers without health insurance, babies are often seen in emergency rooms; therefore hospital emergency departments could provide opportunities for reaching out to pregnant and parenting teens.
- Offer services at Women, Infants, and Children (WIC) programs -- teens use this federal program for food and health assistance, education about nutrition, and obtain help with finding health care and other community services. Offering programs or services at WIC sites may be an avenue for reaching pregnant and parenting teens.
- Work with the criminal justice system -- children of incarcerated parents are at higher risk of teen pregnancy. Targeting this group could be a good avenue for reaching youth and offering services to pregnant teens and their families.
- Go where teens congregate -- youth gathering places, which will vary widely, offer a direct way to reach youth where they congregate. Examples could include shopping malls, nail salons or Native American youth powwows.
- Use social media -- utilizing social media sites that youth frequent to advertise programs could be helpful. Given today's technology driven youth, social media could be used to reach out to youth virtually. (Popular sites will vary regionally but may include sites such as Foursquare, Facebook, Craigslist, Twitter, Meetup, LinkedIn, Friendster, etc.).
- Develop partnerships with the faith-based community -- religious communities and programs to prevent teen pregnancy can work together productively. Programs to reduce teen pregnancy and the faith community have a shared interest in strong families and in the healthy development of young people. This partnership provides an excellent foundation for mutually beneficial activities.

Engaging pregnant and parenting teens

During the first meeting, the experts discussed gaps and challenges related to engaging pregnant and parenting teens. In addition to noting that promising program approaches should be documented, evaluated, and replicated. The group also emphasized that existing programs may not be appropriate for certain groups of vulnerable teens. Programs are not necessarily one-size-fits-all, and it should not be assumed that a program developed for adults will work for adolescents, or a program developed for older teens will work for younger teens, or a program developed for general population teens will work for at-risk youth. Lastly, the experts also addressed the lack of teen involvement in the planning of programs and identifying services that are delivered to pregnant and parenting teens.

To address these gaps and challenges, the experts identified the following promising practices for engaging pregnant and parenting teens:

- Build relationships -- relationships are important for engaging youth. Youth are more likely to actively engage when they feel connected to project staff or program leaders.
- Implement engaging activities -- participants engage more in a program if the content is not only provided in didactic modes, but uses interactive approaches and skill building activities. When teens observe scenarios or participate in activities that build skills, they become more engaged.⁶

- Model positive behavior -- program staff should model healthy relationships by treating each other with respect and courtesy. Staff should model positive behaviors when interacting with teens and adults, with the intent of teens mirroring this behavior.
- Conduct motivational interviewing -- the technique of motivational interviewing seeks to help teens think differently about their behavior and ultimately to consider what might be gained through change. The strategy is to help teens envision a better future and become increasingly motivated to achieve it.
- Encourage creativity -- it helps to think outside the box when trying to engage pregnant and parenting teens. Creative examples that have been tried include: using art projects to engage LGBTQ youth at homeless shelters, Zumba or belly dancing classes offered to teens, teaching English in ESL classes using pregnancy prevention content, Twitter chats with teen parents, and hosting various social events.
- Engage program alumni -- programs should use their alumni to build relationships with current participants. These relationships can be formal or informal.
- Empower current participants -- program leaders can empower current participants to serve as program ambassadors to share their stories with other youth and encourage participation.
- Allow for flexibility -- programs can engage participants more effectively if they are flexible in the times they offer services, provide food during meeting times, and are bi-lingual and/or bi-cultural. Programs should strive to be gender diverse to engage male and female youth – such that both are able to participate in activities.
- Allow for adaptability -- participants need to connect to the material conveyed. Ensuring that the programs are culturally sensitive may mean making cultural adaptations such as modifying role plays in existing curricula to fit the population.

Retaining pregnant and parenting teens

Developing effective strategies to retain pregnant and parenting teens is vital for the success of programs and encourages long-term program participation by the youth. The experts brought up the issue of numerous successful strategies that have been sparsely documented, including: gender-focused or gender transformative programs; family-systems approaches; residential programs and maternal group homes, such as Second Chance Homes; phone-check-in programs; mediation; education coaches or school continuation programs; parenting skill-building programs; mentoring programs and peer-to-peer programs; reunification programs; motivational interviewing; and social media or social networking approaches.

The following retention promising practices were identified by the expert workgroup:

- Build relationships- - if teens feel connected to program staff or have established an ongoing positive adult relationship, the teen is more likely to continue in the program.

Encourage staff to practice healthy behaviors –program staff need to be physically and emotionally healthy and learn positive ways to manage stress and conflicts. Staff serve as role

models for healthy lifestyle choices and these choices will help build credibility and stronger relationships with teens.

- Reach out to community partners -- teens will remain in programs if their needs are being met. Programs need to develop capacity/partnerships in the community to respond to the concrete needs of pregnant and parenting teens (e.g. food, health care, paying apprenticeship opportunities).
- Maintain a safe environment -- similar to adults, youth want to feel respected. This is especially important with marginalized pregnant and parenting teens. Programs should seek to provide a non-threatening environment where teens feel safe and welcomed.
- Use technology -- programs should maximize phone and web-based strategies to retain youth. Some programs have provided virtual counseling as a way to keep connected to their teens.
- Offer incentives -- use incentives to encourage teen participation in program activities. Some examples of incentive programs include: food, gas cards, diapers, location guides, or condoms.
- Celebrate milestones -- programs can have periodic celebrations for completion of an activity or completion of a pre-determined number of program sessions. These mini- celebrations give teens a sense of accomplishment.
- Involve teens -- programs should involve teens in activities and provide opportunities where youth serve in leadership roles.

Implementing Core Components of Successful Programs

The experts were asked to discuss ways in which their own research or practice has been successful in working with pregnant and parenting teens. Experts focused on core components, or those most essential and indispensable components of an intervention, practice or program that are integral to success. In addition to identifying core components of success, the experts also described specific ways to implement these components.

Education

Pregnant and parenting teens often fail to complete or continue their education. A high priority for programs should be to promote the completion of their education and develop literacy – both health literacy and literacy, in general. There is a need for comprehensive education (including college and workforce preparation) in conjunction with services (such as health education and health care).

Concrete suggestions for advancing education:

- Holding students to higher expectations -- programs that work with pregnant and parenting teens need to create an environment of high expectations and rich opportunities. High school diploma attainment should not be the end goal; rather more emphasis should be placed on post secondary education.
- Using an intergenerational approach -- programs can involve multiple generations of the teen's family in roles of academic support – involving grandparents, for example.

- Modeling success -- programs can showcase success by highlighting successful college students who were once teen parents or current teen parents who are successfully pursuing their education.
- Working together -- school districts and higher education leaders can work collaboratively to make sure that the needs of pregnant and parenting teens are prioritized.
- Providing support -- wrap around services, such as child care and housing, will help keep teen parents in school.

Integrated services and referrals

Integrated services and referrals are needed to fully meet the needs of pregnant and parenting teens. Many pregnant and parenting teens are confronted with a host of simultaneous risk factors that need to be addressed in tandem with the services that they receive related to health care. There is a need for parenting and co-parenting skill-building programs and services. Additionally, there is a need to provide access or referrals to legal services, housing, child care, transportation, and mental and physical health services.

Concrete suggestions for integrating services and referrals:

- Supporting teen parents' use of referrals -- programs can recruit advocates or volunteers to help support and accompany young parents to referral agencies. The end goal is to move beyond offering basic referrals to truly connecting teens with services.
- Using technology -- programs can collaborate more efficiently through database and web technology. Multiple service referrals and continuous follow-up can be streamlined.
 - For example, software can be customized to track feedback on the quality of the referral, the referral outcome, and recommendations for future services.
- Addressing mental health -- in providing basic needs for teen parents such as housing, parenting, and childcare, mental health services are often overlooked. Mental health assessments should be integrated into the basic health screenings for teen mothers.
- Making it worthwhile -- agencies may be more willing to work together if financial compensation or in-kind donations are given as incentives.
- Co-funding initiatives -- at federal, state, and county levels and across departments (e.g., education, justice, health, social services), efforts can be made to build and support collaborative efforts, and where possible, shared funding.

Strong participant-provider relationships

One of the most important aspects of working with pregnant and parenting teens is to develop positive and supportive relationships between teens and providers. Therefore, there is a great need to develop strong communication channels between both the teens and providers. In this way, a program can create a community environment for pregnant and parenting teens.

Concrete suggestions for strengthening participant-provider relationships:

- Staff retention -- maintaining a consistent staff and minimizing turnover provides continuity and makes it possible for participants and providers to develop strong relationships.
- Training on best practices -- providers could benefit from technical assistance and training that provides examples and case studies and success stories on successful strategies and best practices for communicating and building relationships with youth.
- Transparency and consistency -- participant-provider relationships will thrive when trust is present. With openness, consistency and honesty, teens and adults can develop trust within their relationship, which will facilitate strong working relationships.
- Use what you learn -- there needs to be deliberate inclusion of teen feedback in program planning. Programs should have a specific plan on how to include and foster the input teen parents provide. A stronger relationship is forged when teens feel their voice is heard and respected.

Well defined program goals and processes

A key component to successful work with pregnant and parenting teens is a clear and common understanding and articulation of program goals and processes. Those goals should be made operational through program procedures, standards, guidelines, and program logic models. It is critical that these goals and guidelines direct program implementation and evaluate program performance. Namely, the use of theoretical frameworks, a set of guiding best practices, and strong performance management tools are strongly encouraged.

Concrete suggestions to clearly articulate program goals and processes:

- Creating a common understanding -- programs benefit from strong technical assistance on building logic models, connecting activities to goals, connecting administrative data to activities and goals, and using data for program improvement to ensure goals are being achieved.
- Sharing a framework -- once developed, programs need to share this framework by clearly articulating their logic model and demonstrating specific goals, objectives, and roles. As one expert commented, "If you don't know where you are going – you don't know how to get there."
- Monitoring staff -- programs should assess staffing periodically to track hiring and training needs and support staff with leadership, training, and mentoring.
- Being realistic -- place emphasis on realistic measurement of program process, dosage, and links to outcomes.
- Continuing to improve -- programs can use their own data strategically for continuous quality improvement. Programs should consider implications if they do not meet the goals and objectives as intended and strive for ongoing program improvement.
- Planning for sustainability -- programs should examine how to build capacity at the program level when establishing their sustainability plan.

- Articulating goals -- it is not enough to have a common understanding within a program; clearly articulating goals via outreach and public materials in terms that are realistic and culturally appropriate is also necessary.
- Recognizing failure -- acknowledge that failure is part of the process and adopt a “relentless engagement” model that plans for disruption and setbacks and chances to “fail”.

Family relationships

Family relationships play a key role in the lives of pregnant and parenting teens. Family relationships may include multiple generations and should place emphasis on the role of grandparents and extended family as being essential in both understanding the context of these individuals' lives, and also recognizing their role in successful outcomes for the teen and the child. In particular, extended family, including grandparents can be included in services and educational programs, especially in the case of intergenerational teen pregnancy and families with negative or harmful home environments, including those homes that have been affected by domestic violence and/or substance use. Further, engaging fathers is critical when possible and when the inclusion of the fathers would not put the parenting teens or their children at risk (such as in the case of intimate partner violence).

Concrete suggestions for emphasizing family relationships:

- Changing perspective -- programs may need to broaden the client definition– from the individual teen, to seeing the whole family as a unit of service. For example, programs can include grandparent support groups, offer intergenerational parenting education, and target younger siblings who are at increased risk for pregnancy.
- Establishing healthy relationships -- teens may need to learn ways to maintain and, in some cases, re-establish healthy family relationships. Stable family relationships with the family of origin and the father of the baby may benefit maternal-child well-being.
- Involving dads -- teen fathers can be involved in programming and receive training on co-parenting. This means father-friendly programs or policies that are supportive and creative. For example,
 - Providing incentives for father involvement, using job training as an entry point, assessing unique needs for men, etc.
- Being flexible -- programs can accommodate complex family schedules by offering flexible hours of service or by making home visits.

Developmental influences

Teens do not develop in isolation, but rather are influenced by a variety of environmental systems including family, school, neighborhood, community, and culture. These ecological systems matter when working with pregnant and parenting teens. Specifically, keeping in mind the importance of using contextual approaches that acknowledge and value the diversity of the youth they serve with respect to age and life course stage, race/ethnicity, immigration status, geographic region, neighborhood context, and socioeconomic status, to name a few, is important. These diverse groups are faced with stigma, oppression, and marginalization.

Providers need to be aware of issues, such as current or past experiences of poor mental health, low self-esteem, low levels of education, poverty, trauma, childhood adversity (including abuse and neglect), previous pregnancies, violence, war, and human trafficking, and how they may impact the youth being served.

Concrete suggestions for considering developmental influences:

- Using an ecological model -- when working with pregnant and parenting teens, consider the influence of their context - family, peers, school, and community.
- Applying a holistic approach -- programs can ensure that the services provided integrate a holistic approach that accounts for pregnant and parenting teens' circumstances, including trauma-informed care, dating/intimate partner violence issues, cultural/racial/ethnic considerations, etc.
- Incorporating diversity -- this can include ensuring that all program materials reflect the diversity of the population being served.
- Tailoring messages -- many diverse groups need information specific to their needs. For example, substance abusing teens, who are homeless and Spanish speakers. Using examples of resilience within those groupings can be helpful.
- Recognizing triggers -- anticipate challenges when the context changes. Changes in a teen's family (loss of a parent) or peer group (a friend becomes pregnant) influences the teen and the risk for a repeat pregnancy.

Highly skilled staff and welcoming program environments

For both program staff and the pregnant and parenting teens being served, maintaining a culture of high expectations is essential. Specifically, the need to implement strengths-based approaches in working with pregnant and parenting teens is important. Other important considerations include: the need to develop and espouse cultural awareness; incorporate developmentally appropriate practices; recruit, retain, and compensate highly skilled staff; train program staff in systems and theory; identify ways to successfully recruit and retain pregnant and parenting teens; and set up a process to deal with and overcome challenges.

Concrete suggestions for developing high skilled staff and a welcoming program environment:

- Training staff -- a high functioning staff is well trained in topics relevant to their work – such as adolescent development, reproductive health, positive youth development and trauma-informed approaches.
- Valuing recruitment -- a staff that uses targeted and culturally appropriate recruitment strategies and focuses on friendly follow-up to interested participants, sets the stage for a welcoming program environment.
- Hiring selectively -- by implementing appropriate criteria and a thorough interview process, programs are more likely to hire the “right” people.
- Holding staff accountable -- programs should develop guidelines for accountability, monitor and track services provided, and evaluate staff performance.

- Maintaining staff morale -- direct service staff have articulated the following as desirable qualities for long term employment: relevant skills training, technical assistance, appropriate infrastructure supports, and comparable benefits and salary.
- Training staff -- staff may need to be trained and mentored to:
 - Understand and address the complex influences of family of origin - including risk factors that led to teen pregnancy.
 - Help teen recognize the positive and supportive resources that should be maximized and acknowledge where supplemental support is needed.
 - Espouse culturally sensitive practices and celebrate diversity.

Conclusion

The experts were convened to explore the knowledge of the supports and resources needed to best serve pregnant and parenting teens and begin to identify core components from successful programs. Specifically, experts described gaps and challenges for reaching, engaging and retaining pregnant and parenting teens and then identified several promising approaches to address those issues. Adding to the rich discussion, experts identified what they felt had emerged as the core components of successful programs serving pregnant and parenting teens. These core components include: emphasizing education – including financial literacy and post secondary schools, integrating services and referrals to fully meet the needs of teens, establishing strong participant-provider relationships, articulating well-defined program goals and processes, strengthening family relationships, giving consideration to influence of developmental factors, recruiting, training and retaining highly skilled staff and providing welcoming program environments. For each of these core components, suggestions were put forth to move them from an abstract idea to concrete examples to implement the component. The information contained within the report makes a great contribution to the field and provides practical approaches for providers and stakeholders.

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Appendix C: Additional Resources

- Related Publication -- What Works for Disadvantaged and Adolescent Parent Programs: Lessons from Experimental Evaluations of Social Programs and Interventions for Children, by A. Chrisler & K.A. Moore
http://www.childtrends.org/files/Child_Trends-2012_08_20_WW_ParentPrograms.pdf
- Logic model for working with young families – by Healthy Teen Network
<http://healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BBFBA6B3C-8481-4AEF-B1D0-2F68EFBCC406%7D.PDF>
- Young families policy platform– by Healthy Teen Network
<http://healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B41458658-81E5-4F66-AB03-827353A1DE32%7D.PDF>
- Framing teen pregnancy – by Healthy Teen Network
<http://www.healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BBDBA09F7-BA51-4743-8CB8-2656A8904319%7D.PDF>
- IPV/healthy relationships - Safe Dates evidence-based curriculum -sold by Hazelden Publishing
<http://www.hazelden.org/web/public/safedates.page>
- Compendium of IPV measures on CDC website
http://www.cdc.gov/ncipc/publications/IPV_CompPENDUM.pdf
- Evidence-based co-parenting intervention - developed by Mark Feinberg and Marni Kan at Penn State
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178882/>
- RTI developed resources shared with AFL programs
http://www.hhs.gov/opa/familylife/tech_assistance/etraining/basics/framework/gather/instruments/index.html
- Theoretical frameworks -Glanz & Rimer textbook
<http://www.amazon.com/Health-Behavior-Education-Research-Practice/dp/0787903108>

- Home visiting for teen moms - analysis of Olds data by Lorraine Klerman, article by Koniak-Griffin
<http://www.ncbi.nlm.nih.gov/pubmed/9611540>
- Minimum evaluation data set for teen pregnancy prevention programs - J.J. Card article <http://www.socio.com/pdf/EVAPUBL13.pdf>
- Process evaluation instrument from AFL cross-site evaluation
http://www.hhs.gov/opa/familylife/core_instruments/index.html
- National Campaign With One Voice annual study on National Campaign website <http://www.thenationalcampaign.org/wov/>

Appendix D: References

ⁱ Clay, P., Paluzzi, P., & Max, J. (2011). *Mapping Programs that Serve Pregnant and Parenting Teens in the US: Results and Hurdles*. Baltimore, MD: Healthy Teen Network.

ⁱⁱ Healthy Teen Network (2008). *Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future*. Baltimore, MD: Healthy Teen Network.