PHOTOCOPY
PRESERVATION

Teen Pregnancy

PPI
PROGRESSIVE POLICY INSTITUTE

Policy Briefing
June 23, 1995

SECOND-CHANCE HOMES

Breaking the Cycle of Teen Pregnancy

Kathleen Sylvester

For many Americans, teenage welfare mothers symbolize the tragedy of our nation's failed welfare policy and the unraveling of our nation's social fabric.

Growing numbers of poor and uneducated young women—often still children themselves—are using public support to bear and raise children outside of marriage. These young women are a constant reminder of government's inability to address a fundamental social problem. More importantly, they are producing a new generation of poor and fatherless children who will begin life with disadvantages from which they may never recover.

More than one million teenagers become pregnant every year; half will give birth and most will not marry. Their children are likely to grow up poor, poorly nurtured, and—because they are raised in virtual isolation from the rest of society—unsocialized. These children are at high risk of dropping out of school, getting into trouble with the law, abusing drugs, joining gangs, having children of their own out of wedlock, and becoming dependent on welfare.

These young people will pay a high price for our nation's inability to help their mothers: And society, too, will pay a high price. The problem is urgent. There are now nine million children living in welfare families. As those nine million children reach adolescence, many are "scripted" to repeat the lives of their parents. We must intervene and break the cycle before those children, too, become parents too soon and create a new generation of disadvantage.

The current public debate over teen mothers offers Congress and the nation an opportunity to try to break the cycle with the help of communities. The debate offers an opportunity to move beyond the punitive solutions offered by conservatives and the defense of a failed welfare system offered by liberals. The debate offers an opportunity to seek an alternative that can help teen mothers change their lives and—more importantly—the lives of their children.

Conservative solutions, including such punitive steps as cutting off welfare to mothers under age 18, are based on false premises: that teen mothers are entirely in control of the circumstances that lead them to early childbearing, that their reasons for childbearing are in large part financial, and that sanctions alone are enough to influence their decisions.

Conservatives would needlessly risk the well-being of children. Ignoring the inadequacy of the foster care system, they would break up families with no alternative safety net in place. Ignoring the reality that the welfare system was designed to help

families whose fathers are absent, they would reform it by absenting mothers as well, substituting institutions such as orphanages for real parents.

Liberals now find themselves in the untenable position of defending a failed welfare system. They are defending a system that makes no moral judgment about life choices that are detrimental to children—a system that relies more on sex education and condoms than on community values to deter teen pregnancy. They are defending a system that by its offer of unconditional support for welfare recipients insulates those mothers—and the fathers of their children—from taking responsibility for their own actions. It insulates these parents from accountability to their families and communities as well.

The answer is not to cut off the welfare checks of teen mothers. Nor, for many young women, is the answer to continue their welfare support and send them back to the homes where they grew up. Instead, communities must "take in" these young mothers and their children.

The Progressive Policy Institute (PPI) offers a third alternative: an approach that invokes society's values, requires responsibility and reciprocity from welfare recipients, and engages communities in solving the problem.

To do that, our nation must revive an old institution—the maternity home—in a new form. With seed money and guidance from the federal government, communities could create a national network of "second-chance homes," a new version of the homes that once provided community support for unmarried mothers.

These second-chance homes would be group residences in which young teen mothers would live—under adult supervision—with their children, while meeting their social and personal obligations for receiving welfare support. These homes would offer a rare institutional opportunity for bringing together in one setting the three fundamental elements teen mothers need if they are to have a chance to succeed: nurturing and support, structure and discipline, and socialization.

Second-chance homes would offer teen mothers a positive family environment that gives them real opportunities to become good parents, finish school, and join the workforce. By providing nurturing and support, second-chance homes would allow teen mothers to establish emotional and familial bonds and find role models apart from their own troubled families. In these homes, help and support would go hand in hand with obligation and responsibility. Unless society finds a way to offer them an environment that provides the socialization that many of these young women lacked in their first homes, they are unlikely to succeed in meeting the obligations society now places on them.

Finally, such homes would help ensure that the welfare system meets one of its most important responsibilities: removing vulnerable children from dangerous environments. Many teen mothers were themselves left too long in dysfunctional homes. They were abused and neglected; many were shuffled from foster home to foster home. Most have grown up poor and poorly nurtured.

The sad legacy of such childhoods is that many of these young mothers have great difficulty developing parenting skills; some are emotionally incapable of bonding with their own children. Others are so damaged by abuse and neglect that they are

dangerous to their children because they repeat these patterns. And a small percentage of these mothers are so damaged that they will never be able to learn to put the needs of their children ahead of their own needs.

On any given day in this country, nearly a half million children are in foster care or other temporary care because their biological parents are unable to care for them properly. Federal law specifies that foster care should last no longer than 18 months, with a decision about parental competence to be made within that period so that a child is available for adoption. The reality, however, is that courts postpone final decisions about parents' rights and leave children to languish in temporary care. In Illinois, for example, the median time spent in *first* foster care placement is approximately 13 months for white children, 18 months for Latino children, and 51 months for African-American children.

Too many children spend years of their young lives waiting. These children wait for a mother who needs to kick a drug habit, or to outgrow an attachment to an abusive boyfriend—or simply to grow up.

For some of these children, the only solution is to terminate parental rights and place them in new—and permanent—homes. This means adoptive parents, not foster care. An unfortunate but necessary goal of second-chance homes would be to make assessments about the capabilities of these young women to be good parents. Second-chance homes must offer young mothers every opportunity to become good mothers. Most will achieve this goal; those who cannot must not be allowed to damage the lives of another generation of children.

Declaring a parent "unsafe" for a child and terminating parental rights is a serious and irrevocable step. The existence of these homes would make it possible to gather enough information to make such a grave decision a well-informed and wise one.

Getting Started: How the Policy Would Work

The federal government should set aside $20 million a year for three years as seed money to create a national network of second-chance homes. These homes should be designed by community-based organizations for teen mothers under age 18 who need stable and supportive environments. Under strict adult supervision and with an array of social services available, teen mothers will stay in school or job training, learn parenting skills, and move toward self-sufficiency.

Communities can qualify for funds by pledging financial and in-kind support for the homes. Participants should be allowed to use portions of their welfare or foster care payments, as well as federal nutrition and housing subsidies as program fees.

These homes should be carefully evaluated to determine their effects on teen mothers, the children of teen mothers, and younger teens who are not yet pregnant but at risk of becoming pregnant.

This new national network of second-chance homes would be created with three implementing devices:

1) Leveraging the federal social welfare system. A large portion of continuing support could be funded by fees paid from participants' welfare or foster care support. Current law should be amended to give states the option of allowing designated second-chance homes to cash out participants' food stamp coupons in order to create a flexible fund that home administrators can use for food budgets. Housing subsidies, too, could be cashed out and used by residents as part of the program fee they pay to a second-chance home. The maximum median benefit per month for a family of two in 1994, for example, was $294. Monthly food stamp benefits, child care subsidies, and housing subsidies can bring the total typical monthly benefits for a family of two to more than $900.

The Adoption Assistance and Child Welfare Act, Title IV-E, should be protected from being capped in a federal block grant. The foster care funding it now provides for some teen mothers or their children could be redirected to second-chance homes, or states could allocate some of the program's administrative funds to second-chance homes. Title IV-B child welfare funding could also be made available for these purposes.

The Department of Housing and Urban Development (HUD) could make property available for second-chance homes as it now does for 501(c)(3) nonprofit organizations. Under HUD's "Dollar-a-Year" program, providers of services to homeless persons can lease federally owned property for one dollar a year, with an option to purchase it. In addition, nonprofits can buy some property from HUD at a 10 percent-30 percent discount. Other federally owned property, such as closed military installations and properties held by the Resolution Trust Corporation, might be made available for these purposes as well.

Residents could also use Section 8 vouchers and certificates, available under the National Housing Act, or cash out conventional low-income public housing subsidies to pay for their share of a program fee in a second-chance home.

2) Using limited federal funds for seed money and evaluation. In creating a national network of these homes, the federal role could be limited to offering seed money and guidance about how existing models are structured and evaluating the effectiveness of the programs.

Federal dollars for start-up costs could be designated from the Title XX Social Services Block Grant or from Senator Nancy Kassebaum's proposed Youth Development Block Grant, which is designed to support prevention programs and programs that serve as catalysts for community support for families and children. Federal start-up funds, however, would go only to communities that pledge matching funds and in-kind contributions.

Most federal assistance for welfare now focuses on amelioration, with too little spending and emphasis on prevention. States or communities that promote second-chance homes and produce measurable results—such as reduced demand for foster care, reduced numbers of second pregnancies, and shorter spells of welfare dependence—should be allowed to retain a portion of the savings from reductions in projected welfare caseloads.

Thus, federal funds could provide seed money for more homes. As capacity in the system builds, teen mothers might use their welfare support as "vouchers" to choose homes that meet their needs.

3) Catalyzing community support: "Stone Soup." The model for these second-chance homes comes from a children's story—the story of stone soup. When a traveler came into a very poor village whose residents had little food, he went to the square in the center of the village and began to stir up a pot of stone soup. His pot contained only water and a large stone. As people gathered in curiosity, he suggested that with a little bit of salt, the soup might be better. A bystander offered some salt. Next, the traveler suggested a snip of parsley, and again, a villager came forward. After that, the traveler asked for potatoes, and then beans, and then carrots. Within a short time, he had convinced all of the poor villagers to share, and they had pooled their meager resources to create a fine meal.

Government's role is to provide the stone for the soup: to be a catalyst for gathering communities together to solve a problem that begins in those communities and affects those communities.

The goal is achievable. There are more than 250,000 organized religious congregations in this nation. There are 183,000 local governments. There are tens of thousands of colleges, YMCAs, and neighborhood clinics; women's groups such as the Junior League and Big Sisters; Rotary Clubs and fraternal organizations; senior citizens' groups and youth groups. The members of this "community" must join government and supply the element now missing in attempts to help teen mothers and their children: connection to community and community standards.

While the costs for many of the programs cited in this paper run as high as $50,000 a year for mother and child, many of the most effective programs cost far less because they are supported by their communities. Albuquerque's Teen Parent Residence (TPR), which costs just $67,500 for services to 14 teen mothers for one year, operates in a cluster of HUD-subsidized low-income apartment units. The mothers pay below-market rent for the apartments they share and the state picks up the cost of an apartment for the resident "house mother," a night-duty nurse, and professional counseling services. Everything else comes from the community.

Families from local church congregations invite the young mothers and children home for Sunday dinner. A local family clinic provides "development assessments" of the babies so their mothers can learn what to do to help them progress. The U.S. Department of Agriculture's Cooperative Extension Service offers nutrition classes and child development counseling; the Rotary Club paid the salary of a consulting psychologist for a year; the local university's dental school offers free dental services. A local Presbyterian church puts on an annual Mother's Day picnic; the Civitan youth group offers babysitting services; another youth group collects cans and bottles for recycling and donates the proceeds to the TPR program. Stores such as Kmart and Wal-Mart offer huge discounts on their products, and often throw in extra groceries and diapers. The manager of the local Cort Furniture store gave the residents a discount on furniture, then loaned them one of his own trucks and a driver to pick up other

furniture that had been donated to furnish their apartments. And the Albuquerque Hispano Chamber of Commerce not only donates money to the program, it hires its graduates.

Barbara Otto, New Mexico's director of Teen Family Services, says that these donations and contributions are rarely one-time benevolent gestures. TPR has become a part of the community; supporters and volunteers continually renew their support.

At Catholic Charities' Casa Maria in San Diego, five obstetrician/gynecologists volunteer their time to serve the health care needs of the home; two social work masters' students counsel the residents; foster grandparents come in every morning to help the mothers and children begin their day; and volunteers help with group meetings and nightly educational classes.

The Bridgeway program is a private, nonprofit organization in Denver. Director Rich Haas keeps it going by cobbling together donations from individuals and businesses and small foundations to create an annual $235,000 budget for three residences, operated for $600 a month per mother and child. Programs and classes at Bridgeway are run by experts who donate their skills and volunteers who donate their time and goodwill. Despite its small budget, Bridgeway reports impressive statistics on adoption rates, high school graduation rates, and reduced second pregnancies.

Second-chance homes will begin to remedy one of the unintended consequences of the New Deal. When government became the primary safety net for fatherless families, the importance of community values and community institutions was diminished and the notion of reciprocal responsibility disappeared.

The parallel development has been equally destructive. When government assumed primary responsibility for women and children in the welfare system, communities were relieved of responsibility to care for their own citizens. Indeed, many communities no longer consider welfare recipients to be citizens. They live in a separate society; they are defined by their deficits rather than their capacities. For too long now, government has been a wedge between communities and individuals, providing each excuses to ignore their obligations to the other.

A Limited Experiment

Initially, these homes should be designed to serve teen mothers under age 18. The current debate has frequently focused specifically on policies for welfare mothers under age 18. Conservatives have used this focus to fuel public outrage at a welfare system that appears to condone irresponsible decisions by very young girls. It is nevertheless appropriate to focus on these young women. Teen mothers under age 18 are the most likely of all welfare recipients to become long-term recipients. Nearly half of long-term welfare recipients are women who gave birth before age 17.

PPI suggests another reason to focus on these mothers in particular. The existence of these homes and the requirement for many teen mothers to live in them would send a very strong message to younger teens—those not yet pregnant. The message would be simple: Society no longer offers unconditional, open-ended financial support for young women who bear children out of wedlock. Government will help unmarried

mothers, but only if they meet mutual obligations: learning to be good parents, finishing school, and joining the workforce.

There is a pragmatic reason as well to focus on mothers under age 18. In 1993, the U.S. Department of Health and Human Services (HHS) reported that there were just under 296,000 unmarried teen mothers on welfare. The large majority, however, were 18- and 19-year-olds; there were just over 67,000 welfare mothers under age 18. We should begin our efforts to help this group of young mothers because they need the most help, because their number is small, and the "community" with the potential to take them in is large.

PPI does not propose these homes as a guaranteed solution to the problem of teen pregnancy, but rather as a promising idea. The prototypes for these homes scattered across the country have produced some notable results: fewer second pregnancies, dramatically increased school completion rates for mothers, reduced incidence of child abuse, better maternal and child health, higher employment rates, and reduced welfare dependency.

These results, however, are self-reported, anecdotal, and short-term. None has been tracked carefully enough to determine whether these results are valid in the long-term. And none has been evaluated sufficiently to demonstrate their effects on the children of teen mothers.

Reviving an Old Idea

Maternity homes are by no means a new concept. As early as the 19th century, white, middle-class, evangelically oriented Protestant women with experience as missionaries or teachers volunteered in these privately owned homes. African-American women founded maternity homes in their own communities as well, including New York City's Katy Ferguson Home, Boston's Harriet Tubman House, and Chicago's Phyllis Wheatley House. National organizations such as the Florence Crittenton Mission and the Salvation Army provided shelter and aid to young women in trouble. In 1863, Abraham Lincoln signed a charter establishing St. Ann's Infant and Maternity Home, a home for orphans and "unprotected females during their confinement in childbirth," on Pennsylvania Avenue just a few blocks from the White House.

Initially, most homes were loosely defined as "rescue homes," providing shelter for prostitutes, alcoholics, and drug addicts as well as unmarried mothers. In order to gain credibility for their efforts, these rescue-home workers developed relationships with the judicial system; women were often sentenced to stay at Florence Crittenton or Salvation Army homes as an alternative to jail or reform school. Life in the homes was strictly supervised. In most cases, a mother could not receive visitors other than female relatives, she could not leave the grounds unchaperoned, and both her incoming and outgoing mail was censored.

Between 1910 and 1920, however, maternity care replaced redemption of prostitutes as the primary function of rescue homes, largely because prostitutes proved difficult to recruit and often left after a short period of time. Young pregnant women were more likely to actually need the rescue homes, and the homes shifted their focus

entirely to unmarried mothers. Most homes restricted their residents to mothers under age 25 with one child, and they remained largely racially segregated.

While a few maternity homes achieved a degree of racial and socioeconomic diversity, most homes served young women whose families were unable or unwilling to support them. Rehabilitation and redemption were the primary goals, while refuge from potentially abusive families was a secondary function. The homes sought to transform young, helpless women into productive members of society and to give them and their children a future.

Until the mid-1910s, maternity homes focused on marriage as a main goal. At first, homes encouraged young mothers to marry the fathers of their children, but by the early 20th century, most homes abandoned that practice. Still, the early maternity homes recognized the positive influence of motherhood on otherwise "wayward" women, and the commitment to keep mothers and children together became a sacred maternity-home policy. Both Crittenton and Salvation Army homes required residents to sign contracts in which they promised to keep their babies.

Abandoning marriage as a primary goal forced maternity homes to take on the task of employment training. Domestic work was the occupation with the most appeal, since it served young mothers' practical needs. The households in which the women worked assumed many of the supervisory functions of the maternity home, providing stable income and allowing them to keep their children with them.

By the late 1910s, old-fashioned benevolence gave way to the increasingly professional field of social work. In an effort to prove their legitimacy as scientific social experts, social workers attempted to abolish traditional charitable endeavors. Not surprisingly, maternity homes, with their focus on domesticity, proved too stereotypically feminine to survive the attacks of prominent social work leaders.

As social workers took on illegitimacy as their domain, the assumptions behind the problem of unwed motherhood changed dramatically. Instead of perceiving the problem as one of personal defects, the new school of thought attributed poverty and unwed motherhood to social inequities.

The social insurance movement of the New Deal officially transferred welfare functions from the private to the public sector. Not surprisingly, the clash between private charities and mothers' pension advocates was intense. The new ideology stressed the superiority of the home to the institution. The New Deal mothers' pensions were intended to support mainly widows and orphans but quickly extended to benefit the small population of unwed mothers as well. Ironically, both maternity home advocates and mothers' pensions advocates sought the same goal: to keep mothers and children together. The former exerted their efforts on personal defects, while the latter concentrated on equalizing economic and social differences.

During the 1940s, the majority of unwed mothers relinquished their children for adoption, and child welfare services began focusing on prenatal services only. Again, the pendulum swung, and by the 1970s the majority of pregnant teenagers were giving birth and keeping their children. But because most maternity homes had been phased out, young women no longer had such refuges available.

A handful of these homes, however, exist today. Lincoln's St. Ann's has never closed its doors. Now located just outside Washington's city limits, it serves pregnant teens and new mothers from abused and neglected backgrounds. It also has a nursery full of boarder babies—tiny victims of the city's drug wars.

While the circumstances and needs of these young women are vastly different from those of the home's first residents, they still meet Lincoln's definition. They are "unprotected females," still in need of society's support if they are to make decent lives for themselves and their children. The time has come for society to revive the old maternity homes in a new form.

Who are Teen Mothers?

Policy should not be based on stereotypes and myths about teen mothers. Policy should be based on what is true about teen mothers:

- *They are poor.* Many come from families strained by poverty and dysfunction. The Alan Guttmacher Institute reports that 83 percent of teenagers who give birth come from economically disadvantaged households, though only 38 percent of all teenage women are from such families. As researcher Joy Dryfoos has noted, teenage pregnancy is just one "marker" of disadvantage.

- *They are hindered by lack of socialization.* Teen mothers are not the promiscuous and "worldly" young women of the stereotypes. They do not live in any "world" beyond the reality of their own neighborhoods. They are products of the streets where they grew up; they learn how to treat their own children from the parents who raised them; and they model their social behavior after peers who come from the same neighborhoods. These young women have little chance of emulating any other kind of life. They have few models for any other life.

- *They do badly in school.* For teen mothers, schools are rarely places where they have found any measure of success; most are poor students. Data from the National Longitudinal Survey of Youth demonstrate that 36 percent of students who score in the lowest fifth in basic academic skills become teen parents, compared with less than 5 percent of students in the highest fifth. Contrary to popular belief, most teen mothers do not drop out after becoming pregnant; most leave school before they are pregnant. For many of these young women, a welfare check seems a more realistic goal for obtaining an income than getting a high school degree.

- *They suffer from poor health; so do their children.* Young, poor, unmarried, uneducated, and uninsured mothers are much less likely than older, more stable mothers to obtain prenatal care. Only three in five teen mothers received early prenatal care in 1992; one in 10 received late or no prenatal care. The result is poor health for the adolescent mothers, whose own nutritional needs compete with the needs of their unborn children. They are more likely to deliver low-birthweight babies. Each low-birthweight baby averages $20,000 in hospital costs; total lifetime medical costs for such children can average $400,000. As they grow, low-birthweight babies often suffer developmental problems that severely limit their school achievement.

- *They have been badly nurtured.* Many come from homes where they are subjected to neglect or physical violence. In a nation in which there were more than one million cases of child abuse or neglect confirmed in 1993, many of those victims are young women who are teen mothers. Some are destined to visit these same tragedies on their own children. Mothers under age 20 were vastly overrepresented among families reported for both abuse and neglect. In one survey, 30 percent of mothers who neglected their children were under the age of 20—three times their proportion of the population.

- *The majority are victims of sexual abuse.* Sexual abuse and rape play a significant—and largely ignored—role in teenage pregnancy. Studies show that as many as two-thirds of teen mothers were victims of rape or sexual abuse at an early age. These crimes are frequently committed by relatives or other adult males living in the same household with the teen mother. Many teen mothers, in fact, report that they became pregnant to stop sexual abuse.

- *They suffer from mental and emotional problems.* Their histories of abuse damage the lives of young women in powerful and lasting ways. When abuse goes unreported, these young women can manifest the long-term effects of untreated abuse throughout their lives. Clinical evidence shows that they are prone to psychiatric illnesses including spells of depression, suicidal tendencies, drug addiction, and alcoholism. In addition, researchers Debra Boyer and David Fine note that sexual abuse often delays cognitive, social, emotional, and psychological development. Thus mothers who have been abused not only have difficulty adapting to the difficulties of their own lives; they may be impaired in their ability to nurture their children.

- *They are easy prey for older men.* Young women who have been victims of early sexual abuse often develop emotional patterns that make them especially vulnerable to the attentions of older men. Most men who father children by teen mothers are not adolescents themselves. The National Center for Health Statistics reports that almost 70 percent of children born to teens are fathered by men aged 20 and older. And while the average age gap between teen mothers and the fathers of their babies is four years, the very youngest girls—who are 11 or 12—are often victims of men in their 30s and 40s.

Elements of a Successful Home: A Social Contract

Successful prototypes for group homes respond to the reality of teen mothers' lives, and their design incorporates all three elements necessary to offer them a chance to succeed: socialization, nurturing and support, structure and discipline. And they begin with the basics.

Creating a sense of order. New residents are quickly introduced to rules and regulations. At the Teen Parent Residence program, the teens must sign an agreement to follow house rules: to perform the household chores assigned to them in a timely manner, to be responsible for their own actions, to be contributing members of the TPR community, and to set and meet their individual goals with the help of the staff. If they break the rules, the consequences are clear and swift—they lose their privileges. Repeat offenders are evicted. Most homes have strict curfews and limited visitation policies; many have zero-tolerance drug policies.

The idea that help and support are conditional on behavior is crucial to the success of these programs. At the Casa Maria program in San Diego, CA, young mothers are required to set goals for themselves and expected to live up to them. When a young mother succeeds by following the rules and attains her goals, she becomes a senior resident and assumes responsibilities normally assigned to a house mother. In addition, she is rewarded financially with a reduction in her room and board payment.

Many programs have developed incentive strategies to acknowledge and reward good work. The Father Pat Jackson House in Ann Arbor, MI, charts incremental steps on the self-esteem ladder with concrete incentives. Teen mothers come into the program as probationary "opals." As they adjust to the structure and routine of the home and succeed in their daily tasks, they graduate to the ultimate status of "diamonds" and earn telephone and weekend pass privileges. Privileges are promptly taken away if they transgress.

One important component of self-worth and confidence-building, often overlooked in institutional settings, is the need to celebrate and validate developmental experiences and successes. At the Teen Mothers Program in Washington, DC, teen mothers who graduate from high school are given a special party to mark their success.

Helping teen mothers grow up. Most developmental psychologists agree that growing up takes place in stages and that it involves learning and taking responsibility in ever larger and more complicated doses. Young adolescents, girls up to the age of 14, develop self-esteem by learning and mastering the basic social and cognitive skills required to function at home, in school, and in society at large. They are socialized by learning to play and negotiate with siblings at home and peers at school. They become responsible by doing chores at home and homework for school. And they learn because they can go to school and they have attentive and interested parents who expect them to do well.

These daily experiences and accomplishments, along with the acknowledgement and celebration of successes, help young women shape their self-image and their understanding of who they are and what they can accomplish. Without a sense of self-worth, they lack the inner resources necessary to complete the next stage of development which is to mature, become independent, and prepare for the world of work.

As Toby Herr and Robert Halpern point out in their descriptions of Chicago's Project Match welfare reform program, a child takes steps toward independence, builds self-esteem, and learns responsibility by catching a bus to get to school on time, taking care of pets, getting a library card, setting the table each night, and contributing to a savings account.

Unfortunately, many teen mothers come from unstable homes where there are few such obligations and little discipline. Struggling with the responsibility of parenting without having mastered lesser responsibilities can be an insurmountable task. To help young parents grow up, second-chance homes offer them opportunities they did not have at home for building new coping mechanisms and learning and mastering daily life skills such as cooking, cleaning, budgeting, and eventually job preparation.

Houston's Teen-Age Mothers and Infants (T.A.M.I.) House has developed a point system to give residents an opportunity to build a storehouse of small accomplishments while learning to work cooperatively with other young mothers. Five points are awarded for completing small tasks such as washing dishes or sweeping and mopping the kitchen floor. With 115 points, a resident earns a weekend pass.

In the Teen Mothers Program, young teens learn how to groom themselves, make their beds, and clean their rooms. Older teens take more responsibility for menu planning, shopping, and cooking. When they are ready to leave the home and look for a job, they learn how to use public transportation, and how to dress and conduct themselves for a job interview.

Helping teens learn to be good mothers. Young mothers whose own mothers were inadequate or absent need help learning how to nurture and discipline their children. Most teen parent residences offer classes in child development, scheduling, and nutrition. In a communal environment, young mothers also learn from each other and from the adults who come into the home on a regular basis. A graduate of Teen Mothers Program says it was a "foster grandmother" who visited her young daughter every day for several years, read stories to her, and taught her ABCs and other childhood basics. When the little girl went to school, she was well-prepared and she thrived.

Frances Santiago, the house mother of the Teen Parent Residence program, is always there for a basic question about mothering: Is it time for my baby to switch from a bottle to a cup? When will she learn to roll over? What should I do about biting? And she is there as well to celebrate with the young mothers as their children meet milestones: a first tooth or a first step. Santiago, who calls the babies her grandchildren, is a living example of how to show children affection and love while being firm.

At St. Ann's, lessons about child care are as basic as teaching young mothers never to leave their babies unattended. Each morning, mothers go through the ritual of feeding, bathing, and dressing their babies before their own classes begin. Throughout the day, staff members provide ongoing coaching, prompting, and supervision. In addition, the young mothers are required to participate in workshops and talks on parenting and child development issues. St. Ann's also schedules a family night each week during which mothers and children go on a group outing.

At the Northwest Maternity Center in Washington, DC, the majority of residents were themselves victims of abuse. When they enter the program, they are taught to curb their aggressive behavior and to treat the other residents with respect. They are not allowed to hit or scream. In child development classes, they learn why babies cry and what to do for them. And they are taught to put their babies back in their cribs when they are too angry to hold them carefully. It generally takes six months for the young mothers to learn to treat their babies gently and to demand that others treat them that way too.

Requiring and supporting continued education and job training. Nearly all programs require mothers to be in school or in job training. Some of the larger programs have schools at their own facilities or offer General Equivalency Degrees (GED) on site. Many teen mothers choose GED programs or alternative schools to better accommodate their children's schedules.

Most teen mothers in these programs complete high school, and a significant number go on to vocational school or college. The mothers report that the added responsibility of a child gives them an incentive to succeed. These programs recognize, however, that teen mothers often need help catching up in school. Most insist on scheduled study time and offer tutoring or remedial classes. Many offer links to the world of work as well, helping mothers find vocational programs in fields such as nursing or welding—fields in which they can make enough money to support their children and get health benefits.

At Homes for the Homeless in New York City, the program takes advantage of its large size by offering "in-house" apprenticeships. Residents have part-time jobs in the program's day care center or its housing office or administrative offices. They gain marketable job skills while mastering basics such as learning to dress appropriately, showing up on time, and dealing with co-workers.

Offering health care and mental health services. The majority of young mothers are eligible for Women, Infants, and Children (WIC) and Medicaid. Teen parent residences make sure they get these services. Some of the larger homes are Medicaid providers and

have health care professionals on staff; smaller ones bring in health care professionals as needed.

Perhaps even more than physical health care, many adolescent mothers need mental health care for depression or other psychological problems. At the Florence Crittenton Services, licensed psychologists and psychiatrists provide ongoing clinical supervision and case consultation. Health care is available through various providers in the community. "Rap groups" led by social workers give parenting teens an opportunity to discuss their problems with their peers in a group setting.

Offering opportunities to find mentors. Time after time, studies show that disadvantaged children who are "resilient" and overcome their disadvantages have benefitted by the presence of a strong, caring adult in their lives. Because so many teenage mothers have lacked such a presence in their early years, second-chance homes offer opportunities to introduce them to alternative mentors.

Each teen at Bridgeway is connected to a big sister "Bridger" who acts as a friend, confidante, and role model during the program and in follow-up years. Moreover, Bridgeway offers a curriculum of 104 courses all taught by volunteer "educators." The Father Pat Jackson House Program takes advantage of its proximity to the University of Michigan by recruiting college students to provide transportation and act as role models.

"Foster Grandparents" are a loving and caring presence at St. Ann's. Some of the grandmothers have been coming for years to help with the babies and to nurture the new mothers. "Mentor Mothers" is a volunteer program developed by the Maternity Center in Washington, DC. While some mentor mothers are available only for occasional transportation and tutoring help, others have bonded with their charges and provided surrogate mothering for many years.

Offering protection from abusive and predatory men. For many teen mothers, protection from controlling and abusive boyfriends is essential to success. These homes offer physical protection and refuge from abusers; most have strict rules about male visitation. Strict schedules and rules give young women an "out," a way to avoid contact with men they don't want in their lives. They have an excuse to say no when they are most vulnerable.

For those young women who want to establish stable relationships with their babies' fathers, second-chance homes offer both a neutral place to negotiate; some offer couples' counseling and parenting classes for fathers as well. And in the long-term, perhaps the most important defense that these homes can offer to vulnerable young women is the confidence and self-esteem that comes from positive achievements: raising healthy and stable children and gaining the skills to become self-sufficient.

Providing a sense of family. The proposed name for this network of new institutions—second-chance homes—has two elements. "Chance" implies opportunity. "Second" implies a new home that substitutes for an original home. But for many of these young women, second-chance homes are their first homes. These are the first

opportunity these young women have had to form bonds of trust and caring. Staff and volunteers and other residents are their families.

One of the best examples comes from a group home in Alamogordo, NM, that is shared by elderly low-income women and teen mothers. After an initial period of intergenerational friction, the residents settled into a comfortable arrangement. The elderly women assumed the roles of grandmothers: cuddling babies, reading stories to toddlers, and dispensing their wisdom on child care to the new mothers.

When one of the elderly women, Julia, became ill with cancer and was unable to care for herself, the teen mothers took over her care so that she wouldn't have to leave their home. They arranged class and work schedules to make sure that one of them was always there to watch over her. After a brief stay in the hospital, the doctors released Julia to go home to die with her family. Instead of going home to her blood relatives, she choose to spend her last days with her grandchildren at the Alamogordo home.

Long after they graduate, teen mothers maintain their connections to the people who have cared for them. They send pictures of their children and call to report on successes—good report cards or new jobs or new apartments. They show up at holiday time to be with their families.

The Long-Term Approach: Creating a Climate for Change

What would it take to make these programs work better? Program directors say they need to have some real leverage over the teen mothers. The programs that work best are those that function under true social contracts: Residents know that they must abide by certain standards of behavior and contribute to their own success. House mothers or other program officials must have the ability to discipline these young women and evict them for persistent failure to follow rules and procedures.

Next, enough money to expand the programs to offer a continuum of care. Most observers agree that an ideal program would provide a three-tiered approach. The first tier would require strict 24-hour supervision and an equally demanding hour-by-hour daily structure for teens between the ages of 13 and 15. During this phase, they might live in traditional homes in which they would live and eat communally.

Older teens—including those up to age 18 and perhaps even older—would still be supervised but allowed more independence commensurate with their willingness to be responsible and fulfill their obligations. This phase of the program would be a transitional one. Young mothers would learn to be responsible for managing their children and their jobs and their budgets and households with minimal supervision and support and some help with day care. During this phase, they might live in separate apartments that are clustered in the same building or in a dormitory-style facility that has kitchens.

When they move on to fully independent living, many of these young women still need access to follow-up services—a support group to belong to or a monthly visit from a mentor.

Building such a system will be a long process. But with the support of communities, it is an achievable goal.

How Do We Measure Success?

Even with all of these supports and services, homes for teen mothers have only limited success in turning around the lives of teen mothers. Many of the mothers drop out or are expelled from programs because they are unable to cope with the rigid rules and requirements. Others cannot conquer drug abuse or mental health problems. Some are "reclaimed" by families eager to cash in on their welfare checks. And many of these young women cannot resist the power of old boyfriends who make new promises.

Many successes that may be measurable in the long-term—such as higher lifetime earnings or shorter lifetime spells on welfare—have not been measured. But the prototypes for second-chance homes around the country have produced measurable achievements, unverified but promising.

School completion. It is clear that mothers with higher levels of education and training are more successful at supporting their children. Accordingly, second-chance homes make education a priority:

- At the Florence Crittenton Homes and Services, they recently reported a high school completion rate of 92 percent for teen mothers in the program.

- At Amity Street in Lynn, MA, 50 percent of the residents have completed a job training program or have reached an educational goal (GED, college, high school diploma). Of those enrolled in high school, 90 percent graduate.

- At St. Ann's Infant and Maternity Home, mothers must be in school and can elect to attend the fully accredited high school located on campus, or go to other local schools. Fully 96 percent of its residents graduate from high school or obtain a GED.

- At the Teen Parent Residence, 117 teen mothers completed educational plans and vocational planning, 74 attended Job Corps, 14 completed requirements for a high school diploma, 19 completed their GEDs, and 20 completed postsecondary training at Job Corps or a private vocational education school.

- At Bridgeway, half of the program's graduates not only complete high school, but go on to college or other postsecondary education.

Independent living. In the long run, the main goal of a second-chance home is to help teenage mothers make the transition to independence. There are several ways of evaluating this aim:

- At Seton Home in San Antonio, TX, 100 percent of residents enrolled in classes that taught independent living and survival skills including sewing, cooking, transportation, money management, and cleaning.

- At Amity Street, 85 percent of the mothers made the successful transition to independent living and were able to set up their own households.

- At the Northwest Maternity Home, 65 percent of graduates have been placed in permanent jobs.

Reducing second pregnancies. The national average for repeat pregnancies by teenagers is 11 percent-26 percent within one year, and 50 percent in two years:

- At Bridgeway, only 8 percent of the teens become pregnant again in the two years following completion of the program.

- At Seton Home, only 10 percent of the teen mothers who go through the program get pregnant a second time within one year.

- At Amity Street, of the 44 teen parents who have gone through the program during its seven years of operation, only eight second pregnancies have occurred.

- At the Teen Parent Residence, only six of 117 participants became pregnant with another child while in the program.

Increased placement for adoption. The national average for adoption placement by teen mothers is less than 3 percent:

- At Bridgeway, almost 20 percent of teen mothers choose adoption.

- At the Teen Parent Residence, 11 of 117 placed children for adoption.

Healthier babies. Overall, the teenage mothers are less likely to receive prenatal care and their babies are more likely to be born at a low birthweight and suffer from poor nutrition:

- At Seton Home, early prenatal care has raised the birthweight of its residents' babies to nearly eight pounds.

- At Bridgeway, a rigorous program that offers prenatal care and teaches the young women better nutrition resulted in an average birthweight of over 7 1/2 pounds.

Saving money. While offering such programs with a full range of services can be expensive, many programs reduce costs by using volunteers. And in the long run, programs that keep families together are significantly less expensive than those that separate mothers and children:

- At the Teen Parent Residence, for $67,500 per year in state funding, TPR provides services for 14 teens and their babies. The remainder of the program's funds come from fees paid by program participants and contributions from charity.

- At Bridgeway, the cost for mother and baby is $600 per month or $7,200 per year.

- At Homes for the Homeless, for $12,000 per person per year, shelter for mothers and their babies is provided. The normal cost is $40,000 per child for foster care and $18,000 per adult for emergency shelter services in New York City.

Kathleen Sylvester is the vice president of domestic policy for the Progressive Policy Institute.

Acknowledgements

Many thanks to all of my Progressive Policy Institute colleagues who contributed to this project. Policy analyst Elke Mayer, research assistant Eliza R. Culbertson, and intern Stephanie Soler pulled together the best ideas and the most salient facts so that I could weave them together in this document. Policy analyst Lyn A. Hogan was generous in sharing with her expertise. And interns Amy Levey, Ken Shetter, and David Powell provided valuable additional research.

Copy editor Sarah Jackson-Han polished the final product and Production Manager Julie Kizer Ball skillfully guided it through all stages of production. Finally, PPI President Will Marshall and Communications Director Chuck Alston offered many valuable insights and comments at all stages of the project.

APPENDIX

Examples of residential treatment centers for pregnant teens exist in a number of states. These facilities can be small or large; they are usually funded by varying combinations of private and public monies. Some are located in inner cities, others in more rural areas.

Some have large professional staffs, others are staffed mainly by volunteers. Most accept teen mothers between the ages of 15 and 18 and limit their stay to about two years. The majority accept only teens who already have children, although a handful accept pregnant teens. Some programs must accept mothers assigned to them by the courts or social service agencies; others simply accept all of the applicants or referrals they can accommodate. All programs require participants to be enrolled in school or job training. In general, services include classes in parenting and life skills as well as some counseling and support services. Day care is an important component of these programs, though not always provided on-site. Vocational training and job placement services are sometimes available.

Alamogordo United Futures
1815 N. Florida Avenue
Alamogordo, NM 88310
Mobile Telephone: (505) 430-8897
For more information contact: Richard Brandner, Director

The Group Home serves both low-income elderly women capable of living independently and young women with their children. Family stability and intergenerational experience are encouraged. The 12-unit facility housing the United Futures Project is owned by Northwest Association for Retarded Citizens and mortgaged under HUD Section 202 funding for facilities for special needs populations.

Various services are provided to both the elderly women and the teenage mothers. Services available to seniors include transportation to the Alamo Senior Center, legal services, health promotion, and recreation at the Senior Center. Young mothers are provided child care assistance, assistance in enhancing life and parenting skills, and financial assistance for school. The state spends $25,000 to pay a portion of the director's salary; teen mothers are eligible for low-income rent subsidies; they pay their rent from their welfare checks.

Amity Street, Transitional Housing for Parenting Teens
Catholic Charities, North Region
55 Lynn Shore Drive
Lynn, MA 01902
(617) 593-2312
For more information contact: Richard D. Muzzy, Director of Outreach and Youth Services

Amity Street consists of a nine-unit building that houses young single mothers ages 18-23 with one or two children under the age of five. The home opened in October 1987, and has served a total of 42 young mothers and 55 children. They are able to maintain their own residences with the support of Catholic Charities' staff for up to two years. The program offers counseling, case management, support groups, and assistance with employment training and education.

The program costs approximately $190,000 per year. Some funding for support services is received through the Department of Social Services. Residents are eligible for rent subsidies through the Massachusetts Rental Voucher Program administered by the Lynn Housing Authority. United Way and local fundraising efforts further maintain the program.

Bridgeway
85 S. Union Boulevard - Suite 204
Lakewood, CO 80228
(303) 969-0515
For more information contact: Rich Haas, Executive Director

Founded in 1986, Bridgeway is a private, nonprofit organization that operates three homes and an education center for 16 pregnant teenagers and their babies. Parenting mothers can stay up to six months or more in a home supervised by live-in houseparents. Bridgeway has an annual budget of approximately $235,000 and is funded by workplace campaigns and business and individual donations.

Bridgeway provides counseling and classes in Lamaze childbirth, self-esteem, nutrition, parenting, adoption options, prenatal care, resume-writing, job skills, and drug abuse. Volunteers from the community serve as "Bridgers" who act as mentors.

Door of Hope
2799 Health Center Drive
San Diego, CA 92123
(619) 279-1100
For more information contact: Charlie Cox, Director

Door of Hope consists of two homes: one for pregnant teenagers, and one called Havens for young women with emotional and psychological problems. The maternity home serves approximately 50 residents per year, and Havens takes in an average of 25 young women per year. The women are admitted only if they are wards of the court or are legally emancipated from their guardians.

Door of Hope offers 24-hour supervision by residential managers, an on-campus public school, counseling, prenatal care, day care, and classes in independent living skills, parenting, alcohol and drug abuse, Lamaze childbirth, job placement, and discharge planning. There are 40 paid staff members in addition to volunteer support.

The cost of the program per girl for the maternity home is $2,360 per month, and for Havens it is $4,423 per month. The babies cost about $708 per month in both homes. Havens costs more because the young women placed there have fairly severe emotional, psychological, or behavioral problems and need more specialized care.

Father Pat Jackson House Program
1014 South Main Street
Ann Arbor, MI 48104
(313) 761-1440
For more information contact: LaTresa Wiley

Father Pat's is a transitional home that houses five teenage mothers and their babies. Residents can stay for up to two years, but the average stay is four to six months. The house is staffed by a director, social worker, two house mothers, and two overnight staff. Volunteers are generally University of Michigan students who provide transportation and mentoring.

Due to Father Pat's affiliation with St. Mary's Parish, funding comes mostly from grants in the Catholic community and from private grants. The cost of the program is $260 a month per mother and baby, which is $15,600 a year for the total program.

Florence Crittenton Homes and Services of West Virginia
2606 National Road
Wheeling, WV 26003-5393
(304) 242-7060
For more information contact: Sharon Perry, Executive Secretary

FCHS of West Virginia was created in 1895 as a residential home for young mothers. In the 1991-92 program year it served more than 1,100 young mothers throughout West Virginia and Belmont County, Ohio. Pregnant teenagers are referred from the Department of Health and Human Resources, the judicial system, high school counselors, church leaders, and family members.

Located in a residential neighborhood, the facility is equipped with an alternative on-site school, a day care center, a health clinic, and counseling and case management services. The main facility is surrounded by three residential homes that are used for transitional living programs and is staffed full-time.

Crittenton also offers 10 community, home-based service sites. Programs here include maternity care, community outreach, pregnancy and child abuse prevention programs, day care, health clinics, support groups, Lamaze childbirth, child care, parent skills training, adoption and adoption counseling, family and group counseling, life skills training, case management, and family preservation services.

FCHS is funded by foundations, corporations, private donations, and client fees.

Homes for the Homeless
36 Cooper Square, 6th Floor
New York, NY 10003
(212) 529-5252
For more information, contact: Page Bartels, Director of Development and External Affairs

Founded in 1986, Homes for the Homeless is a comprehensive, residential nonprofit organization that has served 8,400 families including more than 18,300 children in New York City. The cost of the program is $12,000 per person annually, or $36,000 per family annually. Homes for the Homeless also operates two summer camps for homeless children.

Homes for the Homeless operates four "American Family Inns," which offer housing and comprehensive services to homeless mothers and their children. A needs assessment is developed for each family upon entry to the centers. Assistance is offered in the areas of health care, educational enhancement for both parents and children, employment training, foster care, independent living skills, substance abuse treatment, and follow-up services. Two innovative aspects of the program are a "safe nursery" for children at risk of abuse and an in-house apprenticeship program, where residents learn job skills by working within the organization.

Northwest Maternity Center
4010 12th Street, N.E.
Washington, DC 20017
(202) 483-7008
For more information contact: Elizabeth Segal

The Northwest Maternity Center is a private/nonprofit residential facility for five mothers with one or two children, which operates in tandem with the Pregnancy Center. The center has been open for two years, and 26 young women have completed the program. The two facilities exist on a shoestring budget of $160,000 a year, with the Maternity Center getting about $60,000 of that amount. Funding comes from private individuals and corporate donors and includes donations of food, toys, and furniture.

The center has flexible admission and length of stay requirements. The mothers are between the ages of 15 and 24, and stay less than two years. They are referred from community agencies, schools, and the Pregnancy Center.

The only paid staff members are the director and the social services director, so the home depends heavily on a volunteer staff of 18. The program includes counseling, referrals, and classes in parenting, child development, basic skills, and self-esteem.

Seton Home
1115 Mission Road
San Antonio, TX 78210
(210) 533-3504
For more information contact: Brenda Tatro, Executive Director

Licensed by the state of Texas, Seton Home is a group home for pregnant teenagers and teenage mothers, aged 12-20. The facility consists of two cottages, each of which houses eight mothers and their babies. Approximately 35 mothers go through the program each year.

Each cottage is staffed by one house mother or independent living skills instructor. In addition, Seton Home has a social service director, volunteer coordinator, and an executive director. Volunteers perform such tasks as office work, yard work, and mother's day out activities.

Seton Home has an annual budget of $330,000. The United Way provides 20 percent of the funding, while the remainder comes from grants, fundraising projects, direct mail campaigns, and support for money for some mothers from the state.

St. Ann's Infant and Mothers' Home
4901 Eastern Avenue
Hyattsville, MD 20782
(301) 559-5500
For more information contact: Peggy Howard Gatewood, Director

St. Ann's, a Catholic charity, has taken in pregnant women since its inception in 1860. In 1983, it established a program for adolescent mothers and their babies. Currently 14 young women, aged 16-19, and their babies live at the home for up to two years. On average, 23 young women go through the program annually. Many are referred from foster care and other public agencies, while some are homeless and come in off the street.

The cost is $175 daily for a mother and baby. Funding is provided by a combination of state block grants, local government appropriations, allocations from the United Way, and private grants. For those who can afford it, payment is based on sliding scale.

The mothers are supervised 24 hours a day by a staff of 27, including social workers, nurses, child care workers, a parenting specialist, a job placement specialist, and a child psychologist.

St. Elizabeth's Regional Maternity Center, Southern Indiana
621 E. Market Street
New Albany, IN 47150
(812) 949-7305
For more information contact: Joan Smith, Founder and Director

Established in 1989, St. Elizabeth's consists of two homes: a maternity home for pregnant teenage women and an aftercare home for teen mothers and their babies. St. Elizabeth's is funded by donations from private individuals and corporate donors, community development block grants, HUD, the March of Dimes, and HHS. In the past six years, 182 babies have been born at St. Elizabeth's. There are no age restrictions, although most of the mothers are aged 15-20. They are referred from schools, doctors, hospitals, and word of mouth.

The cost per mother and child is $80 a day in the maternity home, and residents who are able pay the home on a sliding scale. The aftercare home costs $4,800 per year per mother and child, thanks to a $1.5 million grant from HUD and a multitude of in-kind contributions from community groups. While it depends heavily on volunteer support, St. Elizabeth's has 14 full-time staffers, including three with MSW degrees, and two part-time employees.

The home offers parenting and child care classes, self-esteem classes, and counseling. One staff member is a sex abuse therapist and provides individual counseling as well as group sessions and family counseling.

T.A.M.I. (Teen-Age Mothers and Infants) House
509 Branard Road
Houston, TX 77006
(713) 527-0718
For more information contact: Barbara Reid, Executive Director

The Teen-Age Mothers and Infants House is a traditional home that houses up to six mothers with their babies. Residents live in T.A.M.I. House for an average of 10-12 months, but others are there anywhere from six-18 months. Mothers can be 16-17 1/2 years old when they enter the program. Funding comes from the Child Protective Services, Community Development Block Grants, the United Way, private donations, and churches. The cost per resident is $15 a day for a baby and $35 a day for a mother.

The staff consists of a single female house parent and a nursery worker. In addition, *pro bono* therapists are hired to council the residents. Volunteers are used only to augment the professional staff, to help in the nursery, get food at the food bank, or perform general office duties. The program encourages residents to enrich their lives by attending plays, visiting museums, and participating in community events.

Teen Mothers Program/Sasha Bruce Youthwork
701 Maryland Avenue, N.E.
Washington, DC 20002
(202) 675-9380
For more information contact: Brenda Lockley, Director

The Teen Mothers Program is a residential treatment facility for five teenage mothers and their babies run by the Sasha Bruce Youthwork program, a private, nonprofit agency. The Teen Mothers Program is funded directly by grants from the DC Department of Human Services, Family Service Division. It costs approximately $110 per day per person to run the program. The participants are aged 15-18 and stay from 18 months to two years. The teen mothers are referred by the court system and are wards of the DC government. All court-remanded cases must be accepted into the home.

Residents are offered a number of classes in cooking, child care, female health and sexuality, and living and parenting skills. Counseling, tutoring, art therapy, and referrals are also available.

There are no resident staff members; supervision is provided by two staffers at a time based on rotating shifts. Volunteers and foster grandparents are important elements of the program.

The Teen Parent Residence
1750 Indian School Road, N.E.
Apartment 109
Albuquerque, NM 87104
(505) 246-2497
For more information contact: Barbara Calderon, Center Director, Albuquerque Job Corps

The Teen Parent Residence is a referral-only home for 14 young mothers and their babies, aged 14-22. During the four and a half years the program has been running, 117 participants have gone through the program. Professionals provide counseling and training in health, nutrition, parenting skills, independent living, family planning, safety, child development, self-esteem building, and necessary life skills such as budgeting and shopping.

Each teen and her baby receive AFDC, Food Stamps, WIC, and Medicaid. Out of the AFDC money, the rent and utilities are paid as well as other basic requirements. Child care is provided by the Children, Youth, and Families Department during the day to allow the mothers to attend school. The program is maintained through state funding with community organizations providing furniture for the apartments and supplies for the project.

BIBLIOGRAPHY

The Alan Guttmacher Institute. 1994. *Sex and America's Teenagers*. New York, NY: The Alan Guttmacher Institute.

Boyer, D., and D. Fine. January/February 1992. "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment." *Family Planning Perspectives* 24 (1): 4-11, 19.

California Vital Statistics Section. 1992. "California Resident Live Births, 1990, by Age of Father, by Age of Mother." Sacramento, CA: California Vital Statistics Section, Department of Health Services.

Carnegie Corporation of New York. April 1994. *Starting Points: Meeting the Needs of our Youngest Children*. New York, NY: Carnegie Corporation of New York.

Children's Defense Fund. 1995. *The State of America's Children Yearbook 1995*. Washington, DC: Children's Defense Fund.

Dawson, D.A. 1991. *Family Structure and Children's Health: United States, 1988*. Vital and Health Statistics, Series 10, No.178 (DHHS Pub. No. [PHS] 91-1506). Washington, DC: National Center for Health Statistics.

Dryfoos, Joy G. 1990. *Adolescents at Risk: Prevalence and Prevention*. New York, NY: Oxford University Press.

Herr, Toby, and Robert Halpern. February 1994. *Lessons from Project Match for Welfare Reform*. Chicago, IL: Erikson Institute.

Horowitz, S.M., *et al*. 1991. "Intergenerational Transmission of School-Age Parenthood." *Family Planning Perspectives* 23: 168-177.

Kunzel, Regina G. 1993. *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work 1890-1945*. New Haven, CT: Yale University Press.

Levin-Epstein, J. November 18, 1991. *States Update*. Washington, DC: Center for Law and Social Policy.

Lubove, Roy. 1986. *The Struggle for Social Security, 1900-1935*. Pittsburgh, PA: University of Pittsburgh Press.

The Ounce of Prevention Fund. 1986. *Child Sexual Abuse: A Hidden Factor in Adolescent Sexual Behavior. Findings from a Statewide Survey of Teenage*

Mothers in Illinois. An Ounce of Prevention Study. Chicago, IL: The Ounce of Prevention Fund.

U.S. Department of Health and Human Services, Office of Family Assistance. June 1995. Unpublished Statistics. Washington, DC.

Utah State University's Department of Family and Human Development and Child Trends, Inc. November 1990. "Adolescent Sexual Behavior, Pregnancy, and Parenting: Research Through the 1980s." *Journal of Marriage and the Family* 52: 1025-1044.

Widom, Cathy Spatz. October 1992. "The Cycle of Violence." *National Institute of Justice: Research in Brief.* Washington, DC: National Institute of Justice.

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

DLC

Democratic Leadership Council

BLUEPRINT FOR CHANGE

Reducing Teenage Pregnancy

A Handbook for Action

March 1996

NCHS
About NCHS
News Releases and Fact Sheets
What's New
Publications and Information Products
Coming Events
Data Warehouse
FASTATS A to Z
NCHS Web Search
How to...
FEDSTATS
and Other Sites
Employment
Frequently Asked Questions
E-mail
Customer Satisfaction Survey
Surveys and Data Collection Systems
CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Updated 2/13/98

Information on Acrobat tm Reader
Download Acrobat tm Reader

National Center for Health Statistics

New Study Profiles Hispanic Births in America

For Release Contact: NCHS Press Office
February 13, 1998 (301) 436-7551

A new report from the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, profiles the growing number of Hispanic births in America. In 1995, almost one in five births in the United States were to Hispanic women. The number of babies born to Hispanic women in the United States has risen every year since 1989, increasing from 14 percent of the total births to 18 percent of the total in 1995.

While Hispanic women as a group continue to have higher fertility rates than non-Hispanics, Mexican women in particular have dramatically higher rates. Seven in ten of the 679,768 Hispanic births in 1995 were to Mexican women. Using current fertility rates to estimate total fertility, Mexican women would have on average 3.3 births over their lifetimes, compared to 1.7 for Cuban women, 2.2 for Puerto Rican, 1.8 for non-Hispanic white and 2.2 for non-Hispanic black women.

The report presents statistics on a wide variety of fertility and health measures for births to Hispanic women as a group and for Hispanic subgroups including Mexican, Puerto Rican, Cuban, and Central and South American because there are important differences among the subgroups. For comparative purposes data for non-Hispanic white and black women are shown.

Highlights of the report:

Teen births - In 1995, Hispanic teen birth rates were the highest in the Nation, surpassing for the

first time the non-Hispanic black rate, which had previously been the highest. Higher rates for Hispanics are primarily driven by the higher teen births among Mexican women.

Prenatal care - Prenatal care can promote healthy pregnancies, and there has been dramatic increase in timely prenatal care for Hispanic women, up 19 percent from 1989 to 1995. Still, just over 70 percent of Hispanic women began prenatal care in the first trimester of pregnancy. This proportion is similar to that for non-Hispanic black women but considerably lower than the 87 percent of non-Hispanic white women who began care in the first trimester. Among Hispanics, Cuban women were the most likely (89 percent) and Mexican women the least likely (69 percent) to receive timely care.

Top End

Low Birthweight - The rate of low birthweight among Hispanic infants continued to be favorable, at 6.3 percent, but low birthweight varies considerably among Hispanic subgroups, from 5.8 percent for Mexicans to 9.4 for Puerto Ricans.

Cesarean Delivery - There is considerable variation in cesarean delivery rates among Hispanic women, with highest rates among Cuban women (30 percent) compared to 20 percent for Mexican women. While the cesarean rate for Cuban women has been dropping, they still have a rate higher than the national average of 21 percent.

The report also analyzes data by other demographic characteristics such as marital status, educational attainment, and live-birth order as well as infant health factors such as preterm delivery and multiple births. Data in this report are based on 100 percent of birth certificates registered in all States and the District of Columbia and reported to NCHS through the National Vital Statistics System. Copies of "Births of Hispanic Origin, 1989-95" by T. J. Mathews, Stephanie J. Ventura, Sally C. Curtin and Joyce A. Martin are available from NCHS.

Top End

CDC | Text-based Table of Contents