

Integrating Services for
Preventing Teen Pregnancy
Background Briefing Report

By

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INTEGRATING SERVICES FOR PREVENTING TEEN PREGNANCY

Human problems are often complex, and are not usually solved by doing just one thing. This appears especially true for teen pregnancy, which is not due just to teen sexuality, but also to such diverse factors as poverty, unemployment, educational failure, social isolation, low self-esteem, community standards, and lack of hope for the future.

Governmental programs, in contrast, are commonly designed to provide one particular service. Agencies may specialize in providing specialized economic, educational, physical health, mental health, or other social services. The logic behind service integration is that the specialized service programs must work together if human problems are actually to be solved. Integrating services for teen pregnancy prevention implies that the educational, economic, and social needs of adolescents will be addressed through comprehensive programs.

The District of Columbia, as well as numerous other state and local governments, is now working to better integrate its services so that human problems may be more effectively treated or prevented. The District's "Turning Points" program is an example of one comprehensive program intending to enhance youth opportunities and thus reduce teen pregnancy.

This background report summarizes the essentials on four topics. First, some of the core facts and principles concerning teen pregnancy will be described. Second, some elements of successful teen pregnancy programs will be presented, together with some examples of promising programs. Third, the main concepts of service integration are outlined. Finally, the District's efforts to integrate services will be discussed.

This brief summary serves only to introduce these topics. More detailed, sophisticated, and complete publications concerning these issues are listed at the end of this report.

TEEN PREGNANCY

Basic Facts

Some facts about teen pregnancy are clear. In the United States as a whole, at the end of the 1980s, it was estimated that:

- *Forty percent of all females become pregnant at least once before the age of twenty;
- *Eighty percent of these pregnancies are unintended;
- *Twenty percent of female adolescents bear a child;
- * Half of these females are unmarried;
- * Eighty percent of children living in female-headed families (where the mother is younger than twenty one) are poor;
- * Virtually all these families receive public assistance.

In the District of Columbia, these numbers are larger. In the District, more female teenagers become pregnant, more are unmarried, more bear children, and more live in poverty than the national averages. For example: the percentage of single teens bearing children is twice as high in the District (17.2 percent) than it is in the nation as a whole (8.6 percent).

The Problems

These facts mean different things to different people. The "problem" of teen pregnancy can be defined in at least three legitimate ways. A first definition involves the moral aspects: teen pregnancy is a problem because it is wrong for all individuals who are young or unmarried to bear children or engage in sex. For those who view teen pregnancy mainly in moral terms, the main focus is on the large number of teenagers who are sexually active, become pregnant, or bear children. A second definition involves personal consequences: pregnancy (whether for teenagers or adults) is a problem to the extent that mother, father, or child suffer economic, social, or some other personal damage from it. Those mainly concerned about the personal consequences emphasize, for example, the high poverty rates of those children born to teenage parents. A third definition involves social consequences: pregnancy (whether for teenagers or adults) is a problem if it imposes costs on society as a whole. In this view, pregnancies are a problem mainly when taxpayers, rather than parents, pay to support the family.

Because of these differences in defining the problems of pregnancy in general and teen pregnancies in particular, not everyone agrees on which public policies are appropriate. All three views would concur that it is a problem when the government serves as the primary source of support for teenagers who bear children: this implies that moral, personal, and social problems all exist. They do not necessarily agree, however, on whether teenage sexuality or childbearing is by itself a problem.

Teen pregnancy may also be perceived differently by insiders and outsiders. For insiders - the young women and men who cause the conception -- pregnancy may be a problem, or it may be a "solution". Teenage males, for instance, may view causing a pregnancy as a way to demonstrate their manliness; teenage females may view becoming pregnant as a way to obtain affection. Outsiders -- other adults -- may see these same pregnancies as producing moral, personal, or social problems. As a result, the very teenagers who cause the problem (as other adults see it) may also be the ones who believe that pregnancy is a solution.

It should be clear that the different definitions and perceptions of the problems of teen pregnancies make it more difficult to develop effective remedies.

Causes and Consequences

The conventional view is that some of the main consequences of teen pregnancy include academic failure (especially dropping out of school), economic difficulties (principally obtaining suitable jobs and earning sufficient income), and emotional troubles (usually lack of self-esteem and hope for the future). These consequences are believed often to occur for both the mother and the children.

It is becoming increasingly apparent that academic, economic, and emotional difficulties are also present before teenagers become pregnant. In other words, dropping out of school, living in poverty, and having little hope for the future help create the conditions that lead to teenagers becoming pregnant.

This research suggests that it may be important to address teenagers' social conditions as a way to prevent teen pregnancies. Rather than focusing on pregnancy prevention by itself, policies may also need to improve the educational, economic, and emotional circumstances of adolescents.

Educational Achievement and Teen Pregnancy It is commonly believed that teenage pregnancy affects educational achievement: it is more difficult for teenagers who become pregnant to achieve academic success than it is for those who do not. But it is also true that the academic achievement of teenagers influences whether or not they become pregnant. Those who stay in school are less likely to become pregnant than those who drop out. Those with higher academic achievement are less likely to become pregnant than those with lower achievement. Staying in school, and doing well academically, appear to reduce both the chances that a teenager will become pregnant and the negative economic consequences often associated with early childbearing. As individuals' economic prospects are also closely related to their educational achievements, and higher economic prospects also reduce teen pregnancy rates, it is thus doubly important to promote academic achievement.

This is not an easy task. Academic achievement may be seen by many students as irrelevant, unreachable, or both. These attitudes can in turn be traced in part to existing economic and social conditions. For those in poverty, or who believe that poverty awaits them, the benefits of educational attainment may seem far removed from their lives. For those who fare poorly in school, and who receive few signals from family or friends to improve, the ability to achieve excellence may seem remote. Fostering academic achievement may consequently require that economic and social issues also be addressed.

Economic Conditions and Teen Pregnancy Teenagers who bear children outside of marriage are much more likely to be poor than teenagers who defer childbearing or who are married before having children. As with education, however, the opposite is also true: adolescents living in poverty are substantially more likely to have children than their more affluent peers.

Health Status and Teen Pregnancy It appears that teenagers who receive better health care - including counselling and contraceptives in addition to primary care -- become pregnant less often than those who do not receive such care. Yet large numbers of teenagers do not receive such care consistently. Why? As with all age groups, lack of income or education limits the availability of health care. But teenagers face additional barriers. They may be reluctant to discuss issues of sexuality with their care providers, for instance, or they may be required to obtain their parents' permission to obtain contraceptives.

Teenagers -- like others -- are more likely to use health care services if they are convenient, cheap, confidential, comprehensive, and caring. These qualities may be especially important for sexually active teens. Regular, periodic, checkups are crucial to ensure that contraceptives are used effectively.

Risky Behavior and Teen Pregnancy It is a sad fact that many teenagers who become pregnant also engage in other risky behaviors. Teenagers who engage in unprotected sexual activity are much more likely to use illicit drugs and be juvenile delinquents than those who do not.

Multiple Conditions and Teen Pregnancy Educational, economic, personal, and social conditions all contribute to the probability that teenagers will become pregnant. All these conditions are interrelated, unfortunately: individuals with low status on one dimension are often also disadvantaged on the others as well. This further complicates efforts to prevent teen pregnancy.

PREVENTING TEEN PREGNANCY

Principles

Programs to prevent teen pregnancy commonly have focused on a single aspect of sexuality or pregnancy. For example, some prevention efforts have relied primarily on moral or educational messages. Such programs assumed that instruction about ethics, or information about and access to birth control, would be sufficient to prevent teen pregnancies. As important as morals or education may be in general, and as effective as they may be for particular individuals, neither strategy has proven by itself to reach all teenagers. This should come as no surprise, given the multiple conditions that are often associated with teen pregnancy. But it does point to a crucial insight:

No strategy that relies on a single approach will work in every community.

This insight has led to an increasing interest in and experimentation on more comprehensive teen pregnancy programs. There are currently thousands of programs across the country that attempt to reduce the incidence of teen pregnancy. No program has yet proven to be universally effective. Much still needs to be learned about **what** works in **which** communities. Again, this leads to an insight:

No single strategy that relies on multiple approaches will work in every community.

Regarding teen pregnancy prevention, there simply is no "one size fits all". Dryfoos nevertheless has identified several program components common to successful prevention programs. (These elements are typical of not only teenage pregnancy programs, but also those for delinquency, substance abuse, and school failure). These elements and principles include:

- * Early identification and intervention

Reaching children and their families in the early stage of the development of problem behaviors demonstrates both short- and long-term benefits.

- * Intensive individualized attention.

In successful programs, high-risk children are attached to a responsible adult who pays attention to that child's specific needs.

- * Community-wide, multi-agency collaborative approaches.

In order to change the behavior of young people, a number of different kind of programs and services need to be in place. These will include:

- * School-based programs and community-based programs.

Many of the successful prevention models are physically located in schools, so that they may be most readily available to the students they serve. Yet programs in the schools cannot serve everyone or provide every service. Programs outside of the schools can serve these special students and services.

- * Administration of school programs by agencies outside of the schools.

Outside organizations often bear the major responsibility for designing and implementing exemplary programs within the schools.

- * Arrangements for training staff.

Many of the successful programs employ special kinds of staff, professional or nonprofessional, who require training to implement the program.

- * Social skills training.

Teaching adolescents about their own risky behavior, giving them the skills to cope with or resist the influences of their peers in social situations, and helping them make healthy decisions about their futures can produce some dividends.

- * Engagement of peers in interventions.

The most successful models use older peers, either as classroom instructors, tutors, or mentors to influence younger students.

- * Involvement of parents.

Although it is often difficult to gain parental involvement, their participation can reduce risky behaviors.

- * Link to the world of work.

Successful programs in a variety of fields use innovative approaches to introduce career planning, expose youth to work experiences, and prepare them to enter the work force.

In general, the promising programs emphasize **early intervention, sustained contact, and regular follow-up**. They also involve **long-term community commitment, adequate funding, and significant, sustained outreach**.

Successful Models

Most experts concur that the most promising approaches for preventing teen pregnancies involve comprehensive programs that address the educational, economic, social, and health needs of teenagers through a coordinated system of care. There are few studies that verify this, however, and there are real uncertainties about the feasibility and effectiveness of service integration for teen pregnancy.

Nonetheless, numerous programs have demonstrated at least some success in reducing teen pregnancies. Dryfoos identifies programs such as:

Early Childhood and Family Interventions

School-Based Interventions, including:

Curriculum

- Life Skills
- Life Planning
- Life Skills and Opportunities
- Saying No Programs

Special Services and Counseling

- Fifth Ward Enrichment Program
- Teen Outreach Project
- Teen Choice

School-Based Clinics

Community-Based Programs, including:

Family Planning Clinics

- Mantalk

Multicomponent/Multiagency Programs

- School/Community Program for Sexual Risk Reduction Among Teens, South Carolina

- Planned Parenthood of East Central Georgia and Jasper County, South Carolina

- IMPACT 88: Dallas's Countywide Plan for Reducing Teen Pregnancy

- The Children's Aid Society Adolescent Pregnancy Prevention Program

Programs to Assist Teen Parents and Their Children

- The Teen Pregnancy and Parenting Project

INTEGRATING SERVICES

Rationale

The rationale for service integration is straightforward. Most governmental programs are reactive rather than proactive. The current social welfare system divides the problems of children and families into rigid and distinct categories that fail to reflect their interrelated causes and solutions. There is a lack of effective communication among these programs. The specialized agencies find it difficult to craft comprehensive solutions to complex problems. These problems are worsened by insufficient funding.

Essential Elements

The essential elements for an integrated system are also clear. A wide array of prevention, treatment, and support services is necessary for high quality, comprehensive service delivery. This comprehensive service delivery must include techniques to ensure that people actually receive the services they need. Service delivery must focus on the entire family (and not just individuals), and must empower these families. Finally, the effectiveness of high quality prevention, support, and treatment services must be measured by the impact these interventions have on the lives of those served.

Necessary Conditions

What does it take to create effective service integration? Five conditions (involving the environment, processes, people, policies, and resources) appear to be most important. First, the social and political environment in an area must be favorable to interagency collaboration. In the most supportive climates, addressing a problem with multiple causes and consequences --such as teen pregnancy -- becomes a top priority for the community, for the leaders, and for the service providers. Second, the participating groups must develop processes so that they can establish goals, agree on roles, make decisions, and resolve conflicts. Third, the vision, commitment, and competence of the people who lead, participate in, and eventually implement the service integration are critical to its success. Fourth, the policies of the different groups must, at least, not work at cross purposes and, at best, be made mutually supportive. Fifth, resources must be shared and stabilized (if not expanded) so that services can be delivered reliably and effectively to those who need it most.

Guidelines

Those attempting to create integrated services are advised to follow these guidelines presented by the Education and Human Services Consortium:

- * Involve all key players, so that the commitment to change is broad based.
- * Choose a realistic strategy, one that accurately reflects the priorities of service providers, the public and key policy makers; the availability of resources; and local needs.
- * Establish a shared vision of better outcomes for the children and families to be served.
- * Agree to disagree in the process, so that resolving conflicts allows you to move forward.
- * Make promises you can keep: setting obtainable objectives, especially in the beginning, creates momentum and a sense of accomplishment.
- * "Keep your eye on the prize!" Don't get bogged down. Look ahead.
- * Build ownership at all levels, so that the commitment to change extends through the organizational structure of each participating agency.
- * Avoid "red herrings": don't provide excuses to those who are not fully committed to the project.
- * Institutionalize change, so that the programs will have durable impacts.
- * Publicize your success to build public support and expanded funding.

INTEGRATING SERVICES FOR PREVENTING TEEN PREGNANCY
IN THE DISTRICT OF COLUMBIA

Many adolescents in the District find themselves needing health, mental health, economic assistance, and educational counseling. For those teens, readily available information and easy access to these and other services is essential. A comprehensive plan for integrated services could help improve service delivery and make services more accessible. Recognizing this need, the District has already begun several efforts to integrate services with a focus on children and families.

One center of activity regarding teen pregnancy is the Mayor's Youth Initiatives Office. The purpose of the office is to improve the life circumstances of the District's children and families by coordinating programs that are preventive, focused on youth, and connected with the community. The Mayor's Youth Initiatives Office has begun a partnership with D.C. government agencies and the community aimed at bringing together services for youths. The Youth Initiatives Office coordinates agencies such as the Departments of Human Services, Employment Services, Recreation and Parks and Police, as well as community programs and private entities.

Several advisory groups have been formed to help organize the Youth Initiatives program. An Interagency Advisory Board (IAB), composed of the Mayor and representatives from agencies, schools and courts, negotiates and implements policy and legislative reform. A Case Resolution Board is to coordinate efforts among the city's social service agencies and addresses the needs of the most difficult cases in the system. A Youth Advisory Board is to make recommendations to the IAB. A Community Advisory Board, composed of community organizers, religious leaders and child advocates, is charged with providing monthly community input into the planning and implementation of the program.

"Turning Points," one program funded by the Youth Initiative, is a junior high-school based program which provides pre-employment training, enhanced recreation and educational support, health screening and mental health counseling for at-risk youth. The Turning Points program, using a centralized intake and case management system, operates out of centers at Evans, Douglas, Hart and Lincoln Junior High Schools and currently serves more than a thousand youths.

The District also plans to offer a limited number of "one-stop shopping centers" where clients would be able to access a wide range of services, including mental health services, social services, eligibility determination and registration for supplemental income programs, information and referral for drug abuse counseling, rehabilitative services, child and adult protective services, shelter services, and case management activities. Ultimately, several of these centers would be located around the city, with variations in services offered according to the need of the area.

One proposed tool which would help District workers integrate services would be a Community Services Workstation. The goal of this proposed computer system is to enhance the case management efforts of community service workers. For example, they could be housed at a single-service location and would allow staffers to communicate with or find information with other centers offering multiple services. The workstation project is a collaborative effort being led by the D.C. Health and Human Service Coalition and the Howard University School of Social Work, in cooperation with MACRO International, Bell Atlantic, Rice University, and the United Seniors Health Cooperative.

FOR FURTHER READING

Teen Pregnancy and Teen Pregnancy Programs

There is a vast literature on teen pregnancy and teen pregnancy programs. Two excellent books clearly and thoughtfully review the existing literature, and are highly appropriate for policy audiences.

Joy G. Dryfoos, Adolescents at Risk: Prevalence and Prevention, (Oxford University Press, 1990). Dryfoos presents data on four problem areas (teenage pregnancy as well as delinquency, substance abuse, and school failure), examines prevention programs in each area for "what works", and develops a common set of concepts to guide the formulation of comprehensive strategies. She provides numerous examples of successful (and unsuccessful) programs, focusing on the pros and cons of integrated services.

Annette Lawson and Deborah L. Rhode, eds., The Politics of Pregnancy: Adolescent Sexuality and Public Policy, (Yale University Press, 1993). The contributors examine the "problem" of adolescent pregnancy from a wide variety of perspectives, consider its causes and consequences, and discuss public policies that address the problems.

Service Integration

Numerous papers, books, and articles have been written on the topic of service integration. Three publications provide especially useful introductions to the topic by reviewing the major works, synthesizing and evaluating them, or using them to produce a practical guide on service integration.

Ajay Chaudry, Karen Maurer, Carole Oshinsky, and Joshua Mackie, Service Integration: An Annotated Bibliography, (National Center for Service Integration, 1993). The authors present a brief description of a broad spectrum of books, articles, and papers on service integration efforts. They emphasize practice rather than theory, and it tell how to obtain each item reviewed. [NCSI Information Clearinghouse, c/o National Center for Children in Poverty, Columbia University, 154 Haven Ave., New York, NY 10032; 212-927-8793.]

Theodore Ooms and Todd Owens, Coordination, Collaboration, Integration: Strategies for Serving Families More Effectively Parts (Part One: The Federal Role; Part Two: State and Local Initiatives; Part Three: Service Integration and Coordination at the Family/Client Level: Is Case Management the Answer?), (Family Impact Seminar, 1991-1992). The authors examine and evaluate different strategies, both proposed and implemented, to make services more accessible to families. [Family Impact Seminar, 1100 17th Street, NW, Suite 901, Washington, DC 20036; 202-467-5114.]

What It Takes: Structuring Interagency Partnerships to Connect Children with Comprehensive Services, (A joint publication of the Education and Human Services Consortium, 1991). This report is intended to be a practical guide for those interested in working towards service integration.

The District of Columbia

The Mayor's Youth Initiatives Office, "It Takes an Entire Village to Raise a Child," (Government of the District of Columbia, 1993). This guide describes the Turning Points program, as well as the other activities of the office.